MARRIAGE & FAMILY THERAPY DOCTORAL PROGRAM AREA

See also Policies & Procedures for the Family Therapy Center of Virginia Tech, the training facility of the MFT doctoral program area

PROGRAM HANDBOOK
2022-2023
Revised 12/9/22

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This document does not constitute official policy for Virginia Tech and does not constitute a contract, expressed or implied, between any person and Virginia Tech. The University reserves the right to change or vary from any of the provisions herein when University officials deem it expedient to do so.

Students are held to the curriculum and program requirements of the Program Handbook that were in effect when they entered the program. However, students are required to follow the most recent version of the Program Handbook regarding any policy and procedure changes.

Current versions of all forms/documents referenced in this document are 1) available to students on the MFT program Canvas site and 2) included at the end of this document as appendices. In some cases, previous versions of the forms/documents are also available on the MFT Program Canvas site.

Land Acknowledgement & Labor Recognition

Virginia Tech acknowledges that we live and work on the Tutelo/Monacan People's homeland and we recognize their continued relationships with their lands and waterways. We further acknowledge that legislation and practices like the Morrill Act (1862) enabled the commonwealth of Virginia to finance and found Virginia Tech through the forced removal of Native Nations from their lands, both locally and in western territories.

We understand that honoring Native Peoples without explicit material commitments falls short of our institutional responsibilities. Through sustained, transparent, and meaningful engagement with the Tutelo/Monacan Peoples, and other Native Nations, we commit to changing the trajectory of Virginia Tech's history by increasing Indigenous student, staff, and faculty recruitment and retention, diversifying course offerings, and meeting the growing needs of all Virginia tribes and supporting their sovereignty.

We must also recognize that enslaved Black people generated revenue and resources used to establish Virginia Tech and were prohibited from attending until 1953. Through InclusiveVT, the institutional and individual commitment to Ut Prosim (that I may serve) in the spirit of community, diversity, and excellence, we commit to advancing a more diverse, equitable, and inclusive community.

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Purpose of the Program Handbook

The purpose of the Program Handbook is to set forth in general terms the policies and procedures governing the MFT doctoral program area, the operations of the Family Therapy Center, and the ethical and responsible conduct of all its staff and students. It is nonetheless not exhaustive, and students, faculty, and other staff alike must recognize that certain situations will require consultation and judgment about how best to proceed. It is expected, however, that all faculty, staff, and students will follow the structures contained here, along with endeavoring to conduct themselves in an ethical and professional manner in all circumstances. For students, failure to do so may result in disciplinary action or dismissal from the program. For faculty or staff, official disciplinary action may be taken. Readers are urged to therefore study this manual closely, to note inconsistencies or problems, and to consult and raise questions.

MFT Program Area History

The Center for Family Services, forerunner of the Family Therapy Center, was established in March 1979, as an interdisciplinary training and service facility for the College of Liberal Arts and Human Sciences. Graduate students in Marriage and Family Therapy and Human Nutrition used the facility for clinical experience during the first year of operation.

Subsequently, the Center for Family Services focused exclusively on training marriage and family therapy program area students by providing relational therapy to members of the public under faculty supervision. The Center was originally located on the Virginia Tech campus in the basement of Wallace Annex, but soon moved downtown to Jackson Street, across from the old Armory building, then moved again in the mid-1980s to 1601 South Main Street. The Center relocated once again in September 1997 to its current site on University City Boulevard, and also changed its name to the Family Therapy Center of Virginia Tech (FTC). Traditional services of the FTC include family, couple, individual, and other relational therapy, support groups, consulting, and continuing education. These services are targeted primarily to the New River Valley and surrounding communities, with clients coming from as far away as eastern West Virginia in the west, Salem and Roanoke in the east, Craig County in the north, and North Carolina in the south.

The MFT doctoral program area, based at the FTC, is fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy. It is the oldest continuously accredited family therapy program in the nation. The program has graduated over 170 students since it began.

Mission Statements

Virginia Tech
Inspired by our land-grant identity and guided by our motto, *Ut Prosim* (That I May Serve), Virginia Tech is an inclusive community of knowledge, discovery, and creativity dedicated to improving the quality of lives and the human condition within the Commonwealth of Virginia and throughout the world.

College of Liberal Arts and Human Sciences
The College of Liberal Arts and Human Sciences, the home college of the marriage and family therapy doctoral program area, combines the wide-ranging intellectual exploration of the liberal arts with the technological advantages of a leading university and the civic engagement of a land-grant institution. Recognizing that technology along is never a solution and that innovation is fundamentally a human achievement, the college brings the perspectives of the arts, humanities, and social sciences to achieve meaningful solutions to complex human problems.

Department of Human Development and Family Science
The faculty of the Department of Human Development and Family Science is committed to understanding and improving the lives of people of all ages through our education, research, and outreach activities. We strive to accomplish the following in all our endeavors:
- Build caring communities for learning and working with each other, with students, and with the people we serve;
- Accept and value diversity; we appreciate differences in people, families, and ideas;
- Convey that every family has value and that learning should take place in an environment of mutual respect and tolerance;
- Provide opportunities to learn how to help people live and work in caring relationships, families, organizations, and communities; and
- Facilitate the acquisition of knowledge and skills that will help people resolve individual, interpersonal, family, organization, and social problems.

HDFS embraces collaborative scholarship using diverse methodologies for individuals and families across the lifespan. Our research, teaching, and engagement reflects a commitment toward social justice and advocacy for underrepresented, vulnerable, and marginalized populations. We are scholars who conduct research that is translatable to real-world applications in the form of ethics, policies, and advocacy. This department thrives on diverse methodologies to study family processes, lifespan development, and life course transitions in the context of risk, resilience, policy, and health. We seek to advance our national and international standing and to sustain faculty involvement in cutting-edge interdisciplinary and transdisciplinary scholarship and engagement.

MFT Program Area Mission
The mission of the marriage and family therapy doctoral at Virginia Tech is to develop scholar-clinicians who demonstrate respect for diversity and inclusion and will advance the field of MFT through research, clinical supervision, teaching, clinical practice, and community and professional engagement.[1]

MFT Outcome-Based Education Framework[2]

The MFT program has established an outcome-based education framework that includes specific program goals with measurable student learning outcomes, as well as targets for measuring student competencies and achievement of the student learning out comes and program goals. The program's

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[1] **Review & Revision History:** *Initial Draft Approved by MFT Faculty* – May 31, 2017*; Community of Interest Review* – June 6, 2017*; Revised Draft Approved by MFT Faculty* – July 6, 2017*; Mission Reviewed and Reapproved by MFT Faculty* – August 20, 2019; August 24, 2020; September 2, 2021; August 15, 2022

[2] **Review & Revision History:** *Initial V12 Draft Approved by MFT Core Faculty* – 5/31/17*; Community of Interest Review* – 6/6/17*; Minor Revisions Reviewed & Approved by MFT Core Faculty* – 7/6/17; 1/22/18; 5/21/18; 8/16/18*; Major Revision & Approved by MFT Core Faculty* – 8/20/19; 8/23/19*; Minor Revision & Approved by MFT Core Faculty* – 8/24/20*; Revision for V12.5 & Approved by MFT Core Faculty* – 9/2/21; 9/9/21

outcome-based education framework and associated assessment data are periodically reviewed and revised by the MFT core faculty, taking into consideration feedback from the program's various communities of interest. All measures associated with the outcome-based education framework are included in the appendices of this document.

Program Goal #1: Research & Scholarship
Students will conduct methodologically sophisticated research that advances knowledge and has implications for marriage and family therapy.

> ***Student Learning Outcome 1.1:*** Students will demonstrate proficiency in using qualitative and/or quantitative research methods to conduct methodologically sophisticated, rigorous research with relevance to marriage and family therapy.
>
> Achievement of this SLO will be assessed via 1) dissertation defense pass rates, 2) advisor/faculty ratings on the graduate student annual review, and 3) ratings on the research proposal evaluation rubric for *HD 6484: MFT Research*.
>
> > *Target #1:* 100% of students will successfully pass their dissertation defense, as indicated by a unanimous vote of "pass" by the student's doctoral advisory committee.
> >
> > *Target #2:* As part of the graduate student annual review, at least 75% of students will earn ratings of "excellent" or "good" for their 1) ability to conduct methodologically sophisticated research and 2) proficiency in using qualitative and/or quantitative research methods.
> >
> > *Target #3:* In the context of *HD 6484: MFT Research,* at least 75% of students will receive a rating of 17 or higher (out of 20) on the evaluation rubric for the research proposal.
>
> ***Student Learning Outcome 1.2:*** Students will contribute scholarship to the field of marriage and family therapy, or a closely related field, in form of two publications and two national conference presentations, with the student serving as lead author for at least one publication and one presentation.
>
> Assessment of this SLO will occur via the questions related to publications (i.e., Q7 – Q14) and presentations (Q15 – Q22) on the *MFT Student Annual Review Survey.*
>
> > *Target #1:* By graduation, at least 75% of students will self-report, on the *MFT Student Annual Review Survey* (i.e., Q7 – Q14), authorship on a minimum of two peer-reviewed journal articles and/or book chapters. The student will be lead-author on at least one of these publications. [Publications must be published, in press, or accepted at the time of graduation.]
> >
> > *Target #2:* By graduation, at least 75% of students will self-report, on the *MFT Student Annual Review Survey* (i.e., Q15 – Q22), authorship on at least two national conference presentations, with the student serving as lead author on at least one of those presentations. [A variety of presentation formats are allowed including, but not limited to, papers, posters, workshops, roundtables, etc.]

Program Goal #2: Teaching & Supervision
Students will demonstrate knowledge and skills associated with effective collegiate teaching and relationally- and systemically-informed clinical supervision.

Student Learning Outcome 2.1: Students will gain collegiate teaching experience.

Accomplishment of this SLO will be assessed by questions related to teaching experience (i.e., Q26) on the *MFT Student Annual Review Survey.*

Target: Prior to graduation, at least 75% of students will self-report, on the *MFT Student Annual Review Survey* (i.e., Q26), teaching experience in the form of 1) three or more guest lectures on at least two different topics, 2) serving as a graduate teaching assistant, or 3) independently teaching an undergraduate course.

Student Learning Outcome 2.2: Students will be proficient in teaching within a collegiate classroom setting.

Achievement of this SLO will be assessed via the 1) faculty teaching mentor ratings as part of the graduate student annual review and 2) ratings of overall teaching effectiveness on the *Student Perceptions of Teaching (SPOT)* course evaluations*.*

Target #1: As part of the graduate student annual review, at least 75% of students will earn ratings of "excellent" or "good" for their proficiency in teaching within a collegiate classroom setting.

Target #2: Each academic year, at least 75% of independent student instructors will receive a rating of at least 4 (out of 6) for overall teaching effectiveness on the SPOT course evaluations.

Student Learning Outcome 2.3: Students will demonstrate proficiency in conducting relationally- and systemically-informed clinical supervision.

Accomplishment of this SLO will be assessed via 1) evaluation rubric items for the philosophy of supervision assignment for *HD 6464: MFT Supervision*, 2) MFT core faculty ratings on the clinical graduate student annual review, and 3) alumni supervisor designation rates.

Target #1: As part of the philosophy of supervision assignment in *HD 6464: MFT Supervision,* at least 75% of students will earn a rating of "3" or higher on the evaluation rubric for 1) evidence of systems thinking, 2) clarity of purpose and goals for supervision, 3) clarity of supervisory roles and relationships, 3) clarity of preferred processes of supervision, 4) evidence of sensitivity to contextual factors, and 5) evidence of sensitivity to ethics and legal factors.

Target #2: As part of the clinical graduate student annual review, at least 75% of students will earn ratings of "good" or better for their proficiency in conducting relationally- and systemically-informed clinical supervision.

Target #3: Within 7 years of graduation, at least 50% of students will obtain the AAMFT Approved Supervisor designation or will become a state-approved supervisor (if applicable).

Program Goal #3: Clinical Practice

Students will demonstrate proficiency in systemic clinical practice with a diverse clientele across the lifespan.

Student Learning Outcome 3.1: Students will demonstrate the ability to utilize multiple clinical theories and approaches in their clinical work.

Accomplishment of this SLO will be assessed via 1) supervisor ratings on the items related to knowledge and application of theories on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation* and 2) ratings for model application and treatment planning as part of the case application evaluation rubric for *HD 6414: Advanced Traditional Models in MFT.*

Target #1: Each academic year, at least 75% of students will receive ratings of "satisfactory" or higher for the items 1) knowledge of and 2) application of models/theories on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation*.

Target #2: In the context of the case applications in *HD 6414: Advanced Traditional Models in MFT,* at least 75% of students will receive a rating of 17 or higher (out of 20) on the evaluation rubric item(s) related to model application and treatment planning.

Student Learning Outcome 3.2: Students will demonstrate competence in the professional practice of marriage and family therapy.

Achievement of this SLO will be assessed via 1) supervisor ratings on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation,* 2) MFT core faculty ratings on the clinical graduate student annual review, and 3) alumni LMFT licensure rates.

Target #1: Each academic year, at least 75% of students will earn average ratings of "satisfactory" or higher for 1) Admission to Treatment, 2) Clinical Assessment and Diagnosis, 3) Treatment Planning and Case Management, and 4) Therapeutic Interventions on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation*.

Target #2: As part of the clinical graduate student annual review, at least 75% of students will earn ratings of "excellent" or "good" for their proficiency in systemic practice with a diverse clientele across the lifespan.

Target #3: Within 7 years of graduation, at least 75% of students will achieve full licensure as a marriage and family therapist.

Student Learning Outcome 3.3: Students will demonstrate knowledge and application of the *AAMFT Code of Ethics*, and other relevant ethical and legal standards.

Accomplishment of this SLO will be assessed via supervisor ratings on the items related to legal issues, ethics, and standards on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation.*

Target: Each academic year, at least 75% of students will receive ratings of "satisfactory" or higher for each of the items related to legal issues, ethics, and standards (i.e., knowledge of ethical code, knowledge of local laws, recognition of ethical and legal issues, and appropriate response to ethical and legal issues) on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation*.

Program Goal #4: Community & Professional Engagement
Students will engage in public scholarship, relevant to the field of marriage and family therapy, via community engagement and/or professional service activities.

Student Learning Outcome 4.1: Students will participate in professional service and/or community engagement activities relevant to the field of marriage and family therapy.

Assessment of this SLO will occur via the questions related to professional service and community engagement (i.e., Q52-Q55) on the *MFT Student Annual Review Survey.*

Target: Each academic year, at least 75% of students will self-report, on the *MFT Student Annual Review Survey* (i.e., Q52-Q55), participation in at least one professional service activity (e.g., journal review, committee services, etc.) or at least one community engagement activity (e.g., community presentations, volunteering, etc.) related to the field of marriage and family therapy.

Student Learning Outcome 4.2: Students will maintain membership in at least one professional organization relevant to their career, clinical, and/or research interests.

Assessment of this SLO will occur via the questions related to membership in professional organizations (i.e., Q48-Q51) on the *MFT Student Annual Review Survey.*

Target: Each academic year, at least 75% of students will self-report, on the *MFT Student Annual Review Survey* (i.e., Q48-Q51) membership in at least on professional organization relevant to their career, clinical, and/or research interests.

Program Goal #5: Diversity & Inclusion
Students will demonstrate sensitivity to diversity and inclusion, and competence in working diverse populations as well as marginalized and underserved communities.

Student Learning Outcome 5.1: Students will demonstrate sensitivity to diversity and inclusion within the context of marriage and family therapy.

Achievement of this SLO will be assessed via supervisor ratings on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation*

Target: Each academic year, at least 75% of students will receive ratings of "satisfactory" or higher for the item related to sensitivity to diversity on the *MFT Practicum Clinical Evaluation* and/or the *Advanced Practical Experience Clinical Evaluation*.

Student Learning Outcome 5.2: Students will demonstrate competence in working with diverse populations, including marginalized and/or underserved communities.

Assessment of this SLO will occur via faculty/advisor ratings related competence in working with diverse populations on the graduate student annual review.

Target: As part of the graduate student annual review, at least 75% of students will earn ratings of "excellent" or "good" for their competence in working with diverse populations, including marginalized and/or underserved populations.

Student Learning Outcome 5.3: Students will demonstrate efforts to improve their skills and/or knowledge related to diversity and inclusion.

Assessment of this SLO will occur via the questions related to diversity and inclusion (i.e., Q59 & Q60) on the *MFT Student Annual Review Survey.*

Target: Each academic year, at least 75% of students will self-report, on the *MFT Student Annual Review Survey* (i.e., Q59 and Q60)*,* their participation in at least one activity (e.g., training, workshops, readings, etc.) designed to improve their competence related to diversity and inclusion.

The MFT program's outcome-based education framework has also been aligned with its curriculum. The *Outcome-Based Education Framework Curriculum Map* is available on Canvas, and in the appendices of this document.

COAMFTE Developmental Competency Components
The MFT program area mission, goals, and student learning outcomes align with the following COAMFTE Developmental Competency Components: (1) Knowledge of the profession; (2) Practice of therapy; (3) Human diversity and social structure; (4) Professional ethics, law and identity, and (5) Research and evidence-based practice. The following table provides documentation of the alignment of the program' goals and student learning outcomes with the COAMFTE Developmental Competency Components.

Program Goal:	Student Learning Outcome:	Knowledge	Practice	Diversity	Ethics	Research
Goal #1: Students will conduct methodologically sophisticated research that advances knowledge and has clinical	1.1: Students will demonstrate proficiency in using qualitative and/or quantitative research methods to conduct methodologically sophisticated, rigorous	X			X	X

Program Goal:	Student Learning Outcome:	Knowledge	Practice	Diversity	Ethics	Research
implications for marriage and family therapy.	research with relevance to marriage and family therapy.					
	1.2: Students will contribute scholarship to the field of marriage and family therapy, or a closely related field, in form of two publications and two national conference presentations, with the student serving as lead author for at least one publication and one presentation.	X			X	X
Goal #2: Students will demonstrate knowledge and skills associated with effective collegiate teaching and relationally- and systemically-informed clinical supervision.	2.1: Students will gain collegiate teaching experience.	X				
	2.2: Students will be proficient in teaching within a collegiate classroom setting.	X		X	X	
	2.3: Students will demonstrate proficiency in conducting relationally- and systemically-informed clinical supervision.	X	X	X	X	X
Goal #3: Students will demonstrate proficiency in systemic clinical practice with a diverse clientele across the lifespan.	3.1: Students will demonstrate the ability to utilize multiple clinical theories and approaches in their clinical work.	X	X	X	X	
	3.2: Students will demonstrate competence in the professional practice of marriage and family therapy.	X	X	X	X	X
	3.3: Students will demonstrate knowledge and application of the *AAMFT Code of Ethics*, and other relevant ethical and legal standards.	X	X		X	
Goal #4: Students will engage in public scholarship, relevant to the field of marriage and family therapy, via community engagement and/or professional service activities.	4.1: Students will participate in professional service and/or community engagement activities relevant to the field of marriage and family therapy.	X			X	
	4.2: Students will maintain membership in at least one professional organization relevant to their career, clinical, and/or research interests.	X			X	
Goal #5: Students will demonstrate sensitivity to diversity and inclusion, and	5.1: Students will demonstrate sensitivity to diversity and inclusion within the context of marriage and family therapy.	X	X	X		

Program Goal:	Student Learning Outcome:	Knowledge	Practice	Diversity	Ethics	Research
competence in working diverse populations as well as marginalized and underserved communities.	5.2: Students will demonstrate competence in working with diverse populations, including marginalized and/or underserved communities.	X	X	X		
	5.3: Students will demonstrate efforts to improve their skills and/or knowledge related to diversity and inclusion.	X		X		

MFT Program Area & Family Therapy Center Staff

MFT Program Director – Dr. Megan Dolbin-MacNab
The responsibilities of the MFT Program Director, who also serves as the Director of the Family Therapy Center, are the development and scheduling of MFT courses, oversight of the curriculum, oversight of the outcome-based educational framework, program quality assessment, program maintenance and enhancement, oversight of clinical training, recruitment and admission of students, development of policies for the MFT program area and the Family Therapy Center, oversight of the program budget, oversight of the Family Therapy Center equipment and its physical facilities, public relations and outreach, and compliance with accreditation and legal requirements. The MFT Program Director has a 12-month appointment and is an AAMFT Approved Supervisor.

Clinical Director – Dr. Jenene Case Pease
The Clinical Director, who has a 12-month appointment and is an AAMFT Approved Supervisor, has overall responsibility for 1) clinical supervision 2) clinical assignment and scheduling, 3) clinical screening procedures, 4) clinical records, 5) clinic-based research, and 6) statistical reports of supervision and client contact. The Clinical Director works in consultation with the MFT Program Director on oversight of the Family Therapy Center equipment and its physical facilities and public relations and outreach for the Family Therapy Center. Additionally, the Clinical Director also provides oversight for students completing their advanced practical experience requirements.

Office Manager – Christine Sokol
The Office Manager is responsible for day-to-day record keeping and maintenance of contact with practicum and other MFT students, clients, and referral sources. The Office Manager is also responsible for client intakes, client billing, and assists with clinical recordkeeping and data collection. The Office Manager also works in collaboration with the MFT Program Director and Clinical Director on maintenance of the physical facilities of the Family Therapy Center. This position reports to the MFT Program Director, but also works closely with the Clinical Director. In addition, the Office Manager orders all textbooks and assists with course evaluations for the Department of Human Development and Family Science. This position also gives clerical support for full-time and adjunct department faculty, and for graduate teaching assistants, as assigned by the Human Development and Family Science Department Head.

MFT Core Faculty
The MFT Program Director (Dr. Dolbin-MacNab), Clinical Director (Dr. Case Pease), and any other faculty affiliated with the MFT program area (Dr. Grafsky, Dr. Jackson, Dr. Russon) are collectively known as the MFT core faculty. These faculty teach MFT content courses, provide clinical supervision as part of MFT practicum, and/or serve as advisors and doctoral committee members to students specializing in marriage and family therapy. They also maintain other teaching, research, engagement, and service responsibilities as assigned by the Human Development and Family Science Department Head and in accordance with university expectations for their faculty appointments.

Clinical Associates
Clinical Associates are clinicians, instructors, or supervisors who, though not directly part of the MFT core faculty or the Family Therapy Center staff, may work closely with Family Therapy Center personnel. Their professional credentials establish them as competent and ethical practitioners, instructors, and/or supervisors. They may serve as adjunct supervisors, instructors, therapists, or researchers. Clinical Associates are appointed by the MFT Program Director after consultation with the MFT Core Faculty.

Family Therapy Center Graduate Assistant
The Graduate Assistant reports to the Clinical Director and provides a variety of administrative assistance to the Family Therapy Center. This may include providing coverage to MFT Practicum Students, assisting with clinical data collection, providing coverage when the Office Manager is absent, assisting with Family Therapy Center policies and procedures, among other assigned tasks. The Graduate Assistant may also work with the MFT Program Director on assigned tasks related to assessment, accreditation, and recruitment. This is a 10-hour/week, academic year assistantship appointment.

MFT Practicum Students
Students who are currently enrolled in MFT 5964 (MFT Practicum) serve as therapists at the Family Therapy Center, providing individual, couple, family, and group therapy to clients from the New River Valley and surrounding communities. Practicum students are responsible for all aspects of clinical services, as assigned. They are also responsible for attending practicum and seeking supervision as needed. More information about the clinical requirements of the program can be found in those sections and in the policies and procedures manual for the Family Therapy Center.

Undergraduate Interns
The Undergraduate Interns are enrolled in Virginia Tech field study and provide administrative assistance to the Clinical Director and Office Manager and provide evening clinic coverage and other needed assistance for the MFT Practicum Students. They must apply for the internship and be recommended by two references. They serve approximately 10 hours per week and can observe cases and attend seminars as determined by the Clinical Director. All Undergraduate Interns report to the Clinical Director, with assistance from the Family Therapy Center Graduate Assistant.

Communities of Interest

The marriage and family therapy doctoral program area has several communities of interest. These communities of interest are stakeholders of the program and, as a program, the program considers their needs and expectations when determining, evaluating, and revising our outcome-based education framework. The program also seeks their input, via both formal and informal means, on various aspects of the program including its curriculum and overall operations, resources, policies, and procedures.

While the program has a wide range of communities of interest, we program have identified the following communities of interest as being primary, in terms of providing the program with feedback:
- Current MFT Students
- MFT Program Alumni
- Department of Human Development and Family Science Administrators/MFT-Involved Faculty

Program Governance

The MFT Program Director is responsible for the overall governance of the MFT program area. The Clinical Director, MFT Core Faculty, and Office Manager also contribute significantly to the governance of the program. While there are policies and procedures that are specific to the MFT program area and within the control of the MFT Core Faculty, given that the program is part of the larger Department of Human Development and Family Science, many policies and procedures are decided upon and implemented at this level. Similarly, policies at the level of the Graduate School and the university also impact the policies and procedures within the MFT program area.

The MFT Core Faculty value student involvement in the governance of the program. All students may be involved in program governance via their participation in program meetings and various evaluation mechanisms. Additionally, the program utilizes a student representative at the MFT program area faculty meetings. Generally, the role of the student representative is to 1) share student perspectives on various issues being discussed and 2) bring student issues to the attention of the MFT area faculty. [Of course, students are always welcome to bring issues directly to a MFT area faculty member, if they would prefer.] The student representative is nominated and appointed by the MFT Core Faculty. The student representative is appointed for the period of one academic year, unless scheduling conflicts precludes student participation. In this case, a new student representative is identified.

Department of Human Development & Family Science

The MFT program area is part of the Department of Human Development and Family Science (HDFS). In addition to the MFT program area, the department houses specializations in Family Studies, Child and Adolescent Development, and Adult Development and Aging. Upon graduation, all students in the MFT program area receive a degree in Human Development and Family Science, with a specialization in marriage and family therapy. More information about the Department of Human Development and Family Science is available at: https://liberalarts.vt.edu/departments-and-schools/department-of-human-development-and-family-science.html

The MFT Core Faculty are faculty members in the Department of Human Development and Family Science. All faculty in the Department of Human Development and Family Science are actively involved in the mentoring and training of doctoral students specializing in MFT, and frequently serve as their advisors and/or members of their advisory committees. Students in the MFT program area also commonly have assistantships supervised by departmental faculty.

Academic Requirements

Prerequisites for Doctoral Study
Students should hold a master's degree or its equivalent in a mental health field. At the time of enrollment, students should have a minimum of 300 direct client contact hours with individuals, couples, and families, with approximately 100 of those hours being relational. The clinical hours should have been conducted under the supervision of a licensed marriage and family therapist, an AAMFT Approved Supervisor, or an equivalently qualified mental health professional.

All incoming students must document their completion of the COAMFTE foundational curriculum. This means that the academic prerequisites for the MFT doctoral program area include coursework in the following COAMFTE Foundational Curriculum Areas (FCA):
● Foundations of Relational/Systemic Practice, Theories, and Models (FCA1; 6 Credit Hours)
● Clinical Treatment with Individuals, Couples, and Families (FCA2; 6 Credit Hours)
● Diverse, Multicultural, and/or Underserved Communities (FCA3; 3 Credit Hours)
● Research and Evaluation (FCA4: 3 Credit Hours)
● Professional Identity, Law, Ethics & Social Responsibility (FCA5; 3 Credit Hours)
● Biopsychosocial Health & Development Across the Lifespan (FCA6; 3 Credit Hours)
● Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (FCA7; 3 Credits)
● Contemporary Issues (FCA8; No Credit Requirement, but Document Training)
● Community Intersections & Collaboration (FCA9; No Credit Requirement, but Document Training)
● Preparation for Teletherapy Practice (FCA10; No Credit Requirement, but Document Training)

Please see the current COAMFTE Accreditation Standards (www.coamfte.org) for additional information about the FCAs. Students who cannot document completion of the COAMFTE foundational curriculum may need to complete leveling coursework as part of their doctoral program. Students should work with their temporary advisors during their first semester of full-time enrollment (or prior to enrollment, in certain cases) to determine if any leveling coursework is needed. Please note that leveling coursework may delay a student's progress through the doctoral program.

Doctoral Curriculum
The doctoral curriculum addresses the Advanced Curricular Areas (ACA) delineated in the current COAMFTE Accreditation Standards (www.coamfte.org). The following table summarizes the doctoral curriculum that all students entering in Fall 2022[3], must complete to graduate:

COURSE IDENTIFIER	COURSE TITLE	CREDIT HOURS
ACA1: Advanced Research		
HD 5514	5974	Research Methods & Lab	4
HD 5714	5974	Advanced Statistics – Regression	4

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[3] Students entering the program prior to Fall 2022 are held to the curriculum requirements in place at the time of their enrollment. Please see Canvas or consult with the MFT Program Director for the course checklists for previous cohorts.

HD 6514	Advanced Research Methods – SEM	3
HD 6524	Topics in Advanced Research Methods – SEM Lab	1
HD 5524	Qualitative Methods in Family Research	3
HD 6484	MFT Research	3
	ELECTIVE METHODS COURSE	3
HD 5964	HD Research Team (4 Credits Total)	4
ACA2: Advanced Relational/Systemic Clinical Theory		
HD 5005	HDFS Theories: Individual & Lifespan	3
HD 5006	HDFS Theories: Family & Systems	3
HD 6414	Advanced Traditional Models in MFT	3
ACA3: Advanced Relational/Systemic Applications to Contemporary Challenges		
HD 6444	Advanced Contemporary MFT	3
HD 5964	MFT Practicum (Y1SP, Y1SU, Y2FA, Y2SP, Y2SU, Y3FA)	14
HD XXXX	*ELECTIVE HDFS COURSE*	3
ACA4: Foundations of Relational/Systemic Teaching, Supervision, Consultation &/or Leadership		
HD 6464	Clinical Supervision of MFT	3
HD 6004	Professional Development Seminar (2 Semesters)	2
Advanced Practical Experience		
HD 5754	Internship	1

In total, students must complete a total of 90 credit hours to graduate. Within this total, students should attend to the following:
- Students must complete a minimum of 30 credits hours of HD 7994 (Research & Dissertation). See the section "Research & Dissertation Credits" for more information.
- A minimum of 36 credit hours must be graded.
- Students may only transfer up to 12 credits from their master's program. These transfer credits must be at the 5000 level or higher.

Recommended Timeline for Program Completion
The following table provides a recommended timeline for program completion. In reviewing this table, please note that *it does not include Research & Dissertation credits (HD 7994) or Research Team credits (HD 5964)* (see those sections for additional information), as the timeline for taking these credits and the number of credits taken in each semester is highly variable. Also, given that students have the option of choosing their electives and/or completing various specialized certificates, students should consult with their major professor on their exact timeline for completing the program requirements, as any extra requirements may extend a student's time in the program. Additionally, this recommended timeline should not be viewed as "final," as course offerings vary based on departmental needs and faculty availability.

Recommended Timeline for Program Completion:

Semester I (Fall Semester – Year 1):
- HD 5514 & HD 5974: Research Methods & Lab
- HD 6004: Professional Seminar
- *(ACA 1, ACA 2 or ACA3 Coursework)*
- *Meeting with Faculty to Discuss Interests – Select Advisor/Form Committee*

Semester II (Spring Semester – Year 1):
- HD 5964: MFT Practicum
- HD 5714 & HD 5974: Advanced Statistics (Regression) & Lab
- *(ACA 1, ACA 2 or ACA3 Coursework)*
- *Meeting with Faculty to Discuss Interests – Select Advisor/Form Committee*
- *Plan of Study Meeting*

Summer I & II (Summer Semester – Year 1):
- HD 5964: MFT Practicum

Semester III (Fall Semester – Year 2):
- HD 5964: MFT Practicum
- HD 6004: Professional Seminar
- HD 6514 & HD 6524: Advanced Research Methods (SEM) & Lab
- *(ACA 1, ACA 2 or ACA3 Coursework)*
- *Preliminary Exam Planning Meeting*

Semester IV (Spring Semester – Year 2):
- HD 5524: Qualitative Methods in Family Research
- HD 5964: MFT Practicum
- *(ACA 1, ACA 2 or ACA3 Coursework)*
- *Preliminary Exam Planning Meeting/Preliminary Exam*

Summer I & II (Summer Semester – Year 2):
- HD 5964: MFT Practicum
- *Preliminary Exam*

Semester V (Fall Semester – Year 3):
- HD 5964: MFT Practicum
- *(ACA 1, ACA 2 or ACA3 Coursework)*

Semester VI (Spring Semester – Year 3):
- HD 6464: MFT Supervision
- *(ACA 1, ACA 2 or ACA3 Coursework)*
- *Dissertation Proposal Defense*

Continued…

Summer I & II (Summer Semester – Year 3):
- *Advanced Practical Experience and Dissertation Work*

Semester VII (Fall Semester – Year 4):
- *Advanced Practical Experience and Dissertation Work*

Spring VIII (Spring Semester – Year 4):
- HD 5754: Internship
- *Advanced Practical Experience and Dissertation Defense*

Doctoral Preliminary Examination

Students in the MFT program area take preliminary examinations (prelims) prior to undertaking the doctoral dissertation. As learning opportunities, the prelim questions invite critical analysis and creative integration of your knowledge of the field of human development and family science. As a means of assessment, prelims test a comprehensive understanding of the field; critical analysis of key issues; and integration across theories, prior research, and methodologies. Besides reflecting both depth and breadth of knowledge, prelims usually engage the student's emerging line of research. The *Human Development and Family Science Graduate Policy Guide*, which is available on Canvas, provides detailed information about the preliminary examination process, including information about scheduling the preliminary examination in the Graduate School's Approval System. Students are encouraged to consult with their major professors/advisors about the doctoral preliminary examination and the timing for taking this exam that would work best for them. Many MFT program area students take their prelims during the summer between their second and third year in the program.

Research Team

The research team experience provides an opportunity to work directly with faculty on their research projects. These direct experiences in collaborative research relationships complement knowledge and understanding acquired in coursework. The research team experience can enhance expertise, foster career goals, and advance skills needed for the thesis or dissertation. Students specializing in MFT are required to take a minimum of 4 credits (HD 5964 – Research Team) of research team, and should consult with their major professors/advisors about the types of research team experience would be most beneficial to them, and about the timing for scheduling the research team credits. Most students complete their research team requirements between spring semester of their first year in the program and spring semester of their third year in the program. Please see the *Human Development and Family Science Graduate Policy Guide* on Canvas for additional information about research teams.

Research & Dissertation Credits

See the *Human Development and Family Science Graduate Policy Guide* (on Canvas) for the guidelines related to HD 7994 (Research & Dissertation) credits. Students specializing in MFT must take at least 30 credits of HD 7994, spread out over their time in the program. Students are encouraged to consult with their major professor/advisors about how to plan for and schedule those required credits, especially in terms of how they interest with their plans for their Advanced Practical Experience and the university's continuous enrollment requirements (see these sections within the *MFT Program Handbook* for additional information).

Doctoral Dissertation
Upon successful completion of the preliminary examination, the student will prepare a written dissertation proposal, which is presented to the student's advisory committee. The advisory committee must approve the proposal and IRB approval (https://www.research.vt.edu/sirc/hrpp.html); see the *Human Development and Family Science Graduate Policy Guide* on Canvas for additional information about the IRB and dissertation research) must be obtained before the dissertation research may begin, namely any data collection. Upon completion of the dissertation research, each candidate must pass a final examination (i.e., the dissertation defense) with the student's advisory committee. Dissertation proposal meetings and dissertation defense may only be scheduled during fall and spring semesters. Please see the *Human Development and Family Science Graduate Policy Guide* for information about guidelines related to 1) scheduling the dissertation proposal meeting and final examination, and associated enrollment requirements, 2) options for formatting the dissertation, including the article style dissertation, and 3) other dissertation-related policies. To comply with all dissertation-related policies, students should work closely with their major professors throughout the dissertation process.

When planning for the dissertation defense (and graduation), within the context of the Advanced Practical Experience, please be aware of the following Graduate School policy:
● For scheduling of the final examination … students must have the dissertation ready for defense (as judged by Advisory Committee members having read the document and signed the examination scheduling request) and *the student must be able to complete all other degree requirements within the semester when the examination is held*. See the complete policy at: https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=002d14432c654287012c6542e3630013

Practically, this policy means that students specializing in MFT must be able to complete their Advanced Practical Experience requirements in the same semester as their dissertation defense.

Clinical Requirements

The mission MFT doctoral program area at Virginia Tech is to develop scholar-*clinicians* who demonstrate respect for diversity and inclusion and will advance the field of MFT though research, clinical supervision, teaching, *clinical practice*, and community and professional engagement. As such, one of the program's goals is that "students will demonstrate proficiency in systemic clinical practice with a diverse clientele across the lifespan." Considering this goal, part of students' doctoral training focuses on continued growth and development as clinicians. Improving as a clinician is essential to train the next generation of MFT to become competent clinical supervisors and teachers of MFT.

In the context of the program's clinical requirements, students are required to gain experience working with diverse, marginalized, and underserved communities. This occurs in the context of students providing clinical services (via practicum) at the Family Therapy Center, though students may also gain this experience in the context of their research, teaching, community engagement, and/or professional service. Clients at the Family Therapy Center include individuals, couples, and families who are diverse, marginalized, and underserved based on age, ability, class, gender expression, sexual orientation, geography, among others social identities. The requirement that students experience working with these communities aligns with one of the programs goals that students "demonstrate sensitivity to diversity and inclusion, and competence in working diverse populations as well as marginalized and underserved communities."

In addition to the material listed below, please refer to the policies and procedures manual for the Family Therapy Center of Virginia Tech. This manual provides guidance related to all aspects of clinical work at the Family Therapy Center. The manual is available on the FTC Google Drive. All forms related to the program's clinical requirements are also available on Canvas.

Client Contact & Supervision Hours

To graduate from the program, students must complete 1000 direct client contact hours, with direct client contact being defined by the COAMFTE under V12.5 "as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Therapy services delivered through interactive team modalities may provide direct client for specific team members who have in-person interaction with client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct contact" (p. 33).

Of the 1000 required direct client contact hours required for graduation, 40%[4] must be relational. Relational hours are defined by the COAMFTE under V12.5 as delivering "therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems. Relational hours may also be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic. Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours (p. 38)."

Of the total number of required client contact hours for graduation, students may also count 100 alternative/team hours (e.g., live teaming, live cases where reflecting teams are directly involved in working with clients, participation in live supervision session with clinical supervisor, assessments, psychoeducational programming). These alternative hours may not count toward licensure.

Regarding supervision, students must also complete 200 hours of supervision from a supervisor who meets the COAMFTE definition of a program clinical supervisor. According to the COAMFTE under V12.5, program clinical supervisors must have the following qualifications:
- Demonstration of professional identity as a marriage and family therapist, and
- Demonstration of training in MFT relational/systemic supervision by one of the following:
    - A graduate course in MFT relational/systemic supervision equivalent to three semester-credit hours
    - Postgraduate professional education in MFT relational/systemic supervision training

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[4] Please note that some licensure boards require that 50% of direct client contact hours be relational. The program has elected to continue to follow the COAMFTE Version 12.0 Accreditation Standards regarding requirements for relational hours, given that relational and systemic nature of the field marriage and family therapy and our program goal related to students achieving proficiency in systemic clinical practice.

  o A state established MFT supervisor designation that includes relational/systemic supervision training
  o Designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

The required supervision hours can be a mix of "individual" (two or fewer supervisees) or "group" (6 or fewer supervisees[5]) supervision. At least 100 of the total number of required supervision hours must be based on observable data (i.e., audio, video, live) and at least 100 of the total number of supervision hours must be in an "individual" setting. Students must receive supervision on a weekly basis, while active at the Family Therapy Center, and maintain a 1:5 ratio of supervision to client contact hours throughout their time in the program.

To meet these requirements, students may transfer in up to 500 direct client contact hours and 100 supervision hours from their master's program (for additional information about this process, see below). The remaining 500 direct client contact and 100 supervision hours may be accumulated via practicum at the Family Therapy Center and during a student's Advanced Practical Experience. Students are responsible for tracking and documenting their client contact and supervision hours, with the assistance of the program, to ensure completion of this requirement. Students also bear sole responsibility for securing an Advanced Practical Experience that will allow them to complete any needed client contact and supervision hours, beyond the hours that are transferred to the program and obtained as part of practicum. Students may elect to conduct more client hours at the Family Therapy Center, during the six semesters in which they are enrolled in practicum, if desired. Students should consult with the Clinical Director and/or their major professors, early in the program, about their plan for completing the program's clinical requirements.

As the practicum requirements are part of the program's curriculum, students are still required to satisfy the practicum requirements, regardless of the number of client contact and supervision hours accumulated. Students may not end practicum early even if they exceed the practicum or the program's clinical requirements. See below for additional information about the practicum requirements.

Students occasionally enter the program fully licensed as a marriage and family therapist, or gain full licensure during their enrollment. Regardless of licensure status, students are still required to 1) transfer in up to 500 client contact hours and 100 supervision hours and 2) complete the practicum requirements (as outlined below). However, for those students who are fully licensed as marriage and family therapists by the start date of their Advanced Practical Experience, any remaining clinical requirements are waived. Students must submit a copy of their license to the Clinical Director to obtain the waiver.

Practicum
Students begin practicum in their second semester and are continuously enrolled through the fall semester of their third year. Because the Family Therapy Center operates on a 12-month basis, this means that students will have a continuous 24-month practicum experience. Students, therefore, must register for three hours of practicum (HD 5964) during their 2nd, 3rd, 4th, and 5th semesters. They must also register for one hour of practicum (HD 5964; 12-week extended enrollment course) in Summer Session I for 1) the summer after their first year in the program and 2) the summer after their second

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[5] The program defines "group" supervision as 6 or fewer supervisees, in accordance with many state licensure requirements.

year in the program. Please see the section on "Financial Requirements and Assistance" for additional information about summer practicum. Students should also review the program's "Vacation & Absence Policy."

Requirements for Beginning Practicum
In preparation for beginning practicum, students must complete the following:
- All students must agree to the stipulations in the *MFT Practicum Agreement*. Students will receive this from the Clinical Director at the beginning of their first practicum, which is in the spring semester of their first year in the program.
- Prior to seeing clients, students must also complete the required credit card training and other university trainings as assigned by the Clinical Director. The Clinical Director will provide information about how to complete the trainings and deadlines for completion. As these trainings must be renewed annually, continuing students will need to update their trainings as well.
- Criminal Background Check (for additional information, please see this section under "Professional Conduct & Program Climate").
- Attend any designated Family Therapy Center orientation meetings. The Clinic Director will distribute information about these meetings.

Probationary Period & Student Consultation
Students in their first semester of practicum (i.e., second semester in the program) are considered as having probationary status in the clinic. During this semester, students will begin to be assigned cases, at the discretion of the Clinical Director. During the probationary period, students must demonstrate compliance with Family Therapy Center policies and procedures, maintain proper and timely documentation, and meet all assigned deadlines. Students must also demonstrate compliance with the *AAMFT Code of Ethics* as well as clinical competence commensurate with their level of training. Students who successfully meet these expectations by the end of their first semester of practicum will no longer be considered as having probationary status. Poor or careless performance in any of these areas, at any time in the program, may impact practicum grades and/or result in the student receiving a clinical remediation plan (see this section below, for additional information). Significant issues may also impact continuance in the program, regardless of performance in other areas of the program.

During the probationary period, both a MFT Core Faculty member and (typically) a third-year student consultant in HD 6464 (Clinical Supervision of MFT) will supervise students on their assigned cases. If working with a third-year student consultant, the instructor of HD 6464 will supervise the third- year student's consultation. Both client contact hours and faculty supervision hours should be reported on Canvas. However, consultation by third-year students does not count as supervision hours for the first-year student. Third-year student consultants may count supervision as alternative/team clinical hours in the case of a live supervision session. The MFT Core Faculty supervisor, and not the third-year student consultant, will be the primary supervisor for the first-year students, and will assign the practicum grade for HD 5964. Critical client issues should always be referred to the faculty supervisor, even if they have already been discussed with the third- year student consultant.

Following the completion of the practicum requirements, students may not seek or receive information related to any current or former FTC clients. To do so will be viewed as a violation of ethical guidelines related to confidentiality. In addition, following the completion of HD 6464,

third-year student consultants are not permitted to continue to provide any further consultation for on-going clinical cases.

Practicum Caseloads
During their time in practicum, students will serve approximately 10 clock hours in the clinic per week. This time estimate includes direct client contact, individual and/or group supervision, and other clinical work (e.g., telephone calls, documentation). The program expects that students will complete between 20 and 32 direct client contact hours per month. This translates to conducting between 5 and 8 client sessions per week. While weekly client contact hours may fluctuate, depending on client needs and attendance, if a student's weekly or monthly client contact hours are consistently below expectations, new cases will be assigned. The Clinical Director tracks students' client contact hours and makes all case assignments.

While in practicum, students must accumulate a minimum of 300 hours of direct client contact and 60 hours of supervision. Students who do not meet these requirements will not be permitted to begin their Advanced Practical Experience, except in the case of a lack of clients or other unusual, extenuating circumstances. Students may not stop seeing clients or reduce caseloads after meeting the program's minimum expectations for client contact and supervision.

Students can complete the additional 500 hours of direct client contact and 100 hours of supervision as part of their clinical work at the Family Therapy Center. In these cases, students would have maximum flexibility in selecting their Advanced Practical Experience, as they will have already met the program's clinical requirements. Students should consult with their major professor and the Clinical Director about their career goals, so that they can pursue an Advanced Practical Experience that will be most beneficial to them.

Reporting Clinical and Supervision Hours
Practicum students must report their client contact hours and supervision hours monthly via the program's Canvas site. Failure to report client contact hours and supervision hours will negatively impact a student's practicum (HD 5964) grade as well as students' clinical evaluations. Students may not begin their Advanced Practical Experience until all clinical and supervision hours reports for practicum have been submitted.

Transfer of Contact Hours
Students who enter the program with supervision and client contact hours under appropriate supervision, either from their master's programs or other clinical work, may transfer up to 500 client contact hours and 100 supervision hours toward the program's clinical requirements. Students should complete the *Transfer of Clinical Hours Form* (available on the program Canvas site) and submit it to the Clinical Director for approval. The Clinical Director will prioritize transferring relational client contact hours and supervision hours in individual settings and/or live, audio, or video supervision. This form should be submitted by the end of the first semester in the program. Students may not begin their Advanced Practical Experience if this form has not been submitted.

Liability Insurance
All practicum students are covered by Virginia Tech's liability insurance. Because that insurance is primarily designed to protect Virginia Tech, all practicum students are strongly encouraged to maintain their own personal liability insurance throughout their time in practicum. AAMFT offers free or discounted liability insurance coverage, depending on one's AAMFT membership category, though other

options may be available for purchase. During their Advanced Practical Experience, students are required to have their own liability insurance, as they are no longer covered by Virginia Tech (see section, "Advanced Practical Experience Guidelines").

Clinical Evaluations & Practicum Grades

One of the program's goals is that "students will demonstrate proficiency in systemic clinical practice with a diverse clientele across the lifespan." Within that, the program has identified three student learning outcomes related to clinical proficiency:

- (3.1) Students will demonstrate the ability to utilize multiple clinical theories and approaches in their clinical work.
- (3.2) Students will display proficiency in systemic clinical practice with a diverse clientele across the lifespan.
- (3.3) Students will demonstrate knowledge and application of the *AAMFT code of Ethics*, and other relevant ethical and legal standards.

Relevant to this program goal, students' clinical proficiency will be evaluated by supervisors using the *MFT Practicum Clinical Evaluation* at the conclusion of each semester of practicum. This form is available in the appendices and on the program's Canvas site.

Regarding practicum grades, regardless of the supervisor, practicum grades are calculated as follows:

- 30% - Clinical Performance/Competence
- 20% - Adherence to FTC Policies & Procedures/Proper Clinical Record Keeping
- 20% - Participation in Supervision
- 30% - Other Assignments

  Detailed information about each of these categories, what they include, and how they are evaluated can be found in the practicum syllabi.

Poor or careless performance may impact the quality of the clinical evaluation and the practicum grade. Identified areas of concern may also result in the student receiving a clinical remediation plan (see below, for additional information) and/or an unsatisfactory rating on the Graduate Student Annual Review (GSAR; see this section under "Assessment and Evaluation"). Concerns related to any aspect of clinical performance will be brought to the attention of the MFT Core Faculty and may also impact continuance in the program, regardless of performance in other areas (e.g., assistantship, coursework).

Clinical Remediation Plans

While concerns related to clinical performance will first be addressed with the student in the context of practicum supervision, students identified as having significant, on-going deficits in their clinical competence or performance will receive a clinical remediation plan. The MFT Core Faculty can issue a clinical remediation plan because of an unsatisfactory clinical rating at the GSAR, or at any other time it is deemed necessary. A clinical remediation plan is intended to help improve student performance and is developed by the MFT Core Faculty. Clinical remediation plans identify 1) areas in need for improvement, 2) recommendations and/or requirements associated with making improvements in those areas, 3) a timeline for review of progress and completion, and 4) evaluation processes and expected outcomes. Failure to meet the expectations of the clinical remediation plan will result in an unsatisfactory rating during the next Graduate Student Annual Review (GSAR), regardless of performance in other domains within the program. Outside of the GSAR timeframe, failure to meet the

expectations of the clinical remediation plan or other serious concerns related to clinical competence may result in restricted or reduced client contact, practicum failure, or dismissal from the program.

Adjunct & Outside Supervision
While practicum students typically receive supervision from one of the MFT Core Faculty, students may be assigned to qualified adjunct supervisors if the MFT Program Director and Clinical Director determine such arrangements are necessary. Adjunct supervisors must meet the COAMFTE's requirements for program clinical supervisors and will be chosen by the MFT Core Faculty after careful consideration of the potential supervisor's suitability for supervision mentoring, including readiness for guidance, developmental skills, fit with potential supervisees, and program resources. Adjunct supervisors will be evaluated each semester they are actively engaged in supervision with students. Adjunct supervisors may be relieved of their duties at any time at the discretion of the MFT Core Faculty. Generally, adjunct supervisors do not receive compensation for their services, though this may depend on specific circumstances.

No outside supervision or consultation on any Family Therapy Center cases is permitted without prior permission from the Clinical Director. Requests for outside supervision should be made in writing to the Clinical Director. The request must provide 1) the rationale for working with an outside supervisor, 2) the expected outcomes of the supervision arrangement, 3) logistics of the supervision arrangement (e.g., frequency of supervision, type of supervision, etc.), and 4) evaluation procedures of both the supervisee and the supervisor. The nature of the outside supervision (i.e., supplementary to supervision from the MFT Core Faculty or replacing supervision by the MFT Core Faculty) must be clearly articulated. Please note that these requests are *unlikely* to be approved if appropriate supervision is available from the MFT Core Faculty. The Clinical Director, in consultation with the MFT Core Faculty, will make determinations about feasibility or suitability of any proposed outside supervision arrangements, including the adequacy of the qualifications of any proposed outside supervisors.

Whether the case with adjunct or outside supervisors, if appropriate to the supervisory arrangement, students should always report the total number and type of all cases, and ensure that the supervisor has a clear understanding of the therapist's total caseload and work, not simply selected cases. Expectations of supervisees with adjunct or outside supervisors are identical to those for students working with MFT Core Faculty supervisors. Specifically, students working with adjunct or outside supervisors must be punctual, attentive, respectful, professional, and responsible. Failure to meet these expectations may negatively impact students' grades in HD 5964 (MFT Practicum) or evaluations of their overall clinical performance within the program (see section on "Clinical Evaluations").

Supplemental Clinical Work
On rare occasions, practicum students may request to be permitted to receive additional client contact and supervision at off-campus sites. These arrangements must be worked out in advance with the Clinical Director and the proposed site supervisor. Site supervisors must meet the COAMFTE's requirements for program clinical supervisors. Please note that these arrangements will only be permitted in unusual circumstances, as students' first clinical responsibilities will always be to the Family Therapy Center and any student engaged in supplemental clinical work must still meet expectations for client contact hours at the Family Therapy Center (see "Practicum Caseloads" above). Students receiving off-campus supervision will report their clinical and supervision hours monthly via the program's Canvas site (see the section on reporting clinical and supervision hours). These hours can count toward the program's overall clinical requirements, but not the minimum practicum requirements (see "Practicum Caseloads" above for more information).

<u>**Verification of Clinical Requirements Completion**</u>
As soon as they complete their clinical requirements, but no later than the final academic (i.e., Fall or Spring) semester of their Advanced Practical Experience (see the section, "Advanced Practical Experience Guidelines," for additional information), students should seek verification of their completion of the program's clinical requirements from the Clinical Director. Verifying completion of the program's clinical requirements early does not exempt a student from having to complete the Advanced Practical Experience or from having to fulfill the program's practicum requirements.

To obtain verification of the completion of the program's clinical requirements, students should formally request, in writing (email is acceptable), a review of their completion of the program's clinical requirements from the Clinical Director. The Clinical Director will obtain the official record of the student's clinical and supervision hours from the Office Manager and review those hours using the *Verification of Completion of Clinical Requirements* form. This form is available on the program's Canvas site. Prior to submission of the request for review of clinical requirements, students should work with the Office Manager to ensure that their hours are accurate. Regardless of when the verification of the clinical requirements is requested, students who have not completed the program's clinical requirements will receive a "NG" for HD 5754 (Internship), whether or not their Advanced Practical Experience includes a clinical component. Students cannot graduate until all "NG" grades have been resolved. The Clinical Director will confirm completion (or lack of completion) of the program's clinical requirements with the student within two weeks. It is the student's responsibility to arrange for this review to be *completed* by no later than the last day of classes in any given semester.

Students who have completed at least 950 client contact hours may petition in November/April for a waiver of the program's remaining clinical requirements to participate in December/May graduation. Waivers are only considered in unusual situations and will only be approved if the student can clearly document a plan for timely completion of the remaining clinical hours. Students interested in requesting a waiver should consult with the Clinical Director.

Advanced Practical Experience Guidelines

All students in the MFT program area are required to complete an Advanced Practical Experience during their fourth year in the program. This full-time (at least 30 hours/week) experience must last for a minimum of 9 months. To be eligible to begin the Advanced Practical Experience, students must have successfully completed all required coursework, practicum hours at the FTC, and passed their preliminary examination. Additionally, students may not begin their Advanced Practical Experience until they have 1) transferred in their client contact/supervision hours from their master's programs and 2) submitted all client contact and supervision hours associated with practicum. Students may not complete the Advanced Practical Experience while on an official leave of absence from Virginia Tech.

While the MFT Core Faculty and Clinical Director will provide general guidance about the Advanced Practical Experience, each student is responsible for locating and securing a site placement(s). In considering Advanced Practical Experience placements, students should attend to the following guidelines:
- Students may not complete the Advanced Practical Experience at The Family Therapy Center.

- Returning to a previous site of practicum or other clinical employment is not encouraged[6].
- Generally, students are also not permitted to complete clinical requirements in a private practice setting, except in unusual circumstances.
- It is possible for the Advanced Practical Experience to be an assistantship with Virginia Tech, provided that the student will be engaged in work that is substantially different from previous assistantship experiences and that the assistantship covers the required Advanced Practical Experience competencies.
- Students may work in multiple sites, although working in more than two sites is not encouraged.

While a list of current and previous sites is available on Canvas or from the Clinical Director, many students elect to locate their own site for personal, financial, or geographic reasons. Programs offering annual clinical or teaching internships typically request applications in January or February, though this timeline varies widely. Other positions may not require an application until a month or two before beginning to provide services at the site. Students should, therefore, discuss where they wish to apply with their major professor/advisor and/or the Clinical Director early in their third year of the program.

Advanced Practical Experience Competencies
In accordance with the MFT program's outcome-based education framework and Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requirements, during their Advanced Practical Experience, students must demonstrate competence in at least two of the following areas:

1. **Research & Scholarship:** Application of qualitative or quantitative research methods and writing skills to produce presentations and publications. This does not include dissertation research. [*Example Activities: Working with advisor or another faculty member on a research project (e.g., data collection, data analysis), Involvement with publications and/or presentations*]
2. **Program Development and Evaluation**: Apply principles of program development in a supervised work setting. The program needs to be fully prepared for implementation and evaluation so that the student can conduct a planned evaluation of the program. [*Example Activities: Developing and delivering psychoeducational programming or other resources for an agency, Using program evaluation methods to evaluate an existing program within an agency*]
3. **Teaching:** Take major responsibility for teaching undergraduate or graduate students in courses related to marriage and family therapy. Document teaching responsibilities, teaching accomplishments, as well as student and supervisor's evaluation of teaching excellence. [*Example Activities: Adjunct teaching of courses or practicum at a local college or university, Obtaining a visiting faculty-type internship position within an MFT program*]
4. **Administration/Leadership**: Assume oversight of a clinical program or service component in a supervised work setting. Student must document successful completion of job description through a supervisor's evaluation and their own self-evaluation. [*Example Activities: Involvement in MFT program administration and/or accreditation, Supervising/training clinicians in an agency setting; Providing oversight of a program or service within an agency or community program*]
5. **MFT Supervision:** Supervise trainees and receive supervision mentoring to become an AAMFT Approved Supervisor. In addition to supervisor and self-evaluations and documentation of supervision accomplishments (e.g., hours), completion of requirements to become an AAMFT Approved Supervisor is another way of documenting competence. [*Example Activities: Teaching*

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[6] Any student considering returning to a previous site must have a different supervisor and/or work in a different clinical/other role (e.g., in a different division of the agency).

practicum in an MFT program; Providing supervision to master's level clinicians in an MFT program or agency setting]

6. **Clinical Practice:** Obtain direct clinical contact hours with individuals, couples, and families. All client contact must be supervised. See more information about clinically-focused Advanced Practical Experiences below. This could also include completion of all requirements to become a professionally licensed marriage and family therapist. [*Example Activities: Providing therapy services (direct client contact) in an agency, hospital, school, or other setting*]

7. **Grant Writing:** Take major responsibility for writing a research or service delivery grant in a supervised work setting. Student must document a successful submitted application through a supervisor's evaluation and their own self-evaluation. [*Example Activities: Writing a grant for an agency or program; Participating in a grant writing team, though the student must have some leadership responsibilities on the team*]

8. **Policy Development**: Take major responsibility for initiating or advancing public policy with the intent to improve mental health and/or the lives of couples and families. Student must document successful progress through a supervisor's evaluation and their own self-evaluation[7] [*Example Activities: Participating in organized advocacy activities (e.g., AAMFT Hill Day) or organizations; Developing policy briefs for lawmakers*].

Students should work closely with their major professor/advisor and the Clinical Director to determine what competencies they would like to emphasize as part of their Advanced Practical Experience. What each student chooses to emphasize during their Advanced Practical Experience should be aligned with their career goals. As such, each student's plan for the Advanced Practical Experience will look different.

Advanced Practical Experience Requirements
The Advanced Practical Experience must meet the following requirements:
- Full-time (30-40 hours/week) work
- Minimum of 9 months in length
- Address at least two of the competencies listed in the previous section.
- Students must receive regular and appropriate supervision. This means that they must meet with their designated supervisor(s) at least weekly for the duration of their Advanced Practical Experience. It is possible to have more than one supervisor.

In addition to these requirements, students are expected to adhere to the following guidelines:
- Students are required to abide by the current *AAMFT Code of Ethics* (https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx) for the duration of the Advanced Practical Experience.
- Student must keep their own documentation of progress made toward completion of the activities and outcomes for selected competencies and, if applicable, direct clinical contact and supervision hours.
- Maintain professional liability insurance. This is required for students engaged in clinical work for their Advanced Practical Experience and strongly recommended for all students. See the section "Liability Insurance" for additional information. Documentation of this coverage must be submitted to the Clinical Director prior to beginning the Advanced Practical Experience. Clinical and supervision hours will not be counted until this documentation has been submitted.

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[7] Competency descriptions adapted from *BYU Professional Development Internship Requirements* with permission from Lee Johnson and Jonathan Sandberg, 9/1/17.

Clinical Practice Requirements

Student who are incorporating clinical practice into their Advanced Practical Experience must adhere to the following guidelines, in addition to those listed above:

- The number of required direct clinical contact hours is dependent upon the number of clinical hours the student attained prior to beginning the Advanced Practical Experience. For more information about the program's clinical requirements, please see the section, "Client Contact and Supervision Hours."
- In accordance with the program's overall clinical requirements, 40% of the direct client contact during the Advanced Practical Experience should be relational hours. 50% is recommended for licensure purposes, though this is state dependent.
- Students must receive clinical supervision on a weekly basis from supervisor who meets the COAMFTE requirements for a program clinical supervisor (see "Client Contact & Supervision Hours" for more information).
- The ratio of supervision hours to client contact hours must be 1:5 for the duration of the Advanced Practical Experience. Supervision can be a mixture of "individual" (two or fewer supervisees) or "group" (6 or fewer supervisees[8]) supervision. The total number of supervision hours based on observable data (i.e., audio, video, live) and the total number of individual supervision hours required during the Advanced Practical Experience is dependent upon each student's attainment of individual supervision hours based on observable data in their master's programs and at the FTC. See the program's clinical requirements for additional information.
- Students must report direct clinical contact and supervision hours each month, as instructed by the Clinical Director. The Clinical Director will review the submission and inform students of any issues. Students should submit all supervisor evaluations, per the instructors provided by the Clinical Director. Failure to report client contact hours, supervision hours, and/or supervisor evaluations will result in hours not being counted and/or a "NG" for HD 5754 (Internship). Students cannot graduate until all "NG" grades have been resolved. For additional information, see the section "Advanced Practical Experience Enrollment."

Advanced Practical Experience Enrollment

All students must register for one credit hour of HD 5754 during the last academic semester (i.e., fall or spring) of their Advanced Practical Experience. Students should register for this credit as Pass/Fail and the course should be included on their Plan of Study.

In considering enrollment during the Advanced Practical Experience, please note that, due to the university's minimum enrollment requirements (i.e., 3 credits) and individual student circumstances (e.g., financial aid, progress on dissertation), students may also need to enroll for HD 7994 (Research & Dissertation) credits during their Advanced Practical Experience. Students not working on their dissertation research may qualify for in absentia status. Students should discuss their individual circumstances with their major professor/advisor in advanced of their fourth year in the program, so that they can plan their enrollment during their Advanced Practical Experience. See also the section on "Continuous Enrollment" under "Academic Policies & Procedures" for additional information about policies relevant to enrollment during the Advanced Practical Experience.

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[8] The program defines "group" supervision as 6 or fewer supervisees, in accordance with many state licensure requirements.

Regardless of the number of credits taken in a given semester, those students whose Advanced Practical Experience means that they will be stationed more than 50 miles from Blacksburg and who will not be visiting campus *in any capacity (including dissertation defense meetings)* during a particular semester may be eligible for a fee reduction. For more information, see the following: https://www.bursar.vt.edu/tuition-fee-rates/RequestReducedComprehensiveFee.html

Students holding F1 visas should consult with an Immigration Specialist in the Graduate School about the best way to approach enrollment during their Advanced Practical Experience. Typically, students holding F1 visas do their Advanced Practical Experience as part of the Curricular Practical Training (CPT) and enroll in at least one credit of HD 5754 during *each semester* of their Advanced Practical experience. For those students also working on their dissertations, these HD 5754 credits are often combined HD 7994 (Research & Dissertation) credits. Students not working on their dissertations may qualify for a one-credit enrollment in GRAD 7944. (Please note that it is possible for students holding F1 visas to participate in the Optional Practical Training (OPT) program. However, students should note that the OPT program has serious restrictions for how long students holding F1 visas can remain in the U.S. after completing their Advanced Practical Experience.) Students should meet with an Immigration Specialist well in advance of starting their Advanced Practical Experience, to ensure that they leave adequate time to arrange needed paperwork and meet all university deadlines.

When planning enrollment for the Advanced Practical Experience, as it intersects with the dissertation defense (and graduation), per Graduate School policy, students must be able to complete all degree requirements (i.e., their Advanced Practical Experience and the program's clinical requirements) within the same semester as their dissertation defense. For more information, see the section "Doctoral Dissertation" under "Academic Requirements."

Advanced Practical Experience Approval Process

1. Students should meet with their major professor/advisor and the Clinical Director to discuss their ideas and goals for the Advanced Practical Experience. This discussion should focus on determining the competencies (see above) that the student would like to emphasize. This should happen at the end of the student's second year or the beginning of the third year in the program.

2. Next, students should meet with their major professor/advisor to complete an *Advanced Practical Experience Plan*. This form is available on Canvas. The plan must highlight:
    *   How the student will obtain experience necessary to demonstrate competency in at least two of the Advanced Practical Experience areas listed above.
    *   How evidence for the specified competencies will be measured/evaluated (including both activities and measurable outcomes).
    *   Who will supervise and evaluate the work (supervisor/mentor).

3. Once the *Advanced Practical Experience Plan* is completed, it should be submitted to the Clinical Director for review, along with the curriculum vitae of any supervisors/mentors. Following this review, students will work with their major professors/advisors to make any necessary revisions to the plan.

4. The final *Advanced Practical Experience Plan* must be signed by the student's major professor/advisor, the Clinical Director, the site supervisor(s)/mentor(s), and the Clinical Director (in this order) *prior* to beginning any work. This plan serves as the contract for the Advanced

Practical Experience. As such, any student who fails to submit the *Advanced Practical Experience Plan* will not be considered as actively pursuing the Advanced Practical Experience and any work completed will not be counted toward the program's requirements.

5.   A copy of the *Advanced Practical Experience Plan* must be filed with the MFT program area, via the Clinical Director. The student and the students' major professor/advisor are encouraged to keep copies of the plan as well.

6.   Prior to beginning the Advanced Practical Experience, students will provide updated contact information to the Clinical Director by completing the *Post-Approval Doctoral Advanced Practical Experience Form*, which is available from the Clinical Director. If applicable, students accruing clinical contact hours will also complete and sign the portion of this form that addresses guidelines for reporting clinical hours.

Clinical Practice Approval
Students who are incorporating clinical practice into their Advanced Practical Experience must also do the following, in addition to the items listed above:
- Provide a copy of liability insurance coverage to the Clinical Director. Clinical and supervision hours will not be counted until this documentation has been submitted.
- The student must work with the Clinical Director to provide documentation that the clinical supervisor meets the COAMFTE requirements for a program clinical supervisor. This documentation could include 2) a copy of the proposed clinical supervisor's AAMFT Approved Supervisor certificate noting expiration date, b) documentation of a state established MFT supervisor designation that includes relational/systemic supervision training, c) evidence of designation as an AAMFT Approved Supervisor Candidate, and/or d) evidence of completion of a graduate course or postgraduate professional education in MFT relational/systemic supervision. Students may not count their clinical or supervisory hours until the Clinical Director has approved their supervision.
- In addition to the *Advanced Practical Experience Plan,* students must complete an *Advanced Practice Experience Clinical Placement Agreement* before beginning to provide services at their proposed site. This agreement includes signatures of the student, the designated supervisor(s), and the Clinical Director. If a student begins clinical work at a proposed site before completing the *Advanced Practical Experience Clinical Placement Agreement* by obtaining all required signatures, any clinical and supervision hours earned prior to obtaining the required signatures will not be counted. The forms, which include versions for various supervision arrangements (i.e., onsite vs. off-site) are available on Canvas.

Evaluation of the Advanced Practical Experience
Students are required to obtain, from their supervisors, two evaluations of their performance during the Advanced Practical Experience. The first evaluation will occur half-way through (and no earlier than the beginning of the 5th month of) the Advanced Practical Experience; the second evaluation will occur during the last month of the Advanced Practical Experience. For both evaluations, supervisors should complete the *Advanced Practical Experience Evaluation (General Professional Engagement)* and the *Advanced Practical Experience Clinical Evaluation* (if applicable) via an online survey link provided by the Clinical Director. Copies of the evaluation forms are available on Canvas.

Verifying Completion of the Advanced Practical Experience
Within 30 days of the completion of their Advanced Practical Experience, students are responsible for requesting that the Clinical Director complete a review to verify progress made toward completion of the activities and outcomes for selected competencies. This review of the student's completion of the *Advanced Practical Experience Plan* considers the evaluation responses received by the date of the review, as well as any supplemental data received (progress toward completion of clinical contact hours, documentation of projects and accomplishments, etc.). It is the student's responsibility to gather this information and provide it to the Clinical Director. Failure to request this review will result in a "NG" for HD 5754 (Internship). Students cannot graduate with an "NG" on their transcripts.

The Advanced Practical Experience will be considered complete once the Clinical Director receives and reviews all required documentation noting satisfactory completion of the activities and outcomes of the selected competencies on the *Advanced Practical Experience Plan*. If not already completed, the Clinical Director will also verify completion of the program's clinical requirements (see the section, "Verification of Clinical Requirements Completion"). The Clinical Director will notify the student of completion status (satisfactory or unsatisfactory) by email and via their grade for HD 5754.

As the Advanced Practical Experience must be a minimum of 9 months in duration, to participate in December/May graduation, the student must have completed at least 9 months of their Advanced Practical Experience by the end of the month in which they graduate.

Academic Policies & Procedures

The *Human Development and Family Science Graduate Policy Guide* outlines a numerous academic policies and procedures relevant to students in the MFT program area. Students should refer to this policy guide, which is available on Canvas, for information related to these topics. Students are responsible for being familiar with this information, in addition to the information outlined below. What is included below is supplementary information specific to students specializing in MFT.

In addition, the *Virginia Tech Graduate School* policies are applicable to all students in the MFT program area. Some of the policies that are most relevant are excerpted below and are referenced in the *Human Development and Family Science Graduate Policy Guide*. Complete information about these policies is available at: https://graduateschool.vt.edu/academics/graduate-catalog-policies-procedures.html

Please note that changes to Departmental and Graduate School policies will be applicable to students specializing in MFT and supersede any policies and procedures outlined in this document.

Advising
The *Human Development and Family Science Graduate Policy Guide* provides information about 1) the Temporary Advisor, 2) the Advisory Committee, 3) the Protocol for Changing Committee Membership, and 4) Internal Transfers within the Department of Human Development and Family Science.

Specific to students specializing in MFT, the advisory committee must consist of 1) the student's major professor or advisor, who must be a Human Development and Family Science faculty member and have directive status (see the *Human Development and Family Science Graduate Policy Guide* for additional information about directive status) and 2) three other committee members. A minimum of three committee members must be from the Department of Human Development and Family Science, and at

least one committee member (does not have to be the major professor) must be affiliated with the MFT doctoral program area. Any "outside" committee members must meet the requirements for academic training and research experience expected of other committee members. Again, refer to the *Human Development and Family Science Graduate Policy Guide* for additional information.

As students have varied needs and preferences when it comes to mentoring, students are encouraged to consult with their Temporary Advisors about strategies to consider when selecting a major professor/advisor and advisory committee. It is ideal for students to select their major professor/advisor and have advisory committee in place by the end of their first year in the program.

Plan of Study
All students in the MFT program area are required to develop a Plan of Study, in consultation with their major professor and advisory committee. Students must prepare *three documents* to meet the requirements for the Plan of Study:

> ### *Documentation of Foundational Curriculum*
> Students in the MFT program area must document their completion of the COAMFTE foundational curriculum using the *Documentation of Foundational Curriculum Form,* which is available on the program's Canvas site. Students who have graduated from a COAMFTE-accredited master's program will have completed the foundational curriculum and should list their courses on the form (please note that practicum courses may not be included on the form as part of the foundational curriculum). Students from non-COAMFTE accredited master's program must document competence or course completion in each of the areas of the foundational curriculum. Students should work with their temporary advisors or the MFT Program Director during their first semester of full-time enrollment to complete this form, to determine if any leveling coursework is needed. Completed forms must be reviewed and approved by the MFT Program Director *prior* to the Plan of Study meeting. Copies of the signed *Documentation of Foundational Curriculum Form* should be submitted to 1) the Graduate Coordinator and 2) the FTC Office Manager.
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> ### *MFT Doctoral Curriculum Requirements*
> Students in MFT program area must document that their curriculum meets the COAMFTE advanced curriculum areas using the *MFT Doctoral Curriculum Plan of Study Form*, which is available on the program's Canvas site. Students should work with their major professors to complete this form prior to the Plan of Study meeting. Please note that courses included on the *Documentation of the Foundational Curriculum Form* cannot be listed (i.e., double-counted) on the *MFT Doctoral Curriculum Plan of Study Form.* Following the completion of the Plan of Study meeting, the student's major professor and the MFT Program Director must sign *MFT Doctoral Curriculum Plan of Study Form*. Copies of the signed *MFT Doctoral Curriculum Plan of Study Form* should be submitted to 1) the Graduate Coordinator and 2) the FTC Office Manager.
>
> ### *Plan of Study in Human Development and Family Science*
> The *Plan of Study in Human Development and Family Science* lists all coursework that students will complete to meet Virginia Tech's graduation requirements. This form is available on the program's Canvas site. Students should work with their major professors to complete the form. The completed form will be reviewed and approved (signed) by the student's advisory committee during the Plan of Study meeting (see below for more information about this meeting). The completed form, containing signatures of all advisory committee members,

should be returned to the Department office where it will be screened for compliance with Departmental and Graduate School policy. Plans of Study that deviate from Departmental and Graduate School policy will be referred to the Human Development and Family Science Graduate Committee for review and action.

After preparing all required Plan of Study documents, the student holds a Plan of Study meeting (usually scheduled for 1 hour – check with your major professor for their preferences) with their advisory committee. During this meeting, the student and the advisory committee discuss the student's content focus, coursework, and timeline for the completion of program requirements. The Plan of Study meeting must be held and the associated completed forms (i.e., *Documentation of Foundational Curriculum, MFT Doctoral Curriculum Plan of Study Form,* and *Plan of Study in HDFS*) must submitted to the departmental Graduate Coordinator by the end of the second semester of full-time enrollment (i.e., Spring Semester of Year 1).

Most students will need to make changes to their Plans of Study throughout their time in the program. To make these changes, the student will need to complete the *Request for Plan of Study Change* form, which is available on the program's Canvas site.

Academic Calendar
The MFT program area and Family Therapy Center operate continuously throughout the year on a semester (i.e., fall, spring, and summer) schedule. All operations, breaks, and deadlines are followed in accordance with Virginia Tech's academic calendar: https://www.registrar.vt.edu/dates-deadlines/academic-calendar.html

Admissions to the MFT program occur once per year, with new cohorts of students beginning the program each fall semester.

Length of Program & Time Limits for Degree Completion
Beginning in Fall 2019[9], the advertised amount of time in which students specializing in MFT can complete the program is 4 years. The maximum amount of time allow for program completion is 8 years, in accordance with Department of Human Development and Family Science guidelines. Since 2012, students complete their degrees in average of 5.06 (*n* = 43; Range: 3 - 10). For students graduating since 2017, the average length of time for degree completion is 4.9 years (*n* = 26; Range: 4 to 10 years). For additional information about the rates at which students graduate within the program's advertised length of completion, please visit this link. This information is also available on the program's Canvas site. In reviewing the program's Graduate Achievement Data, please note that degree completion times for vary greatly, depending on advanced practical experience choices, previous preparation, dissertation topics, and family life issues like personal health, relocations, employment decisions, caregiving responsibilities, and marriage and child rearing.

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[9] For students who enrolled prior to Fall 2019, the minimum program length (i.e., the shortest time possible that a student could complete the program) was 3 years. The advertised program length (i.e., the amount of time the program is designed to complete as written) was 7 years. The maximum allowable time for program completion was 12 years, though students beginning in Fall 2015 should note the Department of Human Development and Family Science's guidelines related to time limits for degree completion.

As noted previously, the MFT program area's maximum time allowed for degree completion is in accordance with the Department of Human Development and Family Science's maximum time limits. Students who reach these time limits will no longer be allowed to enroll in credits. Appeals to these time limits will be accepted only once and will be considered by the Director of Graduate Studies. Please contact the Director of Graduate Studies for the appeals process. Time while on a Leave of Absence does not count against the maximum time allowed for degree completion.

Continuous Enrollment
Graduate students in degree programs must be registered continually during the academic year (fall and spring semesters) and pay the required tuition and fees. The continuous enrollment policy also applies to students completing the Advanced Practical Experience. The number and type of credit hours taken, especially for those students working on their dissertations or Advanced Practical Experience, should reflect the extent of a student's study and/or research activity. The minimum enrollment is for 3 credit hours, except for those students who meet the requirements for a Start of Semester Defense Exemption (see below for additional information about this policy) or who have in absentia status. Please note that students holding assistantships must be enrolled in a minimum of 12 credit hours each semester.

There are two exceptions to the continuous enrollment policy:

> ### *Leave of Absence*
> When students experience situations in which they cannot be continuously enrolled (e.g., health, family emergency, change in parental status, military service, financial hardship, personal or academic reasons, or other reasons), a student may request a leave of absence to suspend activities associated with coursework, the Advanced Practical Experience, or their dissertation research. Please note that students on leave of absence are not entitled to use *any* University resources (e.g., students may not consult with advisors or work on courses or dissertation research). Students seeking a leave of absence must complete the *Leave of Absence Request Form* (available at the link below and on the program's Canvas site) and submit it at least two weeks before the beginning of the semester for which the leave is requested. The student's major professor and the Director of Graduate Studies must approve the leave of absence before submission to the Graduate School. The MFT Program Director should also be informed of the student's leave of absence.
>
> If the leave of absence request is approved, the continuous enrollment requirement will be relaxed during the period of leave. The Leave of Absence form indicates when the student will return to the program and any conditions the department or the Graduate School may stipulate for the student's readmission within that time. Leaves of absence may be granted for up to one year at a time. If a leave longer than one year is required, students will need to apply to the Graduate School for readmission (see the *Human Development and Family Science Graduate Policy Guide* and below for information about readmission). International students should consult an Immigration Specialist in the Graduate School before requesting a leave of absence. For more information about this policy, including a link to the *Leave of Absence Request Form*, please see:
> https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=ff8080815d17d8ba015d994f7a4200e9

In Absentia Status
Graduate students in good standing who, for academic reasons, need to spend an entire Fall or Spring semester away from campus can apply for and be granted in absentia status. In absentia status is granted for work that is directly related to a student's academic course of study and that is integral to their degree. For students specializing in MFT, the Advanced Practical Experience may qualify the student for in absentia status.

In absentia status is approved by each student's home academic unit and then by the Graduate School. During each Fall or Spring semester while in absentia, students must register for one credit hour. For students in the MFT program area, this is HD 5754 (Internship). Tuition rates will be determined by the Bursar's Office. F1 visa students may not be eligible for in absentia status and should consult with an Immigration Specialist in the Graduate School. Students receiving financial aid should be aware that in absentia status may impact their financial aid or loan deferments. As such, students should consult with Virginia Tech's Office of Scholarships and Financial Aid (http://finaid.vt.edu/) to understand the consequences and additional requirements that may result from enrolling under in absentia status.

To qualify for in absentia status, students must be stationed a minimum of 50 miles away from Blacksburg and must not work on or in conjunction with any of Virginia Tech's satellite campuses and facilities. While in absentia, students cannot work with their advisors or any other faculty member on their dissertation research. For this reason, any student considering in absentia status should discuss their plans with their advisor, to make plans related to their progress on their dissertation research. Students can remain in absentia for two consecutive semesters, but must then return to residency (a minimum of a 3-credit enrollment) at the university for a minimum of one semester. The Graduate School may grant exemptions when longer periods of absence are required. In absentia status is not available to students who have not adhered to the continuous enrollment requirement, are supported by an assistantship, or are participating in an exchange program or dual degree program with an officially designated partner institution.

For more information about this policy, please visit:
https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=ff8080814d91d304014e63f8c46000d5

To access the form required to apply for in absentia status, please visit:
https://graduateschool.vt.edu/content/dam/graduateschool_vt_edu/forms/In_Absentia_Status_Request.pdf

Please note that students granted in absentia status may request a reduction of their comprehensive fees for each semester they are in absentia. For more information, please visit:
https://www.bursar.vt.edu/tuition-fee-rates/RequestReducedComprehensiveFee.html

Start of Semester Defense Exemption
The Start of Semester Defense Exemption allows students to enroll in a one-credit placeholder for the student's final semester to defend the dissertation, instead of a regular three-credit course as is normally required. To qualify for this exemption, students must:
- Have been enrolled in at least three credits for the previous semester.
- Have completed all degree requirements except for your final exam.

- Submit a final dissertation to the advisory committee during the first three weeks of the semester. The advisory committee must read it and agree that it's ready to defend by the Friday of the third week of classes.
- Submit a Start-of-Semester Defense Exception form by the Friday of the third week of classes or no later than two weeks prior to your exam, whichever comes first.
- Submit the ETD within two weeks of the dissertation exam date.

Please note these additional special circumstances related to the Start of Semester Defense Exemption:
- International students using the Start of Semester Defense Exemption must defend by the end of the fifth week of the semester and submit an ETD no more than two weeks after their exam to maintain immigration status. They must also complete the "Request for Reduced Enrollment" form to get approval for less than full time enrollment status. This form is available through the Graduate School.
- Students receiving financial aid should be aware that using the Start of Semester Defense Exemption may impact their financial aid or loan deferments. As such, students should consult with Virginia Tech's Office of Scholarships and Financial Aid (http://finaid.vt.edu/) to understand the consequences and additional requirements that may result from enrolling under the Start of Semester Defense Exemption.

For more information about the Start of Semester Defense Exemption, please visit:
http://graduateschool.vt.edu/academics/what-you-need-to-graduate/deadlines-for-academic-progress/start-of-semester-defense-exception.html

Readmission
When a student has not been enrolled for two consecutive academic semesters, the Graduate School and the Department of Human Development and Family Science require a readmission application. Additional information about this policy and the process for seeking readmission is available in the *Human Development and Family Science Graduate Policy Guide.* See also information about the "Continuous Enrollment" policy.

Financial Requirements & Assistance

Assistantships
The Department of Human Development and Family Science provides financial assistance for its graduate students in the form of assistantships (Graduate Assistants, GA; Graduate Teaching Assistants, GTA; Graduate Research Assistants, GRA). To be eligible for an assistantship, a student must be admitted to the Graduate School on a full-time basis. All students on assistantship must be registered for a minimum of 12 hours per semester. To retain eligibility, a student must maintain a quality credit average of 3.0 or higher and make satisfactory progress toward completion of degree requirements. Full-time assistantships carry with them tuition waivers and 20 hours/week of assistantship (e.g., research, teaching, administrative, and/or clinical) work. Students in the MFT program area are typically admitted with 3 years of continuous, 9-month assistantship funding, pending satisfactory progress toward the degree requirements and satisfactory assistantship performance. For additional information about assistantships, please see the *Human Development and Family Science Graduate Policy Guide.*

Tuition
Tuition rates are available through the University Bursar: www.bursar.vt.edu. Students not on assistantships are required to cover their own tuition expenses. Whether a student pays in-state or out-of-state tuition rates is determined by the Bursar's Office. Assistantships of 10 hours or more qualify the student for in-state tuition rates; however, all out-of-state students are encouraged to obtain Virginia residency. Non-residents will need to continue to pay the capital fees, so it is in students' best interest to become in-state students (applicable for U.S. students only). For more information on residency, please see: https://vt.edu/admissions/undergraduate/apply/residency.html

Candidacy Status Tuition Discount
In recognition of the largely independent nature of the work performed by doctoral students who are in the research and dissertation phase of their studies, starting Fall 2021, students who have passed their preliminary exam and completed all the required coursework on their plan of study are eligible for the candidacy status tuition reduction when the meet each of the following conditions:
* Have completed four semesters of doctoral level enrollment and successfully passed the preliminary examination
* Enroll full-time (9-18 credits/semester) solely in research and dissertation (7994) hours
* Do not enroll in any graded P/F coursework (exceptions for enrollment in a course other than research and dissertation credits must be approved by the Graduate School
* Request the reduction in no more than four fall and spring semesters (not necessarily consecutive) within a period of up to three academic years (six fall and spring semesters)

For more information about the candidacy status tuition discount, please visit: https://graduateschool.vt.edu/academics/graduate-catalog-policies-procedures/Candidacy_Status.html.html

Financial Obligations
Students in the MFT program area are responsible for several costs or fees that are not covered by assistantships. Information about these costs/fees is provided below.

Educational & Comprehensive Fees
All students must pay student fees for any semester in which they enroll. Student in the MFT program area must pay educational/general fees and comprehensive fees for each fall and spring semester for which they are enrolled. As part of their enrollment in summer practicum after Year 1 and Year 2, students are also responsible for paying one set of fees for the entire summer session (i.e., Summer I and Summer II). (See below for more information about summer practicum enrollment and expenses.)

Educational and comprehensive fees change each academic year, and rates are available at www.bursar.vt.edu. These fees pay for access to health care, student activities, recreational sports, discounted sporting events, free local bus services, technology, library access, etc. Non-residents pay higher comprehensive fees than students who obtain Virginia residency.

Relevant to the Advanced Practical Experience, students may request a reduction of their comprehensive fees. To qualify, students must be enrolled in an all-virtual schedule (or have only have research and dissertation credits not located on campus). Additionally, students must

certify that they will reside more than 50 miles from the Blacksburg campus for the entire semester and will not be returning to campus *in any capacity (including dissertation defense meetings).*

For more information on the comprehensive fee reduction, please visit: https://www.bursar.vt.edu/tuition-fee-rates/RequestReducedComprehensiveFee.html

Summer Practicum
For summer practicum, students are required to register for one hour of practicum in Summer Session I, which covers Summer I and Summer II via a 12-week extended enrollment course.

Students are responsible for all tuition and fees for summer practicum. Students holding assistantships the previous academic year are eligible for in-state tuition for the summer. Tuition rates are available through the Bursar's Office: www.bursar.vt.edu. Please note that, in most cases, students will receive financial assistance from the Department of Human Development and Family Science, to cover the cost of summer tuition and fees. Students will be notified, by the Director of Graduate Studies, of the availability and nature of these funds.

Please Note! In previous years, MFT students have received an exemption to the Graduate School's minimum enrollment requirement for summer practicum, which allows them to enroll in one credit of practicum in Summer I (instead of 3 credits). It should be noted that this exception is requested by the department on an annual basis *and is NOT guaranteed.* Students will be informed in a timely manner as to what arrangements have or have not been able to be made for a given summer.

Advanced Practical Experience
Please see the section, "Advanced Practical Experience Enrollment" for additional information.

Research & Dissertation Credits
Students who are no longer covered by an assistantship, but still need to complete their dissertations, including those students who are completing their Advanced Practical Experience, are responsible for all costs associated with enrollment in HD 7994 (Research & Dissertation). See also the section on "Continuous Enrollment." Students should work with their advisors to determine how they will enroll in HD 7994 credits throughout their time in the program.

Travel & Research Support
The MFT program area and the Department of Human Development and Family Science strive to provide first-, second-, and third-year students with funds to support travel to professional conferences. The availability of these funds and how they are distributed is determined on an annual basis. Generally, students who are presenting at national conferences receive priority for the receipt of travel funds. The MFT Program Director or the Director of Graduate Studies will announce available travel funds, eligibility for those funds, and the process for obtaining those funds as soon as the information becomes available; this is usually early in the fall semester.

The Department of Human Development and Family Science also offers small grants in support of students' dissertation research. Access to these grants is dependent on available funds. Information about these grants will be shared with students via the Director of Graduate Studies.

Travel and research support is also available through the Virginia Tech Graduate and Professional Student Senate. For additional information, please visit: https://gpss.vt.edu/

Scholarships & Financial Aid
Scholarships and financial aid are available. Please visit http://finaid.vt.edu/ and https://graduateschool.vt.edu/funding/types-of-funding/scholarships-and-fellowships.html for more information about the types of financial aid and scholarships that may be available.

Students should be aware that federal and private sources of financial aid often have requirements related to enrollment, lifetime financial aid limits, satisfactory academic process, pace of progress, and maximum allowed time to degree completion. For example, students must be enrolled at least half-time (i.e., 5 credits) to receive federal loans and keep any previously received federal loans in deferment. Students who are receiving financial aid are responsible for understanding the requirements associated with their particular type of aid. They should consult with Virginia Tech's Office of University Scholarships and Financial Aid (http://finaid.vt.edu/) for information and questions about their financial aid. Students who are receiving financial aid are also responsible for working with their major professors/advisors to coordinate their plan of study and their financial aid requirements.

Students specializing in MFT may also be eligible for scholarships offered through the Department of Human Development and Family Science and other entities. The MFT Program Director will communicate information about these opportunities, as it becomes available, to students.

External Fellowships
The MFT program area encourages students to pursue external fellowships, as these fellowships provide opportunities for enhanced learning and recognition of scholarly achievements. Students holding external fellowships are expected to gain comparable research and teaching experience even when the external funding is not directly tied to an assistantship appointment. Students are required to inform their major professor, the MFT Program Director, and the Director of Graduate Studies about applications for external fellowships and/or assistantships. They should inform the Director of Graduate Studies before accepting or declining external fellowships and/or assistantships. Additionally, sources of external funding must be disclosed on all departmental applications (e.g., applications for summer or winter teaching, departmental scholarships, travel funding, etc.). Having an external fellowship does not preclude a student from also having an assistantship.

Assessment, Grading & Evaluation

Grades & GPA Requirements
According to the Graduate School, whose policies supersede those of the department and MFT program area, students must obtain a 3.00 GPA, both overall and for courses on the Plan of Study. All courses on the approved Plan of Study, including supporting courses, must be completed with a grade of "C-" or better. Students whose cumulative GPA fails below a "B" (3.00 GPA) will be placed on probation by the Graduate School. Enrollment for one semester of probation normally is permitted to remedy an unsatisfactory GPA. If the student does not achieve a 3.0 GPA within one semester after being placed on probation, the Graduate School will consult with the department about dismissal of the student from the Graduate School. A department can appeal to the Graduate School for additional time for the student to achieve a 3.00 GPA, providing the student is making reasonable progress in raising the GPA. If an appeal is made to the Graduate School for additional time, it should come from the Director of

Graduate Studies. If extra time is granted, the student should be informed in writing of the amount of additional time allowed for achieving a 3.00 GPA. If the department does not support a time extension, the student will be dismissed from the Graduate School.

Assessment of Student Performance
Student performance within the MFT program area is assessed and evaluated in a number of ways including performance on assignment-based rubrics, clinical evaluations (see the section, "Clinical Evaluations," for additional information), advanced practical experience evaluations (see the section, "Advanced Practical Experience Guidelines," for additional information), assistantship performance reviews (see this section, below, for information about this process), and the Graduate Student Annual Review (GSAR; including student reported activities and faculty evaluations of performance, see below for additional information on the GSAR). In addition to these formal mechanisms of evaluation, students may also receive informal feedback from their major professors, advisory committee members, assistantship supervisor, and other faculty and/or mentors.

Regarding the assessment of student performance related to the program's outcome-based education framework, see section "MFT Outcome-Based Education Framework" for a description of the specific source of data for each program goal, student learning outcome(s), and associated target(s). The measures used in the assessment of the program's outcome-based education framework are available in the appendices of this handbook. See also the section, "Outcome Data Collection," for additional information about the program's assessment plan, as it relates to students.

Assistantship Performance Review
As noted in the *Human Development and Family Science Graduate Policy Guide*, "faculty and graduate assistants are encouraged to conduct performance reviews over the course of the semester. Supervisors are required to prepare and submit a performance review at the end of the fall semester." The *Graduate Assistantship Evaluation Form,* which is used for the assistantship performance reviews, is available on the program's Canvas site.

Students are encouraged to be proactive in their approach to their assistantships. Meaning, students should clarify expectations, seek feedback, and ask questions of their assistantship supervisors, as appropriate. Students should also keep records of their assistantship hours worked. Concerns about assistantships should be addressed with the Director of Graduate Studies, after first trying to address those concerns with the assistantship supervisor. See the section, "Grievance Procedures," for additional information.

Graduate Student Annual Review (GSAR)
The Graduate School requires that all students receive an annual review of their progress toward completion of degree requirements. In the Department of Human Development and Family Science, this process occurs during each spring semester of enrollment and is known as the Graduate Student Annual Review (GSAR). Additional information about the GSAR, including policies related to satisfactory versus unsatisfactory progress and guidelines for student remediation and dismissal, is available in the *Human Development and Family Science Graduate Policy Guide*, which is available on Canvas. Relevant forms for the GSAR are also available on Canvas.

Concurrently with the GSAR process that is conducted in the Department of Human Development and Family Science, the MFT Core Faculty conduct a Clinical GSAR, in which each student's clinical performance and progress toward the program's clinical requirements are reviewed. The MFT Core

Faculty utilize the *Clinical GSAR Form* (available on Canvas and in the appendices) as a basis for reviewing each student. Students receive a copy of this form for their records. Please note that an unsatisfactory rating for the Clinical GSAR will result in an unsatisfactory rating for the overall GSAR, regardless of the quality of the student's performance in other areas of the program.

In addition to the materials required by the Department of Human Development and Family Science, students specializing in MFT are required to complete the *MFT Student Annual Review Survey* (available on Canvas and distributed via Qualtrics) and submit that information along with their other GSAR materials. This survey is due on the same day as the Departmental GSAR materials. As part of the GSAR process, students in the MFT program area will also receive feedback from their major professors on their performance regarding the program's goals and student learning outcomes. This feedback will be documented on the *MFT GSAR Advisor Form*, which is available in the appendices and on the program's Canvas site.

Remediation & Dismissal
Policies related to satisfactory/unsatisfactory progress and guidelines for student remediation and dismissal, is available in the *Human Development and Family Science Graduate Policy Guide*, which is available on Canvas. Receiving two unsatisfactory ratings is grounds for dismissal from the program. See also the section on "Clinical Remediation Plans." See also the following Graduate School policies related to academic progress and appeals:
- (Academic Progress):
  https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=002d14432c65428 7012c6542e38200ad
- (Graduate Student Appeals)
  https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=002d14432c65428 7012c6542e3720049

Outcome & Evaluation Data Collection
In accordance with the program's assessment plan (available, upon request, from the MFT Program Director) and COAMFTE accreditation standards, the program regularly collects and aggregates various types of data about our current students and graduates for the purposes of measuring the program's outcome-based education framework. In addition to collecting data related to the program's goals, student learning outcomes, and associated targets, we also collect information about graduation rates, licensure and licensing examination pass rates, supervisor designation rates, and job placement rates.

Each year, the program also gathers evaluation data related to program resources (i.e., physical, technological, instructional, financial, clinical), academic and student supports, the effectiveness of the Program Director and the MFT core faculty, the curriculum, clinical training, and the quality of the program's learning environment.

Summaries of outcomes and evaluation data are made available to students on the program's Canvas site. See also the sections, "Length of Program & Time Limits for Degree Completion" and "Program Disclosures." Students may provide feedback on the outcome and evaluation data via program meetings, individual meetings with the Program Director, or via other mechanisms of communication (e.g., email).

Data Collection Procedures

As described in the section, "Graduate Student Annual Review (GSAR)," each spring, current students will be asked to complete a supplementary form (*MFT Student Annual Review Survey*, available on Canvas and distributed via an online survey) and submit that information along with their other Graduate Student Annual Review (GSAR) materials (this form is due on the same day as the GSAR materials). Other data, relevant to the program's outcome-based education framework, are gathered from the other sources listed in the section, "MFT Outcome-Based Education Framework." All assessment measures referenced in that section are included in the appendices of this handbook.

Students will also be asked, each summer, to complete an anonymous online *MFT Student Evaluation Survey* (questions available in Canvas) to provide feedback on various aspects of the program and its faculty. The MFT Core Faculty reviews the results from the evaluation survey, and recommendations for change are considered and/or implemented, as appropriate.

Please note that, as part of our data collection procedures, we will not publish any individually identifying information. We will always aggregate all data so that no individual can be identified. Questions or concerns about this policy should be directed to the MFT Program Director.

Professional Affiliations & Credentials

Professional Affiliations

Students are encouraged to maintain membership in professional organizations related to their career, clinical, and/or research interests. Different students may have different interests, and thus not all students who choose to join a professional organization may want to join the same ones. Nonetheless, we encourage all students to consider membership in the American Association for Marriage and Family Therapy (AAMFT). Previous students have been members of many professional organizations including, but not limited to, the National Council on Family Relations (NCFR), the Gerontological Society of America (GSA), the American Family Therapy Academy (AFTA), the International Family Therapy Association (IFTA), the American Psychological Association (APA), the Collaborative Family Healthcare Association (CFHA), and the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). Student should consult with their clinical supervisors and doctoral advisory committees for additional guidance related to the professional affiliations that might best facilitate their career, clinical, and/or research interests and goals.

Professional Licensure

While not a program requirement, students are strongly encouraged to consider seeking licensure in Virginia or another state early in their doctoral training. In considering licensure, students should remember that licensure for MFTs is regulated at the state level, such that licensure requirements are unique to each state. As such, it is the student's responsibility to become familiar with the licensure requirements for the state in which they wish to become licensed. A listing of state licensure requirements is available at: https://amftrb.org/resources/state-licensure-comparison/

Attaining professional licensure typically involves doing three things:
1. Applicants must meet the educational requirements for licensure, which, for MFTs in nearly all states, involves having a master's degree in a mental health discipline and meeting whatever specific requirements for MFT coursework a given state may set (e.g., some states may require

specific coursework in substance abuse or domestic violence). Virtually all states accept master's (or doctoral) degrees from COAMFTE accredited programs as meeting some or all the educational requirements for licensure.

      a. Because a master's degree (vs. a doctoral degree) is the qualifying degree for licensure, please be aware that the doctoral curriculum from the MFT Program at Virginia Tech does not, in and of itself, meet the Virginia educational requirements for licensure, though it may help with some educational requirements (depending on the student's previous master's coursework).

      b. For licensure in other states, it is the student's responsibility to be familiar with the educational requirements for licensure in the state in which they wish to become licensed (see https://amftrb.org/resources/state-licensure-comparison/ for a comparison of state licensure requirements). It is possible that additional coursework may be needed. It is not Virginia Tech's responsibility to provide this additional coursework.

2. Applicants for licensure must meet post-degree clinical experience and supervision requirements, which generally requires one to two (or occasionally more years) of supervised post-master's practice. This requirement is often expressed as a certain number of hours, such as 4,000 hours of post-degree supervised clinical practice. Some states count only direct client contact hours, while others count any clinical work (e.g., direct client contact, record keeping time, staff meetings, etc.) toward the post-degree clinical requirements. As such, students are encouraged to keep careful records of *all* of their clinical hours, as they may not know what hours they may need to report in the future. Additionally, students should be aware that, while some states will accept hours accumulated within a master's program as part of the state's supervised clinical experience requirement, this is not necessarily the case and will vary by state. The same is true for clinical and supervisory hours obtained within a doctoral program. It is the student's responsibility to determine the clinical experience and supervision requirements for the state in which they are seeking licensure.

3. Applicants for licensure must take (and pass) the MFT licensure exam, typically the National Examination in Marital and Family Therapy, administered by the Professional Testing Service. An increasing number of states are permitting applicants to sit for the licensure exam prior to completing their clinical and supervisory experience requirements, often terming applicants who pass the exam "Associates" or "Intern" licensees. Students should determine the requirements for the state in which they are seeking licensure.

The part of the licensure process most relevant to students in the doctoral program is usually the post-master's clinical experience requirement. This is because, to have your post-masters clinical experience (i.e., clinical work at the FTC) count toward licensure, many (but not all) states require that you *register,* or formally record, your post-master's supervised clinical work (which would include your doctoral practicum and possibly your Advanced Practical Experience) with the relevant licensing board. Clinical work not registered with the relevant state licensing board frequently will not be counted towards licensure. While MFT Core Faculty can sign off on licensure paperwork or serve as licensure supervisors as part of the student's assigned practicum, it is not the responsibility of the program to 1) make practicum assignments or 2) provide additional supervision beyond a student's assigned practicum to meet a student's post-master's clinical experience requirements for licensure.

Students seeking to become licensed marriage and family therapists who have a clear idea of their post-graduation plans are strongly encouraged to contact the MFT licensing board in the state in which they plan to practice following their graduation to determine the relevant state regulations for licensure. For students who are not sure of their post-graduation plans, there are a couple of options:

- Consider seeking licensure in Virginia (https://www.dhp.virginia.gov/counseling/). If you later seek licensure in another state, it is possible the new state may accept Virginia's previous registration of your clinical and supervision hours, *but there is no guarantee of this.* Relevant to seeking licensure in Virginia, please note the following:
  - o Your practicum and Advanced Practical Experience clinical and supervision hours may be accepted by the Virginia Board of Counseling for up to 900 hours of the residency requirement and up to 100 of the required hours of supervision provided the supervisor holds a current, unrestricted license as a marriage and family therapist or professional counselor.
  - o Your practicum and Advanced Practical Experience clinical and supervision hours do not need to be registered with the Virginia Board of Counseling; however, if you want to count any other clinical or supervision hours toward licensure, you must be registered with the Virginia Board of Counseling as a Licensed Resident in Marriage and Family Therapy and have a current supervisory contract in place.
- Consider seeking licensure in your home (or another) state. If you consider this route, you will want to carefully review the state's supervision requirements to be sure that out-of-state clinical and supervision hours will count. You should also verify that the supervision provided by MFT Core Faculty would count as well. For more information: (https://amftrb.org/resources/state-licensure-comparison/)

Again, it is critical to remember that *licensure is an individual state process and requirements vary widely*. No one, least of all the MFT Core Faculty, can know the individual regulations for every state. Even in Virginia, differing licensing boards may change the regulations relatively frequently. It is therefore incumbent on each student who is interested in professional licensure to contact the licensing boards in those states where the student may be seeking licensure to obtain the exact requirements.

Students who are interested in academic jobs should think carefully about licensure, particularly as they consider options for their Advanced Practical Experience. Many MFT academic jobs require licensure and/or the AAMFT Approved Supervisor designation. While some positions require applicants to have these credentials at the time of applications, other positions may have a timeline in which applicants are expected to obtain these credentials. It can be very difficult to obtain licensure and the Approved Supervisor designation after beginning an academic job, given all the other demands placed upon faculty's time. Thus, there may be some advantages to becoming licensed (or very close to becoming licensed) prior to obtaining an academic job. This means that, depending on a student's individual circumstances and goals, there may be some advantage to pursuing a clinically focused Advanced Practical Experience, especially if it will help the student obtain licensure more quickly. Students are encouraged to discuss these issues with the Clinical Director and/or their advisors.

Degree Portability Disclosure & Policy
Currently, all 50 states and the District of Columbia have a marriage and family therapy licensure laws. MFT licensure is regulated at the state level, such that licensing regulations and requirements vary across states. As a COAMFTE-accredited MFT program, a doctoral degree from Virginia Tech's Department of Human Development and Family Science, with a specialization in marriage and family therapy, may facilitate licensure in terms of a state's educational requirements and supervised clinical

experience. However, as the master's degree is typically the qualifying degree for MFT licensure, Virginia Tech's curriculum is not designed to meet the educational requirements for MFT licensure. Clinical hours and supervisory experience obtained during the doctoral program may count toward a state's supervised clinical experience requirements, but this may also vary by state.

Given state variations in licensure requirements, students and program applicants are urged to contact the licensing body in the state in which they plan to practice for information about licensure requirements in that state.

- Information about licensure as a marriage and family therapist in Virginia is available at https://www.dhp.virginia.gov/counseling/
- More information about state licensure requirements is available at: https://amftrb.org/resources/state-licensure-comparison/

To ensure that all students are aware of this information, at the time of accepting admission to the MFT doctoral program area, all students must complete *Virginia Tech Degree Portability Acknowledgement* form and submit it to the FTC Office Manager and/or MFT Program Director. The *Virginia Tech Degree Portability Acknowledgment* form can be downloaded from the program's website. It is also available on the MFT program Canvas site and as an appendix to this handbook.

Approved Supervisor Candidacy
In their third year of the program, all students in the MFT program area are required to take HD 6464 (Clinical Supervision of MFT). The program's fundamentals of supervision course has been approved by AAMFT since 2018 and therefore can be used toward the requirements for the designation of AAMFT Approved Supervisor. As part of the supervision course, students typically provide supervision to other clinical students, and receive supervision-of-supervision from the course instructor. While students may count their supervision and supervision-of-supervision hours toward the AAMFT Approved Supervisor candidacy requirements and the course instructor will provide evaluations of supervision if needed, these hours may not be counted toward the program's clinical (i.e., therapy and supervision hours) requirements.

While not a graduation requirement, students who wish to become Approved Supervisors will need to take additional steps which are outlined on the AAMFT website (www.aamft.org). As with other issues of credentialing beyond the scope of the program, such as licensure, the actual time needed to complete the Approved Supervisor designation will vary by person. Additionally, it is not the responsibility of the program to provide additional resources, beyond those listed above, to assist students in obtaining the Approved Supervisor designation. Students interested in becoming AAMFT Approved Supervisors are ultimately responsible for ensuring they have taken the necessary steps to have the various components of HD 6464 count toward the requirements for becoming an Approved Supervisor. Students should obtain a copy of the *Approved Supervisor Designation Standards and Responsibilities Handbook*, which is available online from AAMFT.

Codes of Conduct & Program Climate

The MFT doctoral program area values ethical conduct, and a climate of safety, civility, respect, and appreciation for all learners. To that end, all students, faculty, and staff must adhere to the following:

AAMFT Code of Ethics

All students in the MFT program area, at the time of their application to the program, agree in writing to abide by the *AAMFT Code of Ethics* (https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx). In considering how the *AAMFT Code of Ethics* relates to doctoral training, please note the following:

- First, the most basic requirement of any person seeking the trust of the public to engage in services such as marriage and family is trustworthiness. To that end, little can count more in a student's work in this program. Thus, from the perspective of the program, there is no separation between clinical trust and academic trust. A breach of one impeaches the other.
- For this reason, students must not only be trustworthy as clinicians, but also as scholars. Offenses such as plagiarism or academic fraud are violations not merely of the Virginia Tech Graduate Honor Code (see below), but of the public trust each of demands as a member of our profession. Because of this, regardless of the statues of the Virginia Tech Graduate Honor Code, students may be judged more severely than regular enrollees in other programs, because the status students in MFT seek is greater, and requires greater degrees of public certification, than that sought by most other students. This is given added weight by the fact that students in our program also are trained to supervise future marriage and family therapists. As trainers, their obligations to be trustworthy are even greater, and require that they be held to even more stringent standards. Therefore, violations of the *AAMFT Code of Ethics* in any form may result in serious consequences, from restricted or reduced assignments, course failure, or dismissal from the program.

Criminal Background Check

All students, faculty, and staff working with clients must have a criminal history check *prior* to participating in any Family Therapy Center operations or providing clinical services at the Family Therapy Center. The criminal history check is performed online, by the Office Manager and Virginia Tech Human Resources. Results are communicated to the Office Manager. The Clinical Director tracks compliance with this program requirement.

To complete this requirement, give the Office Manager your full legal name, your email address, and the last four digits of your Student ID number. After you are entered into the system, you will receive an electronic waiver request form. Fill it out, submit it, and the criminal background check will be generated. The Clinical Director will communicate deadlines for the submitting the necessary information to the Office Manager. Failure to comply with this request may result in a delayed start to practicum, which can significantly delay a student's overall progress in the program.

All faculty, staff, and students working with clients are obligated to report any **new** investigations, disciplinary actions, or convictions at the time that they occur to the MFT Program Director.

Virginia Tech Code of Student Conduct

The Code of Student Conduct (https://codeofconduct.vt.edu/), governed by the University Student Conduct System (https://www.studentconduct.vt.edu) provides standards of behavior that all Virginia Tech students are required to uphold.

Virginia Tech Graduate Honor Code

"The Graduate Honor Code establishes a standard of academic integrity. The code demands a firm adherence to a set of values and is founded on the concept of honesty with respect to the intellectual efforts of oneself and others. Compliance with the Graduate Honor Code requires that all graduate

students exercise honesty and ethical behavior in all their academic pursuits at the university, whether these undertakings pertain to study, coursework, research, extension or teaching.

It is recognized that graduate students have very diverse cultural backgrounds. In light of this, the term *ethical behavior* is defined as conforming to accepted professional standards of conduct, such as codes of ethics used by professional societies in the United States to regulate the manner in which their professions are practiced. The knowledge and practice of ethical behavior shall be the full responsibility of the student. Graduate students may, however, consult with their major professors, department heads, International Graduate Student Services, or the Graduate School for further information on what is expected of them.

More specifically, all graduate students, while being affiliated with Virginia Tech, shall abide by the standards established by Virginia Tech, as these are described in the Graduate Honor System Constitution. Graduate students, in accepting admission, indicate their willingness to subscribe to and be governed by the Graduate Honor Code and acknowledge the right of the University to establish policies and procedures and to take disciplinary action (including suspension or expulsion) when such action is warranted. Ignorance shall be no excuse for actions which violate the integrity of the academic community.

The fundamental beliefs underlying and reflected in the Graduate Honor Code are that (1) to trust in a person is a positive force in making a person worthy of trust, (2) to study, perform research, and teach in an environment that is free from the inconveniences and injustices caused by any form of intellectual dishonesty is a right of every graduate student, and (3) to live by an Honor System, which places a positive emphasis on honesty as a means of protecting this right, is consistent with, and a contribution to, the University's quest for truth."

More information about the Graduate Honor System is available at:
https://graduateschool.vt.edu/academics/expectations/graduate-honor-system.html

As the MFT program area values and expects authenticity of student work, the Graduate Honor Code is in effect for *all* academic work associated with the program. Violations of the Graduate Honor Code will be reported and include cheating, plagiarism, falsification, academic sabotage, and misconduct in research and/or teaching. More information about these violations is available in the Graduate Honor System Constitution (see link above).

Equal Opportunity/Affirmative Action Policy
The MFT program area complies with the policies of the university regarding equal opportunity and affirmative action: "Virginia Tech does not discriminate against employees, students, or applicants on the basis of age, color, disability, sex (including pregnancy), gender, gender identity, gender expression, genetic information, national origin, political affiliation, race, religion, sexual orientation, or military status; or otherwise discriminate against employees or applicants who inquire about, discuss, or disclose their compensation or the compensation of other employees, or applicants; or any other basis protected by law. Discrimination or harassment on any of these bases is prohibited by Policy 1025 (https://policies.vt.edu/1025.pdf), 'Anti-Discrimination and Harassment Prevention Policy.'

The university is subject to Titles VI and VII of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Sections 503 and 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990, as amended; the Age Discrimination in Employment Act; the Equal Pay Act; the

Vietnam Era Veterans' Readjustment Assistance Act of 1974; Federal Executive Order 11246; Genetic Information Nondiscrimination Act of 2008 (GINA); Virginia's State Executive Order Number One; and all other applicable rules and regulations."

Further, in accordance with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the MFT program area also does not discriminate on the basis of ethnicity, relationship status, socioeconomic status, health status, religious or spiritual belief, and religious or spiritual affiliation.

Harassment, Discrimination & Retaliation Policy
As stated above, Virginia Tech "does not discriminate against employees, students, or applicants on the basis of age, color, disability, sex (including pregnancy), gender, gender identity, gender expression, genetic information, national origin, political affiliation, race, religion, sexual orientation, or military status; or otherwise discriminate against employees or applicants who inquire about, discuss, or disclose their compensation or the compensation of other employees, or applicants; or any other basis protected by law. Discrimination or harassment on any of these bases is prohibited by Policy 1025, "Anti-Discrimination and Harassment Prevention Policy." This policy is available at:
https://policies.vt.edu/1025.pdf

Additionally, in accordance with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the MFT program area also does not discriminate on the basis of ethnicity, relationship status, socioeconomic status, health status, religious or spiritual belief, and religious or spiritual affiliation.

"Virginia Tech encourages community member to report their concerns of discrimination and harassment, and in doing so, members of the communicate must be free from fear of retaliation. Policy 1025 clearly establishes that retaliation will not be tolerated. Any Virginia Tech employee or student who, in good faith, reports incidents of this concern will be protected from retaliation.

University Policy 1025 defines retaliation as any adverse treatment that is reasonably likely to deter individuals from filing a complaint of discrimination or participating in a discrimination investigation. Retaliation occurs when an individual takes adverse action (e.g., verbal, written, graphic, electronic, or physical) against another individual because they engaged in, or may engage in, activity supported by the university's equal opportunity/affirmative action policy."

The prohibition against discrimination, harassment, retaliation applies to all levels and areas of university operations and programs, to undergraduate and graduate students, administrators, faculty, staff, volunteers, vendors and contractors. Such behavior is inconsistent with the university's commitment to excellence and to a community in which mutual respect is a core value as articulated in the *Virginia Tech Principles of Community*.

For additional information about these policies, please visit:
- Harassment/Discrimination: http://oea.vt.edu/harassment-discrimination.html
- Retaliation: https://oea.vt.edu/harassment-discrimination/retaliation.html

The MFT program area complies with all university policies regarding harassment, discrimination, and retaliation. These policies apply to all domains of the program including 1) program recruitment, 2) admission, 3) codes of conduct, 4) clinical training, 5) academic work, 6) assistantship work, and 7)

hiring, retention or dismissal. These policies apply to all students, faculty, instructors, supervisors, and other educators and professional staff.

Virginia Tech Principles of Community
As the MFT program area endorses the *Virginia Tech Principles of Community*, all students, faculty, and staff are expected to uphold them. The *Virginia Tech Principles of Community* (http://inclusive.vt.edu/vtpoc0.html) read as follows:

"Virginia Tech is a public land-grant university, committed to teaching and learning, research, and outreach to the Commonwealth of Virginia, the nation, and the world community. Learning from the experiences that shape Virginia Tech as an institution, we acknowledge those aspects of our legacy that reflected bias and exclusion. Therefore, we adopt and practice the following principles as fundamental to our on-going efforts to increase access and inclusion and to create a community that nurtures learning and growth for all of its members:

- *We affirm* the inherent dignity and value of every person and strive to maintain a climate for work and learning based on mutual respect and understanding.
- *We affirm* the right of each person to express thoughts and opinions freely. We encourage open expression within a climate of civility, sensitivity, and mutual respect.
- *We affirm* the value of human diversity because it enriches our lives and the University. We acknowledge and respect our differences while affirming our common humanity.
- *We reject* all forms of prejudice and discrimination, including those based on age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, and veteran status. We take individual and collective responsibility for helping to eliminate bias and discrimination and for increasing our own understanding of these issues through education, training, and interaction with others.
- *We pledge* our collective commitment to these principles in the spirit of the Virginia Tech motto of Ut Prosim *(That I May Serve)*."

MFT Principles of Community
As noted above, our program embraces the *Virginia Tech Principles of Community.* As such, we have considered how we translate these principles into action. In this section, we outline how the MFT program area translates and implements each of the *Virginia Tech Principles of Community*:

- *We affirm* the inherent dignity and value of every person and strive to maintain a climate for work and learning based on mutual respect and understanding.

  The MFT program area affirms the inherent dignity and value of every person by promoting a shared meaning of effective discourse. We define effective discourse as effectively *sharing* a dialogue (see the section, "Effective Discourse and Conflict Resolution"). Central to effective discourse is the importance of active listening. As scholar-practitioners, we recognize that active listening is a helping skill that promotes respect, growth, understanding, and relationship repair and enrichment.

- *We affirm* the right of each person to express thoughts and opinions freely. We encourage open expression within a climate of civility, sensitivity, and mutual respect.

The MFT program area affirms the right of each individual to express their thoughts freely by encouraging *brave spaces (Arao & Clemens, 2013).* A brave space is courageous and one in which we accept and work toward embracing feelings of discomfort for the sake of personal and relational growth. In these spaces, we encourage members of our community to practice perspective-taking while both listening and responding to those who are different from ourselves. The MFT program area recognizes that systemic therapists aim to promote these spaces in clinical practice and; therefore, we strive to facilitate them in the context of coursework, supervision, research, and training. We believe that psychological and social growth occurs in the context of relationships and, therefore, serve our clients and society using this philosophy.

- *We affirm* the value of human diversity because it enriches our lives and the University. We acknowledge and respect our differences while affirming our common humanity.

  The MFT program area affirms the value of human diversity by honoring the backgrounds, identities, beliefs, values, and life experiences of others. We seek to engage and reach diverse faculty, students, clients, research participants, and collaborators as a way to enrich our academic community. MFT core faculty strive to conduct community-engaged research and/or engage in DEI-informed scholarship which includes honoring the lived experiences of those communities we serve.

- *We reject* all forms of prejudice and discrimination, including those based on age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, and veteran status. We take individual and collective responsibility for helping to eliminate bias and discrimination and for increasing our own understanding of these issues through education, training, and interaction with others.

  The MFT program area rejects all forms of prejudice and discrimination by consistently *evaluating access and opportunity* in our academic community. We challenge interlocking systems of oppression by examining the ideologies within and around us that contribute to inequities. Our academic community is focused on broadening power and opportunity for traditionally under-represented populations and encourages research, scholarship, and clinical approaches that promote these efforts. Specifically, faculty and students strive to engage in research opportunities that will counteract prejudice and discrimination through efforts, such as inviting people with minority and minoritized identities to express their stories and needs, supporting the wellbeing of underserved groups, addressing therapeutic issues for diverse populations, and expanding the capability of the MFT profession to understand issues of risk and resilience in the context of clinical practice.

- *We pledge* our collective commitment to these principles in the spirit of the Virginia Tech motto of Ut Prosim *(That I May Serve)*.

  The MFT program area pledges our collective commitment to these principles of community by engaging in specific activities related to creating an inclusive community, dedicated to the service of others. In these activities, we encourage reflexivity, self-awareness, honesty, and action. Information about these activities can be obtained from the MFT Program Director.

Effective Discourse & Conflict Resolution
The MFT program area expects that all members of our community, including faculty, staff, and students, will engage in effective discourse in research, teaching, clinical work, and other professional settings and interactions. Participation in effective discourse is the responsibility of all members of our community. In the program, we use the following definition of effective discourse, which is informed by the American University Project on Civil Discourse:

> *Effective discourse is about effectively sharing a dialogue. In other words, each party is able and willing to participate in truthful conversations through both talking and listening. Effective discourse is **not** free of emotion. In actuality, productive conversations often involve a range of emotional expressions. Effective discourse is larger dependent on speakers' attempts to engage listeners instead of criticizing, blaming, condemning, or judging them. For an effective discourse to occur, all parties in the conversation are **personally responsible** for increasing the capacity for open conversation through mutual respect and acknowledgment of diverse views. Productive effective discourse results in new information gained (preferably for all parties), perspective-taking, deeper understanding, solutions, new action, and/or a desire or commitment for continued engagement. When discourses do not meet these ends, it is the responsibility of all parties to reflect on their role in limiting the capacity for productive dialogue and take steps to build their capacity for effective discourse through awareness, knowledge, and skills.*

When conflicts arise between students, or between students and faculty, we expect that all members of the MFT community will strive for effective discourse and attend to the following guidelines for conflict resolution:

- Take responsibility for asserting one's own professional/academic needs and making requests for change.
- Communicate in the spirit of effective discourse and in a way that supports an ongoing, open dialogue.
- Approach interactions with the idea that conflict resolution is a shared role. This means taking responsibility for identifying the source(s) of the conflict, being open to solutions, and working together to find an agreeable solution. Engaging in conflict resolution means taking a collaborative, non-adversarial approach to problem-solving (e.g., you *and* me versus the problem at hand).
- Bring concerns, conflicts, or disagreements to others' attention prior to discussing the issue beyond those who are involved in the current matter.
- For student-faculty issues, if a student feels they cannot discuss the conflict with the faculty member, they can notify that faculty member prior to or at the time that they contact another faculty member to discuss the matter. Should issues fail to be resolved with the support of another faculty member, the grievance procedures described in the MFT Program Handbook should be consulted.

See also the section, "Complaints & Grievances."

Complaints & Grievances

For your convenience, we have reprinted here the Department of Human Development and Family Science grievance procedures. As these are subject to change, please refer to the *Human Development and Family Science Graduate Policy Guide* for the most current procedures.

MFT Program Area Grievances
Before concerns develop into problems, students are encouraged to present these issues in the form of constructive suggestions (please see the section, "Effective Discourse and Conflict Resolution") to any of the MFT Core Faculty or to the MFT Program Director. If possible, it is best to first address and try to resolve the issue or concern with the person to whom it relates, before bringing it to the attention of other MFT Core Faculty or the MFT Program Director. The MFT Core Faculty may discuss any concerns and possible solutions with students individually or in a program wide meeting, which typically resolves the concern. If this stage of communication does not produce a satisfactory resolution, movement to "Departmental Program Grievances" procedures (described below) is appropriate.

Departmental Program Grievances
These grievance procedures include issues that reflect policies idiosyncratic to the program itself (Child and Adolescent Development, Marriage and Family Therapy, Family Studies, Adult Development and Aging), issues involving supervision of clinical students, required courses concerns, and other course work.

At the first level, a student may request a meeting with the individual faculty/supervisor involved to present and discuss their concerns. If satisfactory resolution is not forthcoming, move to Level 2. Do not proceed to Level 2 until Level 1 has been attempted. At the second level, a student may request a meeting with the Director of Graduate Studies to present and discuss their concerns. The Director of Graduate Studies, in consultation with the Department Head, may meet with the individual faculty member and the student to try to resolve the issue. The Director of Graduate Studies, in consultation with the Department Head, will provide options to resolve the situation after hearing the student grievance and the faculty position.

Department-Wide Grievances
These procedures apply to issues that reflect policy for students across programs (e.g., departmental requirements, assistantships, fee waiver issues, and assignments).

At the first level, a student should request meeting with the Director of Graduate Studies. If satisfactory resolution of the grievance is not forthcoming at this level, move to Level 2. Do not proceed to Level 2 until Level 1 has been attempted. At the second level, a student may request meeting with the Department Head. If satisfactory reconciliation of grievance is not forthcoming at this level, move to Level 3. Do not proceed to Level 3 until Level 2 has been attempted. At the third level, please see Graduate School appeals procedure in the latest Graduate Catalog, which is available at: https://secure.graduateschool.vt.edu/graduate_catalog/policies.htm?policy=002d14432c654287012c65 42e3720049

Additional information about complaints, grievances, and appeals is also available at: https://graduateschool.vt.edu/academics/expectations/expectations-for-graduate-education-overview/complaints-and-appeals.html

Diversity, Equity & Inclusion Policy

The Marriage and Family Therapy (MFT) program area at Virginia Tech is committed to affirming human diversity based on race, age, ethnicity, ability, education, family constellation, gender, national origin, gender identity, gender expression, relationship status, health status (including pregnancy), political affiliation, religion, religious or spiritual beliefs/affiliation, sex, sexual orientation, socioeconomic status, genetic information, and military status. We believe that fostering a diverse community is vital for the evolution and growth of our program and the MFT profession, at large. Our program is committed to promoting diversity through recruitment, admissions, and retention and is continually working to prioritize program resources towards this goal. Our program intentionally holds a broad definition of valuing diversity:

Affirming diversity means honoring the backgrounds, identities, beliefs, values, and life experiences of others while fostering mutual respect for difference.

As a community, we seek to engage diverse faculty, students, communities of interest, and collaborators to enhance our research, scholarship, and clinical efforts.

Program Representation, Recruitment, & Admissions
Our program recognizes the importance of social location and intersectionality (as well as the influence of associated power, privilege, marginalization, and oppression) in the context of our profession and we seek to understand how our identities shape our community at Virginia Tech. Our students self-report diverse identities across a wide number of social locations, including gender, race and ethnicity. Since 2012, approximately 35% of students admitted to our MFT program area have self-identified with traditionally underserved racial and ethnic identities within the United States. Approximately 23% of admitted students have identified as international students during that same time period. We recognize that small changes in enrollment can create large changes in the program area's diversity composition and are deliberative in our annual target enrollment and associated cohort size.

The MFT core faculty identify as cisgender women or men and as well as White with European ancestry. The MFT core faculty have diverse socioeconomic backgrounds, religious affiliations, sexual orientations, family constellations, clinical approaches, and philosophical perspectives. Our MFT program area is housed within the Department of Human Development and Family Science. The [department](#) and [university](#) are committed to promoting diversity, equity, and inclusion (DEI) and actively seeking to diversify the broader [faculty body](#) in terms of race, ethnicity, gender, and nationality, among other social locations.

Program Priorities
At Virginia Tech, we value discourse that promotes honesty and fosters a climate of respect and appreciation for all learners. Please refer to the policies under the section, *Codes of Conduct & Program Climate.* Our program supports all members of our community to engage in self-reflection, seek guidance, and pursue training in areas related to DEI, social justice, and cultural humility. This occurs in coursework, research training, and clinical supervision. We believe that psychological and social growth occurs in the context of relationships and strive to serve our clients and society using this philosophy. As a program, we attend to these priorities in the following ways:

- The program requires students and faculty to learn to work with and connect with others who are different from themselves through working with clients, research participants, and community stakeholders with diverse needs and backgrounds.

- Supervision and practicum serve as opportunities to discuss the "isms" and social location as they relate to clinical practice. Through use of self-of-the-therapist concepts, students are encouraged to use their full selves to support their clients.

- Students are encouraged to consider how their research, scholarship, and clinical agendas intersect with DEI, social justice, and antiracism (including anti-Black racism) work. Several courses in our curriculum include modules or discussions on these points: HD 5964 (MFT Practicum); HD 6414 (Advanced Traditional Models in MFT); HD 6444 (Advanced Contemporary MFT); HD 6484 (MFT Research). Our program area defines antiracism practices in accordance with COAMFTE's (2021) accreditation standards, version 12.5 (p. 31):

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

- Faculty integrate diverse perspectives into class material and discussions. Our program area recognizes and teaches the norms in our field, while also seeking to maintain a critical perspective on these norms and values. Specifically, we discuss, examine, and challenge White, cisnormative, ethnocentric, ableist, ageist, classist, heteronormative, and monogamy-biased perspectives of mental health, relational well-being, and families.

- The program area supports our students and faculty in seeking guidance, consultation, and support for issues related to DEI and social justice. Program area faculty maintain ongoing engagement with the Assistant Director for the Graduate School Office of Recruitment, Diversity, and Inclusion as well as the Ombudsperson at the Graduate School. Students are encouraged to consult with these professionals as needed.

- The program area supports all members of our community in being accountable for personal views, beliefs, perspectives, and biases in an ongoing manner.

- Faculty and students engage in research opportunities that provide platforms for underrepresented populations to express their stories and needs, support the well-being of underserved groups, address therapeutic issues for diverse populations, and expand the capability of the MFT profession to understand issues of risk and resilience in the context of clinical practice.

Social Justice Advocacy
The MFT program area promotes social justice advocacy through our commitment to *community-engaged* research, practice, and service. In these efforts, we strive to master the following definition of social justice (informed by statements and definitions from AFTA, AAMFT and NASW):

Social justice is the view that economic, political, and social rights and opportunities should be provided

equitably to all human beings. Those who aim to address issues of social justice facilitate critical dialogues about the current state of social issues and/or strive to repair relational and societal ruptures that propel inequities, insensitivities, and disengagement.

Researchers, educators, scholars, and clinicians in our program area aim to open the doors of access and opportunity for those in need through community engagement, dialogue, and examination of language, values, and ideology. We aim to *challenge the ideologies* that promote injustice while *supporting and engaging the person* undergoing self-examination. As MFTs, we believe that intrapersonal, interpersonal, and societal change occurs through our relationships. We strive to promote honesty, empathy, listening, and perspective taking in our scholarship, teaching, and clinical efforts to foster fuller engagement from our communities of interest and constituent groups.

Social Media Policy

MFT program area students are active participants in our research and practice communities. They represent the Family Therapy Center, our program, Virginia Tech, and the field of marriage and family therapy. Therefore, students should strive to be thoughtful and intentional about any public statements reflecting themselves as clinicians, their clients as individuals, the program, or the larger field. With the exclusion of private email accounts, statements made on most web-based platforms should be considered public. This includes social media sites and Virginia Tech email accounts (vt.edu).

Students should approach online interactions with respect and professional boundaries. Professional boundaries include keeping sensitive information confidential, promoting respectful interactions online, and keeping social media consistent with the *AAMFT Code of Ethics.* The professional use of posted speech on social media, and other platforms, should be free from prejudice, discrimination, false truths, and gossip. It is mindful of others' feelings and experiences. This does not preclude legitimate critical feedback regarding the policies, practices, or actions of other professionals or professional entities, including the program and MFT Core Faculty.

Guidelines for Social Media Use
- Client interaction. If students use social media, they must be aware of the risks associated with client's seeking to 'friend,' 'follow,' or otherwise make contact. In their professional position as therapists, students must refrain from such associations as is done in the non-virtual world. Students should also be alert to the possibility of friends or relatives of clients attempting to elicit information about them through direct or indirect means. Students may need to discourage clients from interacting with therapy pages (e.g., therapist's professional page, reviews, etc.) or otherwise sharing their therapy experiences on internet sites. Clients may risk inadvertently violating their own confidentiality without professional guidance from their therapists. It is the therapists' ethical responsibility to discuss such matters with their clients.
- Continued accessibility. Think twice before posting. Anything you post can be accessible to others even after it is 'deleted.' The public nature of the internet allows for others to forward, copy, or save posts. These posts can later be shared and disseminated. Clients are able to 'google' students, therefore, students should be mindful of the internet content associated with their names.
- Consider the audience. It is important for students to consider their audience when posting online. Online platforms, despite privacy settings, often allow multiple audiences to view content when the posts may only be appropriate for a specific type of audience (e.g., clinicians

vs. clients and the general public). It is also helpful to consider whether an online post differs from how it might be delivered in person. Students should also be attentive to their privacy settings and make sure their accounts are sufficiently protected. If students are engaged in social media in a professional capacity, they should reflect on their organizational connections and how they are presenting themselves on these platforms.

- Respectful and accountable. Be respectful of other groups' and individuals' information (photos, quotes, ideas, etc.) and use citations properly. Students should also strive to be accurate when posting and make sure to attribute ideas and quotes to others when appropriate.

Questions to consider before posting on social media:
- What are possible costs and benefits if I post this (depending on the audience)?
- Is it possible that this would harm someone else (e.g., would my comment be received as disparaging or hurtful)?
- Will this influence my professional image or credibility in a negative way?
- Will posting this reflect poorly on me, my friends, my family, or the reputations of any organizations to which I belong?
- Is my comment reactive or proactive? (Think about what you want to have happen as a result of your post and consider the likelihood of getting your desired outcome).

Examples of prohibited behaviors include but are not limited to:
- Sharing any comments about clients, clinical revelations, or professional circumstances that might knowingly or unknowingly reveal client information. Consider what it would be like for your client to read your comment about them or their case. Although your comment may be de-identified, it might be recognizable to your client or others in your immediate community.
- Email, texting, or other electronic communications (including Twitter, Facebook, and/or personal and professional sites) with clients or former clients.
- Friending, following, or linking in any way with clients or former clients.
- Jokes or remarks that may appear to disparage certain identities, family constellations, groups, or classes of people.
- Chats or comments that in any way reveal the content of therapy or the identity of current or former clients, even with identifying information omitted or obscured.
- Students should also make sure to present views as their own. If students identify themselves as a student or employee of this program or Virginia Tech, it should be clear that their ideas do not represent that of the program or university as a whole.

In the case of a violation of the program's social media policy, the student will meet with the MFT Core Faculty to discuss the matter. In some cases, a clinical remediation plan may be implemented to provide professional guidance and mitigation of any clinical breeches. Serious policy recommendations may be grounds for an unsatisfactory rating and/or dismissal from the program.

Vacation & Absence Policy

As students have obligations to assistantships, courses, students, clients, research participants, and other entities, all vacation and absence (for professional conferences, personal reasons, etc.) requests should be made with these obligations in mind.

Students who are clinically active at the Family Therapy Center must adhere to the program's vacation, absence, and closing policies:

- When the university is closed due to a holiday, inclement weather, or any other authorized closing, the Family Therapy Center is also closed. Students are not permitted to see clients at the Family Therapy Center when the university is closed.
- Students are responsible for covering their client caseloads during all vacations and breaks, including extended absences due to illness or other causes. As clients may not be ignored, neglected, or abandoned, students may not be away from the Family Therapy Center repeatedly over the course of a semester, during the entirety of a semester break, or for more than two weeks at a time. Students should remember that official university closings and attendance at professional conferences are viewed as part of the total amount of time away from the Family Therapy Center.
- Failure to follow the program's vacation and absence policy may result in a grade penalty for a given practicum or a negative evaluation on the annual Clinical GSAR.
- The Clinical Director must approve all vacation or absence requests. Students should complete the *Vacation Request Form* (which is available on Canvas or from the Office Manager) and submit it to the Clinical Director for approval in advance. If students choose to purchase plane tickets or make other travel arrangements prior to receiving approval from the Clinical Director, this is at their own risk.

Absences from assistantships and classes must be coordinated with those supervisors and instructors. Approval of any leave is at their discretion. Students should recognize that different supervisors and instructors may have differing policies and expectations related to leave.

Students experiencing extenuating circumstances that require extended absences should consult with the Director of Graduate Studies, in advance of the absence, for guidance and assistance. See the *Human Development and Family Science Graduate Policy Guide* for additional information.

Academic Resources & Student Support Services

Virginia Tech offers a variety of academic resources and student support services designed support students in satisfying the requirements of the program and in achieving the programs' student learning outcomes (and associated targets and benchmarks). As students may not be aware of the variety of academic resource and student support services available to them, a resource list has been posted to the program's Canvas site. A list of services, and other resources related to graduate life, is also available at:

- https://graduateschool.vt.edu/student-life.html
- https://graduateschool.vt.edu/student-life/student-services.html

Students are encouraged to peruse these resources and consult with their advisors or other faculty if additional resources and/or student support services are needed.

Virginia Tech is committed to providing appropriate services and accommodations to students who have or think they may have disabilities. Accommodations, services, and resources for students with disabilities and temporary injuries or illnesses are provided through Virginia Tech's Services for Students with Disabilities (SSD; www.ssd.vt.edu). For information about obtaining accommodations, please visit: https://ssd.vt.edu/how_to_connect.html

Confidentiality guidelines related to student disabilities, health status, and accommodations means that faculty cannot discuss this type of student information with other faculty and/or supervisors. As such, students must talk with each faculty member or supervisor individually about their disabilities, health status, and/or accommodations

Student Technology Requirements

All students are required to comply with Virginia Tech's Information Technology Policies, which can be found here: https://it.vt.edu/resources/policies.html. Students are also required to follow all program policies related to the use of technology, which can be found in the FTC policies and procedures manual, located on the FTC Google Drive.

In terms of technology requirements, to be successful in the program, students will need to utilize the following:
- Computer with…
  - Internet Access
  - Office Software (e.g., Microsoft Word, PowerPoint, Excel)
  - Zoom (provided by Virginia Tech)
  - Adobe Acrobat Reader
  - Email Access
  - Web Camera/Microphone/Headset
- Printer
- Canvas (Virginia Tech's Learning Management Service): http://canvas.vt.edu. Instructions for using Canvas are available on the Canvas site, under "Help." Canvas trainings (and other technology-related trainings) are also available through Virginia Tech's TLOS: Professional Development Network (https://pdn.tlos.vt.edu/index.html)

Some classes may require that students purchase statistical software packages (e.g., SPSS, LISREL, etc.), usually at a discounted student rate. Some of these software packages are also available to students through computers at the Family Therapy Center and/or the Department of Human Development and Family Science. Assistantship supervisors may also request that students utilize specific technological resources (e.g., Qualtrics, GoogleDocs, etc.). Questions about these requirements, or information about technical training about how to use these programs, should be directed to the relevant course instructor or assistantship supervisor.

The Family Therapy Center
As part of their clinical training at the Family Therapy Center, students will use the case management software program, Titanium, as well as clinic recording equipment. Students will also access and utilize the web interface for the Practice Research Network (PRN). Information about the use of these software packages, and any associated equipment, is available in the policies and procedures manual for the Family Therapy Center. Students also receive technical training in the use of Titanium, PRN, and the clinic recording system during their first semester in practicum. Finally, the Family Therapy Center provides clinically active students with access to internet-connected computers and/or laptops. These facilitate student access to Titanium and the ability to provide telehealth therapy services.

Program Disclosures

Program Recruitment & Admission
The MFT program is interested in diverse (see the section, "Diversity & Inclusion Policy," for information about the program's definition of diversity and disclosure about the diversity of the program's students and MFT Core Faculty) students who value research and are interested in developing into scholar-clinicians who demonstrate respect for diversity and inclusion and will advance the field of MFT through research, clinical supervision, teaching, clinical practice, and community and professional engagement. The program encourages applications from a diverse pool of students, including international applicants.

There are several prerequisites necessary for admission into the MFT program. Students should hold a master's degree or its equivalent in a mental health field. At the time of enrollment in the program, students should have a minimum of 300 direct client contact hours with individuals, couples, and families, with approximately 100 of those hours being relational. The clinical hours should have been conducted under the supervision of a licensed marriage and family therapist, an AAMFT Approved Supervisor, or an equivalently qualified mental health professional. Additionally, all students must be able to document completion of the COAMFTE foundational curriculum. Please see the COAMFTE Accreditation Standards V12.5 (www.coamfte.org) for additional information about the foundational curriculum. Students who cannot document completion of the COAMFTE foundational curriculum may need to complete leveling coursework, if they are accepted into the program. Please note that leveling coursework may delay a student's progress through the MFT program area.

The MFT program area accepts between four and six students once per year, at the beginning of the fall semester. All students specializing in MFT are offered a total of 20 hours of 9-month assistantship support for three years (assistantship support covers August of Year 1 through May of Year 3), often divided between teaching, research, clinical, and administrative duties, pending satisfactory progress.

Student Retention
In the last 10 years, the MFT program area has had an overall attrition rate of 19%. While students infrequently fail to make satisfactory progress and are dismissed from the program, most students who have left the program have done so voluntarily for numerous reasons: interest in a different area of study, deciding they do not need a PhD, and changes in personal circumstances.

Graduate Achievement Data
The program's Graduate Achievement Data, which is reported to the COAMFTE on an annual basis, is available via a link on the program's homepage: www.familytherapy.vt.edu. Historical graduate achievement data is also available on the program's Canvas page. The current Graduate Achievement Data provides information about 1) graduation rates for the program's advertised program length and 2) placement within jobs utilizing skills learned within the program.

Student Achievement Data
In terms of the program's assessment of its outcome-based education framework (see the section, "MFT Outcome-Based Education Framework"), the following reflects an overview of the student achievement data for AY21-22:
- Since 2005, there have been 48 graduates from the program.
  - Of those, 54% are AAMFT Approved Supervisors.

- o Of those, 73% are licensed as LMFTs. Those who are not licensed are often working in countries that do not have MFT licensure.
- All students report collegiate teaching experience and consistently receive excellent SPOT teaching evaluation scores.
- Almost all students are members of a variety of professional organizations.
- Students consistently engage in activities related to professional service and community engagement.
- Students consistently meet or exceed expectations related to clinical competence.
- Students consistently engage in activities designed to improve their competence related to diversity and inclusion.
- Students engage in publishing and presenting, with faculty and other doctoral students.

More detailed information about the program's achievement of its student learning outcomes and associated targets is available from the MFT Program Director and on Canvas.

Program Graduates
The program's graduates have careers all over the United States and around the world that span the range of research, teaching, and helping professions, and sometimes include a few in entirely different fields. The majority of the program's graduates are working in academic positions, either in private or public colleges and universities. The next largest career area for program graduates is private practice. Program graduates can also be found working in public agencies and medical facilities. Additional information about the careers of the program's graduates is available from the MFT Program Director.

ADVANCED PRACTICAL EXPERIENCE (CLINICAL PLACEMENT) CLINICAL EVALUATION

Marriage and Family Therapy PhD Program
Department of Human Development & Family Science
Virginia Tech
02/26/18

Supervisee:

Supervisor:

Semester/ Year:

Please rate the supervisee's clinical performance in each of the following areas including 1) Administrative Work and Professionalism, 2) Supervision, 3) Admission to Treatment, 4) Clinical Assessment and Diagnosis, 5) Treatment Planning and Case Management, 6) Therapeutic Interventions, 7) Legal Issues, Ethics, and Standards, and 8) Research and Program Evaluation. Interpretive guidelines are included at the end of evaluation form

Administrative Work & Professionalism:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Adherence to General Site Policies							
Maintains Adequate (Relational) Caseload							
Professionalism							
Proper & Timely Documentation							
Participation in Data Collection (if applicable)							
Collegiality							

Supervision:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Openness to Supervision							
Preparation for Supervision							
Participation in Supervision							
Supervision Attendance							

Admission to Treatment:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Timely Response to Intakes							
Determination of Treatment Constellation							
Adherence to Client-Focused Site Policies							

Clinical Assessment & Diagnosis:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Identification of Presenting Problem & Symptoms							
Systemic Assessment							
Identification of Resources							
Diagnosis/Testing							
History-Taking							
Risk Assessment							

Treatment Planning & Case Management:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Case Conceptualization							
Treatment Planning/Goal Setting							
Knowledge of Models/Theory							
Application of Models/Theory							
Structuring Sessions							
Joining/Client Engagement							
Coordination of Services/Referrals							
Termination							

Therapeutic Interventions:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Process vs. Content							
Tracking							
Model Driven Interventions							
Client Focused Interventions							
Out of Session Interventions							
Use of Self/Awareness of Self							
Creativity & Flexibility							
Clinical Judgment							

Legal Issues, Ethics, and Standards:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Knowledge of Ethical Code							
Knowledge of Local Laws							
Recognition of Ethical & Legal Issues							
Appropriate Response to Ethical and Legal Issues							
Appropriate Response to Safety Issues							
Sensitivity to Diversity							

Research & Program Evaluation:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Integration of Research into Practice							
Informed Psychoeducation							

What are the supervisee's strengths, in terms of clinical performance?

What are some area areas that need improvement, in terms of the supervisee's clinical performance?

Other comments, including suggestions for future supervision:

I have reviewed this evaluation with my supervisor and we have discussed any questions or concerns. I have the right to respond to this evaluation in writing, should I desire, and to have my written response placed with this evaluation in my student file.

Supervisee Signature/Date:

Supervisor Signature/Date:

ADVANCED PRACTICAL EXPERIENCE CLINICAL EVALUATION
Interpretive Guidelines
Marriage and Family Therapy PhD Program
Department of Human Development
Virginia Tech

CLINICAL PERFORMANCE DOMAIN:	DESCRIPTION OF HIGHEST LEVEL OF PERFORMANCE:
Administrative Work & Professionalism:	
• Adherence to General Site Policies	Adheres to Site policies related to security of client records and the building, use of equipment, etc. If problems are noted, the therapist makes an effort to correct these problems. Problems are not recurrent.
• Maintains Adequate (Relational) Caseload	Maintains a caseload that will allow the therapist to meet the MFT program clinical hours requirement. Informs the office manager about the status of her/his caseload and does not inappropriately refuse intakes. Maintains some relational clients as part of his/her caseload, as these cases are available and appropriate.
• Professionalism	Demonstrates punctuality and responsibility with client appointments and other clinical responsibilities (e.g., telephone calls, checking messages). Dresses to convey an appropriate professional image. Works positively and respectfully with faculty, site therapists, interns, staff, as well as other professionals in the broader community.
• Proper & Timely Documentation	Follows proper procedures for record-keeping. Documentation is thorough, legible, accurate, and completed in a timely manner. Uploads clinical contact hours approved by the supervisor into Canvas by the 15th day of the month following the month the hours were earned. Also uploads mid-point and final self and supervisor evaluations into Canvas.
• Participation in Site Data Collection	Adheres to guidelines related to data collection at the site (if applicable). If problems are noted, the therapist makes an effort to correct these problems. Problems are not recurrent.
• Collegiality	Contributes to peer discussions and other professional interactions in a positive and constructive manner. Presents suggestions respectfully, and shares personal experiences and knowledge appropriately and in context. Facilitates group communication by not inappropriately attempting to dominate group process or withholding participation. Demonstrates a willingness to assist other therapists (e.g., providing coverage).
Supervision:	
• Openness to Supervision	Actively seeks supervision and demonstrates a desire to improve and learn as a therapist. Uses supervision time to learn more, obtain suggestions, and expand expertise. Demonstrates openness to supervisor suggestions and directives and accepts constructive criticism without undue defensiveness (but can disagree constructively). Recognizes the expertise of the supervisor, and tries to avoid power struggles or negation.
• Preparation for Supervision	Prepared for supervision with case reviews, videos, or assignments as specified by the supervisor/supervision contract. Demonstrates effort in self-supervision, including time spent reviewing therapy tapes, self-supervising, and engaging in peer supervision.
• Participation in Supervision	See also "Collegiality." Actively participates in supervision, including discussions of his/her own cases, as well as those of his/her peers.
• Supervision Attendance	Is prompt and attends all scheduled supervision sessions. Demonstrates professional communication and follow-up with regard to supervision sessions that will be missed or need to be rescheduled.

Admission to Treatment:	
• Timely Response to Intakes	Responds to intakes in a timely manner. Clients are not left waiting to hear from the therapist for an unacceptable amount of time. Demonstrates diligence about following-up with clients. Does not inappropriately "give up" on trying to contact intakes.
• Determination of Treatment Constellation	Demonstrates an ability to identify the appropriate unit of treatment, and facilitate its implementation within therapy. Shows openness to relational units of treatment and works to facilitate them, as appropriate.
• Adherence to Client-Focused Site Policies	Follows site policies related to client consent, video recording, fee setting and fee collection, correspondence, etc. If problems are noted, the therapist makes an effort to correct these problems. Problems are not recurrent.
Clinical Assessment & Diagnosis:	
• Identification of Presenting Problem & Symptoms	Able to identify the presenting problem, associated symptoms, and relevant patterns of behavior/interaction associated with the presenting problem. Identification of the presenting problem reflects a nuanced understanding of the client, and an understanding of the client's needs and worldview.
• Systemic Assessment	Demonstrates an ability to view the presenting problems and symptoms systemically. Considers couple and family systems, as well as the roles of larger systems in the development and maintenance of the presenting problem. The systemic assessment reflects a nuanced understanding of the client, and an understanding of the client's needs and worldview.
• Identification of Resources	Can identify strengths and resources that may help support the client. Demonstrates awareness of the client's coping skills. Uses all of this information in the context of assessment and treatment planning.
• Diagnosis/Testing	Demonstrates appropriate knowledge of DSM-V, and recognizes when psychopathology may be present. Uses testing appropriately, or makes proper arrangements for further testing.
• History-Taking	Collects a complete client history that identifies factors relevant to the presenting problem and associated symptoms. History-taking is thorough and addresses all aspects of a client's biopsychosocial history.
• Risk Assessment	Routinely observes and appropriately assesses for indications of risk (i.e., domestic violence, substance abuse, abuse/neglect, threats of harm to self and others). Able to develop and implement a proper plan to respond to and/or reduce risk. See also "Appropriate Response to Safety Issues."
Treatment Planning & Case Management:	
• Case Conceptualization	Demonstrates an overall ability to conceptualize cases in a comprehensive manner that attends to theory, client history, process/patterns of interaction, systemic considerations, DSM-V, and other relevant factors. Conceptualization is accurate and thorough, and reveals an understanding of the clients' needs and experiences.
• Treatment Planning/Goal Setting	Demonstrates an ability to develop appropriate and achievable goals for treatment. Goals attend to systemic issues, as appropriate. Goals are translated into a treatment plan. Regularly follows-up on clients' progression toward goals, and adjusts the treatment plan as necessary. Treatment planning and goal setting are done in concert with clients.
• Knowledge of Models/Theory	Demonstrates increased knowledge of theories and their clinical applications over the course of the semester. The understanding of theories and their clinical applications is accurate and nuanced. The therapist is conversant with more than one theory, and appears to be developing a cohesive personal theory of therapy congruent with his/her clinical practice.
• Application of Models/Theory	Demonstrates an ability to translate theoretical knowledge into practice (e.g., interventions). Can apply multiple theories to a case, though may choose to use one primary approach.
• Structuring Sessions	Sessions have a beginning, middle, and on-time end. The therapist has goals for the session and does not allow sessions to wander aimlessly. Maintains a

	safe environment for clients, appropriately responds to serious escalation or unhealthy interactions, and appropriately addresses intense emotions. Is able to appropriately challenge and set boundaries with clients.
• Joining/Client Engagement	Displays a genuine interest in and concern for clients. When working with a system, makes efforts to acknowledge and include all members of the system. Throughout the course of treatment, is active in connecting with clients and is responsive to client needs/requests (e.g., calling clients back, preparing letters, etc.).
• Coordination of Services/Referrals	Recognizes the need for adjunctive services and identifies appropriate referrals. Facilitates the referral process, as appropriate.
• Termination	Develops and executes a plan for termination that takes into consideration attainment of client goals, needs, and potential reactions to termination. Notifies clients (active and inactive) appropriately several weeks in advance of any planned termination. Arranges to meet with clients where possible for concluding sessions, and uses concluding sessions for therapeutically meaningful activity.
Therapeutic Interventions:	
• Process vs. Content	Demonstrates an ability to distinguish between process and content. Goes beyond content to look at processes at work in therapy. This includes processes at work within the client system as well as processes between the client system and the therapist. Therapist is able to discuss process with clients in a therapeutically meaningful way.
• Tracking	Able to track content and affect present in the session and across previous sessions. Accurately gauges and responds to client distress. Uses this information to intervene as appropriate and assess progress.
• Model Driven Interventions	Utilizes theoretical knowledge to intervene. Can draw from a repertoire of interventions based in different theories, but can integrate them with his/her own theoretical approach. Use of interventions is conceptually consistent and not gimmicky, superficial, self-promoting, or manipulative. Interventions demonstrate that the therapist has carefully considered what will work for a particular client(s) at a particular point in therapy.
• Client Focused Interventions	Demonstrates an ability to use interventions that are grounded in client needs at a particular point in therapy. Use of these interventions demonstrates an awareness of client needs, and are also consistent with the therapist's theoretical orientation and case conceptualization.
• Out of Session Interventions	Demonstrates the ability to develop and assign appropriate out of session interventions that are informed by the case conceptualization. Follows-up on client completion of these homework assignments, and incorporates discussion of them into therapy sessions. Out of session interventions demonstrate an understanding of the client and client goals.
• Use of Self/Awareness of Self	Shows awareness of own strengths, areas for growth, and is vigilant toward own biases and prejudices. Demonstrates a willingness and ability to display appropriate emotion and empathy in session, and appears to be an engaged and active presence in session. Makes informed judgments about appropriate levels of disclosure with clients. Shows awareness of biases concerning gender, power, religion, ethnicity, and sexuality issues. Is alert to isomorphic processes in the therapeutic relationship, as well as to family of origin influences.
• Creativity & Flexibility	Demonstrates an ability to be flexible in sessions and respond to unexpected information or changes in therapy goals/direction. Displays an ability to be spontaneous and tailor therapy to the client.
• Clinical Judgment	Demonstrates a thoughtful approach to clinical work and makes appropriate clinical decisions based on thorough assessment, case conceptualization, and knowledge of theory, ethics, and applicable laws. Decisions are not based on therapist convenience and/or anxiety.

Legal Issues, Ethics, and Standards:	
• Knowledge of Ethical Code	Demonstrates knowledge of the AAMFT Code of Ethics, and ethical issues that often arise in the course of MFT, in particular.
• Knowledge of Local Laws	Demonstrates knowledge of legal issues relevant to the practice of therapy.
• Recognition of Ethical & Legal Issues	Able to recognize when ethical and legal issues are at work, and require some type of therapist response.
• Appropriate Response to Ethical and Legal Issues	Follows the ethical standards of the American Association for Marriage and Family Therapy. Informs clients of ethical and legal parameters associated with therapy. Behaves in an ethical fashion toward colleagues, supervisors, clients, and other agencies.
• Appropriate Response to Safety Issues	Acts to protect clients and others at risk. Demonstrates awareness of risks in vulnerable populations, and reports suspicions of sexual and/or physical abuse of children, elders, or persons with disabilities. Is active in protecting targets of domestic violence and acts to deal with threats of homicide or suicide. Therapist keeps supervisor informed of problems as they arise.
• Sensitivity to Diversity	Demonstrates an ability to identify issues of diversity that are influential in therapy. Is sensitive to client's beliefs and values, has a willingness to learn, and works to provide a respectful therapeutic environment. The therapist appropriately attends and responds to power differentials.
Research & Program Evaluation:	
• Integration of Research into Practice	As appropriate, incorporates information about evidence-based practice into his/her clinical work. Demonstrates on-going efforts to remain up-to-date about research related to the effective practice of MFT.
• Informed Psychoeducation	Provides clients with psycheducation that is informed by research and practice literature. Helps direct clients to reliable sources of information.

When rating a supervisee's clinical performance, please use the following definitions:

Excellent: Indicates areas of exceptionality or particular excellence. In domains rated as "excellent," the supervisee is well beyond others at a similar developmental level of training and clinical experience. Performance exceeds the supervisor's expectations.

Very Good: Supervisee demonstrates an appropriate level of competence within a given domain. The supervisee's performance is right on track developmentally, given his/her level of training and clinical experience. Clients will benefit from this level of performance. Supervisee meets the supervisor's expectations.

Satisfactory: Supervisee demonstrates some competence within a given domain, but there is room for improvement. Clients still generally benefit from this level of performance, but improved supervisee performance would likely lead to better clinical outcomes. Developmentally, the supervisee is somewhat behind others with a similar level of training and clinical experience. Supervisee generally meets the supervisor's expectations, but not fully. Supervisory monitoring of a supervisee's performance within these domains is recommended.

Marginal: Reflects a notable lack of competence within a given domain. Clients' experience of therapy is likely to be hampered by the supervisee's lack of skill and/or knowledge. Developmentally, the supervisee is behind others with a similar level of training and clinical experience. Supervisee generally fails to meet the supervisor's expectations. Additional training/experience and close supervisory monitoring is needed.

Unsatisfactory: Supervisee demonstrates a significant or complete lack of competence within a given domain. This level of performance is likely to be harmful to clients, and careful consideration should be given to whether the supervisee remains clinically active. This rating may also reflect a supervisee who has engaged in unethical or otherwise inappropriate behavior. Serious supervisory monitoring and remediation is required.

N/A: Not applicable

N/O: Not observed

NOTE: Categories and descriptions adapted from documents used by Chapman University, Texas Tech University, The Ohio State University, Pfeiffer University, and Virginia Tech.

College of Liberal Arts and Human Sciences

The Family Therapy Center at Virginia Tech
Department of Human Development and Family Science
840 University City Boulevard, Suite 1
Blacksburg, Virginia 24061-0515
(540) 231-7201 Fax: (540) 231-7209
www.familytherapy.vt.edu

VT VIRGINIA TECH

VIRGINIA TECH MFT DOCTORAL PROGRAM

Advanced Practical Experience Evaluation – Professional Engagement

Please note: *Students whose APE includes the provision of clinical services are also required to have their supervisor(s) complete the APE Clinical Evaluation, which is available on Canvas.*

Name: _____

Name of Supervisor/Site: _____

Semester: _____Fall   _____Spring   _____Summer   **Year:** _____

Compared to other persons of similar education and experience, please rate the doctoral student named above on the following criteria:

	Excellent	Above Average	Average	Below Average	Not Applicable/ Not Observed
Clinical Skills					
Supervision Skills					
Teaching Skills					
Research Skills					
Administrative Skills					
Professional Writing					
Professional Communication					
Responsibility					
Professionalism					
Openness to Feedback					
Maturity					
Attention to Detail					
Cultural Competence					
Ability to Work with Others					
Quality of Training/Experience					
Quality of Contributions					
Potential to Function in a Similar Professional Role					
Overall Performance					

Based on the student's progress made toward completion of the non-clinical activities and outcomes for the selected competencies on the *Advanced Practical Experience Plan*, briefly describe what you consider to be the student's key strengths:

Based on the student's progress made toward completion of the non-clinical activities and outcomes for the selected competencies on the *Advanced Practical Experience Plan*, briefly describe recommended areas for growth and improvement:

Please provide any additional feedback about the student's performance:

Based on the student's progress made toward completion of the non-clinical activities and outcomes for the selected competencies on the *Advanced Practical Experience Plan*, choose a recommendation rating for the student's ability to transfer these skills to another setting:

_____ Would strongly and enthusiastically recommend
_____ Would recommend without reservation
_____ Would recommend with reservation
_____ Would not recommend

_____
Supervisor's Name (PRINT)

_____   _____
Supervisor's Signature   Date

I have reviewed this form and discussed it with my supervisor:

_____
Student's Name (PRINT)

_____   _____
Student's Signature   Date

Form adapted from ECU Internship/Externship Evaluation Form with permission from Damon Rappleyea, 9/1/17

CASE APPLICATION & REFLECTION
HD 6414: Advanced Traditional Models in MFT
Department of Human Development & Family Science
Virginia Tech
Megan L. Dolbin-MacNab, PhD, LMFT

Name:

Model:

Evaluation Criteria/Description of Highest Performance:	Points:
Case Description: Selected a family case; Provides a comprehensive overview of the family structure (e.g., visual or written genogram) and key demographic information; The "presenting problem" (according to the family) is described with an adequate amount of detail.	____/5
Model Application: • The model is applied accurately and comprehensively, and in a way that demonstrates deep (not superficial) understanding of the model and its assumptions. • Discussion of the "presenting problem" is accurately aligned with the model. How the problem developed or is being maintained accurately reflects the assumptions of the model and is explained with an adequate amount of detail. • A clear statement of what the model would say needs to change is given, and is aligned with the assumptions of the model and the case description. • The case conceptualization reflects consideration of the family's culture and context. • The entire discussion is supported with details from the clinical case.	____/10
Treatment Plan: • A treatment plan is given and it clearly indicates the 1) short- and long-term goals of therapy and 2) the treatment constellation. • The treatment plan accurately reflects the assumptions of the model and, if implemented, would address/resolve the "presenting problem." • The treatment plan demonstrates a comprehensive, nuanced application and understanding of the model. • The entire discussion is supported with details from the clinical case.	____/10
Intervention: • Interventions that would be used to achieve the goals of the treatment plan are presented and are aligned with 1) the treatment plan and 2) the assumptions of the model. • The interventions are described in adequate detail and supported with examples from the clinical case, as appropriate. • The discussion of the interventions clearly reveals the role of the therapist, in terms of implementing the interventions, and this accurately reflects the assumptions of the model.	____/10

• The discussion clearly and accurately reveals how the interventions will support the treatment plan and, in turn, facilitate change related to the "presenting problem." • The overall discussion demonstrates systemic thinking, and a thoughtful, nuanced application of the model.	
Reflection: • A discussion of the strengths and limitations of the model is provided, and reflects critical, engaged thought about the model. • The discussion demonstrates critical reflection about how the model addresses issues of lifespan development, context, cultural sensitivity, diversity. • A discussion of the model, as it relates to the author's own therapeutic style, is provided and demonstrates in-depth reflection and insight.	____/10
Writing Conventions: Employs a professional, scholarly writing style (i.e., APA style); Uses proper grammar, punctuation, and spelling; Writing is clear, organized logically, and easy to follow	____/3
APA Format: Correct utilization of APA format (e.g., headings, reference list, in-text citations)	____/2
TOTAL:	____/50

Comments:

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College of Liberal Arts and Human Sciences

Virginia Tech MFT PhD Program
PROGRAM GOALS #2 & #3: SUPERVISION & CLINICAL PRACTICE – GSAR EVALUATION

Student: _____

Advisor: _____

Semester/Year of Program Entry: _____

The mission of the Marriage and Family Therapy PhD Program is to develop scholar-clinicians who demonstrate respect for diversity and inclusion and will advance the field of MFT through research, clinical supervision, teaching, clinical practice, and community and professional engagement.

As outlined in the MFT Program Handbook, students receive feedback on their performance related to MFT program goals and student learning outcomes. This form, which was completed by the Clinical Faculty, provides you with feedback on your performance related to Program Goal #2: Teaching & Supervision and Program Goal #3: Clinical Practice. This feedback should be viewed as a supplement to other clinical/practicum/supervision evaluations.

Program Goal #2: Teaching & Supervision
(2.3) Students will demonstrate proficiency in conducting relationally- and systemically-informed clinical supervision. Under Program Goal #2, this rating informs SLO #3, Target #2

Excellent	Good	Fair	Poor	Not Observed	Not Applicable

Comments:

Program Goal #3: Clinical Practice
(3.2) Students will demonstrate competence in the professional practice of marriage and family therapy. Under Program Goal #3, this rating informs SLO #2, Target #2

Excellent	Good	Fair	Poor	Not Observed

Comments:

Questions about this feedback should be directed to the Clinical Director and/or the Program Director.

_____   _____

Clinical Director   Date

_____   _____

Supervision Mentor (HD 6464)   Date

_____   _____

Program Director   Date

Virginia Tech MFT PhD Program
EDUCATIONAL OUTCOMES – ADVISOR GSAR EVALUATION (AY 21-22)

Student: _____

Advisor: _____

Semester/Year of Program Entry: _____

The mission of the Marriage and Family Therapy PhD Program is to develop scholar-clinicians who demonstrate respect for diversity and inclusion and will advance the field of MFT through research, clinical supervision, teaching, clinical practice, and community and professional engagement.

We achieve this mission through several program goals (and student learning outcomes). Specifically, students will…

1. Conduct methodologically sophisticated research that advances knowledge and has implications for marriage and family therapy.
2. Demonstrate knowledge and skills associated with effective collegiate teaching and relationally- and systemically-informed clinical supervision.
3. Demonstrate proficiency in systemic clinical practice with a diverse clientele across the lifespan.
4. Engage in public scholarship, relevant to the field of marriage and family therapy, via community engagement and/or professional service activities.
5. Demonstrate sensitivity to diversity and inclusion, and competence in working with diverse populations as well as marginalized and underserved communities.

Please rate the student's performance, over the last academic year, for the following program goals and/or student learning outcomes. Students will be evaluated on those program goals, not listed here, via alternative mechanisms. Space for additional comments/feedback has been provided.

This form should be discussed/shared with the student as part of their overall GSAR feedback.

*Please **submit the completed form to Marty Wyatt**, along with the HDFS GSAR evaluation form, by the required deadline.*

PROGRAM GOAL #1: RESEARCH & SCHOLARSHIP
Students will conduct methodologically sophisticated research that advances knowledge and has implications for marriage and family therapy.

Excellent	Good	Fair	Poor	Not Observed

Program Goal #1 - Student Learning Outcome #1 – Target #2:
Students will demonstrate proficiency in using qualitative and/or quantitative research methods to conduct methodologically sophisticated, rigorous research with relevance to marriage and family therapy.

Excellent	Good	Fair	Poor	Not Observed

These two ratings inform SLO #2, Target #2

Comments:

PROGRAM GOAL #2: TEACHING & SUPERVISION
Students will demonstrate knowledge and skills associated with effective collegiate teaching and relationally-
and systemically-informed clinical supervision.

Program Goal #2 – Student Learning Outcome #2 – Target #1:
Students will be proficient at teaching within a collegiate classroom setting.

Excellent	Good	Fair	Poor	Not Observed	Not Applicable

Comments:

PROGRAM GOAL #5: DIVERSITY & INCLUSION
Students will demonstrate sensitivity to diversity and inclusion, and competence in working with diverse
populations as well as marginalized and underserved communities.

Excellent	Good	Fair	Poor	Not Observed

Students will demonstrate competence in working with diverse populations, including marginalized and/or underserved communities.

Excellent	Good	Fair	Poor	Not Observed

Comments:

CLINICAL PERFORMANCE EVALUATION – HD 5964 (MFT PRACTICUM)
Marriage and Family Therapy PhD Program
Department of Human Development and Family Science
Virginia Tech
9/17/17

Supervisee:

Supervisor:

Semester/ Year:

Please rate the supervisee's clinical performance in each of the following areas including 1) Administrative Work and Professionalism, 2) Supervision, 3) Admission to Treatment, 4) Clinical Assessment and Diagnosis, 5) Treatment Planning and Case Management, 6) Therapeutic Interventions, 7) Legal Issues, Ethics, and Standards, and 8) Research and Program Evaluation. Interpretive guidelines are included at the end of evaluation form

Administrative Work & Professionalism:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Adherence to General FTC Policies							
Maintains Adequate (Relational) Caseload							
Professionalism							
Proper & Timely Documentation							
Participation in FTC Data Collection							
Collegiality							

Supervision:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Openness to Supervision							
Preparation for Supervision							
Participation in Supervision							
Supervision Attendance							

Admission to Treatment:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Timely Response to Intakes							
Determination of Treatment Constellation							
Adherence to Client-Focused FTC Policies							

Clinical Assessment & Diagnosis:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Identification of Presenting Problem & Symptoms							
Systemic Assessment							
Identification of Resources							
Diagnosis/Testing							
History-Taking							
Risk Assessment							

Treatment Planning & Case Management:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Case Conceptualization							
Treatment Planning/Goal Setting							
Knowledge of Models/ Theory							
Application of Models/ Theory							
Structuring Sessions							
Joining/Client Engagement							
Coordination of Services/ Referrals							
Termination							

Therapeutic Interventions:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Process vs. Content							
Tracking							
Model Driven Interventions							
Client Focused Interventions							
Out of Session Interventions							
Use of Self/Awareness of Self							
Creativity & Flexibility							
Clinical Judgment							

Legal Issues, Ethics, and Standards:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Knowledge of Ethical Code							
Knowledge of Local Laws							
Recognition of Ethical & Legal Issues							
Appropriate Response to Ethical and Legal Issues							
Appropriate Response to Safety Issues							
Sensitivity to Diversity							

Research & Program Evaluation:

	Excellent	Very Good	Satisfactory	Marginal	Unsatisfactory	N/A	N/O
Integration of Research into Practice							
Informed Psychoeducation							

What are the supervisee's strengths, in terms of clinical performance?

What are some area areas that need improvement, in terms of the supervisee's clinical performance?

Other comments, including suggestions for future supervision:

I have reviewed this evaluation with my supervisor and we have discussed any questions or concerns. I have the right to respond to this evaluation in writing, should I desire, and to have my written response placed with this evaluation in my student file.

Supervisee Signature/Date:

Supervisor Signature/Date:

CLINICAL PERFORMANCE EVALUATION – HD 5964 (MFT PRACTICUM)
Interpretive Guidelines
Marriage and Family Therapy PhD Program
Department of Human Development
Virginia Tech

CLINICAL PERFORMANCE DOMAIN:	DESCRIPTION OF HIGHEST LEVEL OF PERFORMANCE:
Administrative Work & Professionalism:	
• Adherence to General FTC Policies	Adheres to FTC policies related to security of client records and the building, use of equipment, etc. If problems are noted, the therapist makes an effort to correct these problems. Problems are not recurrent.
• Maintains Adequate (Relational) Caseload	Maintains a caseload that will allow the therapist to meet the FTC clinical hours requirement. Informs the office manager about the status of her/his caseload and does not inappropriately refuse intakes. Maintains some relational clients as part of his/her caseload, as these cases are available and appropriate.
• Professionalism	Demonstrates punctuality and responsibility with client appointments and other clinical responsibilities (e.g., telephone calls, checking messages). Dresses to convey an appropriate professional image. Works positively and respectfully with faculty, FTC therapists, interns, staff, as well as other professionals in the broader community.
• Proper & Timely Documentation	Follows proper procedures for record-keeping. Documentation is thorough, legible, accurate, and completed in a timely manner. Uploads practicum hours logs signed by student and supervisor into Canvas by the 15th day of the month following the month the hours were earned (e.g. January hours logs should be uploaded no later than February 15th)
• Participation in FTC Data Collection	Adheres to guidelines related to data collection at the FTC. If problems are noted, the therapist makes an effort to correct these problems. Problems are not recurrent.
• Collegiality	Contributes to peer discussions and other professional interactions in a positive and constructive manner. Presents suggestions respectfully, and shares personal experiences and knowledge appropriately and in context. Facilitates group communication by not inappropriately attempting to dominate group process or withholding participation. Demonstrates a willingness to assist other therapists (e.g., providing coverage).
Supervision:	
• Openness to Supervision	Actively seeks supervision and demonstrates a desire to improve and learn as a therapist. Uses supervision time to learn more, obtain suggestions, and expand expertise. Demonstrates openness to supervisor suggestions and directives and accepts constructive criticism without undue defensiveness (but can disagree constructively). Recognizes the expertise of the supervisor, and tries to avoid power struggles or negation.
• Preparation for Supervision	Prepared for supervision with case reviews, videos, or assignments as specified by the supervisor/supervision contract. Demonstrates effort in self-supervision, including time spent reviewing therapy tapes, self-supervising, and engaging in peer supervision.
• Participation in Supervision	See also "Collegiality." Actively participates in supervision, including discussions of his/her own cases, as well as those of his/her peers.
• Supervision Attendance	Is prompt and attends all scheduled supervision sessions. Demonstrates professional communication and follow-up with regard to supervision sessions that will be missed or need to be rescheduled.

Admission to Treatment:	
• Timely Response to Intakes	Responds to intakes in a timely manner. Clients are not left waiting to hear from the therapist for an unacceptable amount of time. Demonstrates diligence about following-up with clients. Does not inappropriately "give up" on trying to contact intakes.
• Determination of Treatment Constellation	Demonstrates an ability to identify the appropriate unit of treatment, and facilitate its implementation within therapy. Shows openness to relational units of treatment and works to facilitate them, as appropriate.
• Adherence to Client-Focused FTC Policies	Follows FTC policies related to client consent, video recording, fee setting and fee collection, correspondence, etc. If problems are noted, the therapist makes an effort to correct these problems. Problems are not recurrent.
Clinical Assessment & Diagnosis:	
• Identification of Presenting Problem & Symptoms	Able to identify the presenting problem, associated symptoms, and relevant patterns of behavior/interaction associated with the presenting problem. Identification of the presenting problem reflects a nuanced understanding of the client, and an understanding of the client's needs and worldview.
• Systemic Assessment	Demonstrates an ability to view the presenting problems and symptoms systemically. Considers couple and family systems, as well as the roles of larger systems in the development and maintenance of the presenting problem. The systemic assessment reflects a nuanced understanding of the client, and an understanding of the client's needs and worldview.
• Identification of Resources	Can identify strengths and resources that may help support the client. Demonstrates awareness of the client's coping skills. Uses all of this information in the context of assessment and treatment planning.
• Diagnosis/Testing	Demonstrates appropriate knowledge of DSM-V, and recognizes when psychopathology may be present. Uses testing appropriately, or makes proper arrangements for further testing.
• History-Taking	Collects a complete client history that identifies factors relevant to the presenting problem and associated symptoms. History-taking is thorough and addresses all aspects of a client's biopsychosocial history.
• Risk Assessment	Routinely observes and appropriately assesses for indications of risk (i.e., domestic violence, substance abuse, abuse/neglect, threats of harm to self and others). Able to develop and implement a proper plan to respond to and/or reduce risk. See also "Appropriate Response to Safety Issues."
Treatment Planning & Case Management:	
• Case Conceptualization	Demonstrates an overall ability to conceptualize cases in a comprehensive manner that attends to theory, client history, process/patterns of interaction, systemic considerations, DSM-V, and other relevant factors. Conceptualization is accurate and thorough, and reveals an understanding of the clients' needs and experiences.
• Treatment Planning/Goal Setting	Demonstrates an ability to develop appropriate and achievable goals for treatment. Goals attend to systemic issues, as appropriate. Goals are translated into a treatment plan. Regularly follows-up on clients' progression toward goals, and adjusts the treatment plan as necessary. Treatment planning and goal setting are done in concert with clients.
• Knowledge of Models/Theory	Demonstrates increased knowledge of theories and their clinical applications over the course of the semester. The understanding of theories and their clinical applications is accurate and nuanced. The therapist is conversant with more than one theory, and appears to be developing a cohesive personal theory of therapy congruent with his/her clinical practice.
• Application of Models/Theory	Demonstrates an ability to translate theoretical knowledge into practice (e.g., interventions). Can apply multiple theories to a case, though may choose to use one primary approach.
• Structuring Sessions	Sessions have a beginning, middle, and on-time end. The therapist has goals for the session and does not allow sessions to wander aimlessly. Maintains a

	safe environment for clients, appropriately responds to serious escalation or unhealthy interactions, and appropriately addresses intense emotions. Is able to appropriately challenge and set boundaries with clients.
• Joining/Client Engagement	Displays a genuine interest in and concern for clients. When working with a system, makes efforts to acknowledge and include all members of the system. Throughout the course of treatment, is active in connecting with clients and is responsive to client needs/requests (e.g., calling clients back, preparing letters, etc.).
• Coordination of Services/Referrals	Recognizes the need for adjunctive services and identifies appropriate referrals. Facilitates the referral process, as appropriate.
• Termination	Develops and executes a plan for termination that takes into consideration attainment of client goals, needs, and potential reactions to termination. Notifies clients (active and inactive) appropriately several weeks in advance of any planned termination. Arranges to meet with clients where possible for concluding sessions, and uses concluding sessions for therapeutically meaningful activity.
Therapeutic Interventions:	
• Process vs. Content	Demonstrates an ability to distinguish between process and content. Goes beyond content to look at processes at work in therapy. This includes processes at work within the client system as well as processes between the client system and the therapist. Therapist is able to discuss process with clients in a therapeutically meaningful way.
• Tracking	Able to track content and affect present in the session and across previous sessions. Accurately gauges and responds to client distress. Uses this information to intervene as appropriate and assess progress.
• Model Driven Interventions	Utilizes theoretical knowledge to intervene. Can draw from a repertoire of interventions based in different theories, but can integrate them with his/her own theoretical approach. Use of interventions is conceptually consistent and not gimmicky, superficial, self-promoting, or manipulative. Interventions demonstrate that the therapist has carefully considered what will work for a particular client(s) at a particular point in therapy.
• Client Focused Interventions	Demonstrates an ability to use interventions that are grounded in client needs at a particular point in therapy. Use of these interventions demonstrates an awareness of client needs, and are also consistent with the therapist's theoretical orientation and case conceptualization.
• Out of Session Interventions	Demonstrates the ability to develop and assign appropriate out of session interventions that are informed by the case conceptualization. Follows-up on client completion of these homework assignments, and incorporates discussion of them into therapy sessions. Out of session interventions demonstrate an understanding of the client and client goals.
• Use of Self/Awareness of Self	Shows awareness of own strengths, areas for growth, and is vigilant toward own biases and prejudices. Demonstrates a willingness and ability to display appropriate emotion and empathy in session, and appears to be an engaged and active presence in session. Makes informed judgments about appropriate levels of disclosure with clients. Shows awareness of biases concerning gender, power, religion, ethnicity, and sexuality issues. Is alert to isomorphic processes in the therapeutic relationship, as well as to family of origin influences.
• Creativity & Flexibility	Demonstrates an ability to be flexible in sessions and respond to unexpected information or changes in therapy goals/direction. Displays an ability to be spontaneous and tailor therapy to the client.
• Clinical Judgment	Demonstrates a thoughtful approach to clinical work and makes appropriate clinical decisions based on thorough assessment, case conceptualization, and knowledge of theory, ethics, and applicable laws. Decisions are not based on therapist convenience and/or anxiety.

Legal Issues, Ethics, and Standards:	
• Knowledge of Ethical Code	Demonstrates knowledge of the AAMFT Code of Ethics, and ethical issues that often arise in the course of MFT, in particular.
• Knowledge of Local Laws	Demonstrates knowledge of legal issues relevant to the practice of therapy.
• Recognition of Ethical & Legal Issues	Able to recognize when ethical and legal issues are at work, and require some type of therapist response.
• Appropriate Response to Ethical and Legal Issues	Follows the ethical standards of the American Association for Marriage and Family Therapy. Informs clients of ethical and legal parameters associated with therapy. Behaves in an ethical fashion toward colleagues, supervisors, clients, and other agencies.
• Appropriate Response to Safety Issues	Acts to protect clients and others at risk. Demonstrates awareness of risks in vulnerable populations, and reports suspicions of sexual and/or physical abuse of children, elders, or persons with disabilities. Is active in protecting targets of domestic violence and acts to deal with threats of homicide or suicide. Therapist keeps supervisor informed of problems as they arise.
• Sensitivity to Diversity	Demonstrates an ability to identify issues of diversity that are influential in therapy. Is sensitive to client's beliefs and values, has a willingness to learn, and works to provide a respectful therapeutic environment. The therapist appropriately attends and responds to power differentials.
Research & Program Evaluation:	
• Integration of Research into Practice	As appropriate, incorporates information about evidence-based practice into his/her clinical work. Demonstrates on-going efforts to remain up-to-date about research related to the effective practice of MFT.
• Informed Psychoeducation	Provides clients with psycheducation that is informed by research and practice literature. Helps direct clients to reliable sources of information.

When rating a supervisee's clinical performance, please use the following definitions:

Excellent: Indicates areas of exceptionality or particular excellence. In domains rated as "excellent," the supervisee is well beyond others at a similar developmental level of training and clinical experience. Performance exceeds the supervisor's expectations.

Very Good: Supervisee demonstrates an appropriate level of competence within a given domain. The supervisee's performance is right on track developmentally, given his/her level of training and clinical experience. Clients will benefit from this level of performance. Supervisee meets the supervisor's expectations.

Satisfactory: Supervisee demonstrates some competence within a given domain, but there is room for improvement. Clients still generally benefit from this level of performance, but improved supervisee performance would likely lead to better clinical outcomes. Developmentally, the supervisee is somewhat behind others with a similar level of training and clinical experience. Supervisee generally meets the supervisor's expectations, but not fully. Supervisory monitoring of a supervisee's performance within these domains is recommended.

Marginal: Reflects a notable lack of competence within a given domain. Clients' experience of therapy is likely to be hampered by the supervisee's lack of skill and/or knowledge. Developmentally, the supervisee is behind others with a similar level of training and clinical experience. Supervisee generally fails to meet the supervisor's expectations. Additional training/experience and close supervisory monitoring is needed.

Unsatisfactory: Supervisee demonstrates a significant or complete lack of competence within a given domain. This level of performance is likely to be harmful to clients, and careful consideration should be given to whether the supervisee remains clinically active. This rating may also reflect a supervisee who has engaged in unethical or otherwise inappropriate behavior. Serious supervisory monitoring and remediation is required.

N/A: Not applicable

N/O: Not observed

NOTE: Categories and descriptions adapted from documents used by Chapman University, Texas Tech University, The Ohio State University, Pfeiffer University, and Virginia Tech.

NOTE: This copy of the MFT Student Annual Review Survey is annotated to highlight how specific survey question are used as assessment measures for the MFT program's outcome-based education framework. Please review the MFT program's outcome-based education framework for specific information about the program goals, student learning outcomes, and targets.

Default Question Block

MFT STUDENT ANNUAL REVIEW SURVEY
2022 GSAR (AY 21-22)

In accordance with the MFT program's assessment plan (available, upon request, from the MFT Program Director) and COAMFTE accreditation standards, the MFT program regularly collects and aggregates various types of data about our current students (and graduates) for the purposes of measuring the program's educational outcomes (please see the Program Handbook, available on Canvas, for additional information about the program's educational outcomes). In addition to collecting data related to the program's student learning outcomes and associated targets, the program also collects information about demonstrated achievements of graduates, graduation rates, national (or state) licensing examination pass rates, and job placement rates, as appropriate.

Each spring, current MFT students must complete a supplementary survey (i.e., the *MFT Student Annual Review Survey*, which you are completing right now), and submit that survey along with their other Graduate Student Annual Review (GSAR) materials. **Please note that this survey response is due on the same day as the GSAR materials, and is required as part of the GSAR.** The information gathered in this survey will help to inform MFT program improvement.

As part of the program's data collection procedures, we will not publish any

individually identifying information. We will always aggregate all data so that no individual can be identified.

Questions or concerns about this survey or the program's assessment policy should be directed to the MFT Program Director.

What is your name?

[   ]

When did you enter the MFT program?

○ Fall 2021

○ Fall 2020

○ Fall 2019

○ Fall 2018

○ Fall 2017

○ Other (Please Specify): [   ]

Overall, how would you rate *yourself* on the following program goals? Students will...

	Poor	Fair	Good	Excellent
PG1: Conduct methodologically sophisticated research that advances knowledge and has implications for marriage and family therapy.	○	○	○	○
PG2: Demonstrate knowledge and skills associated with effective collegiate teaching and relationally- and systemically-informed clinical supervision.	○	○	○	○

	Poor	Fair	Good	Excellent
PG3: Demonstrate proficiency in systemic clinical practice with a diverse clientele across the lifespan.	○	○	○	○
PG4: Engage in public scholarship, relevant to the field of marriage and family therapy, via community engagement and/or professional service activities.	○	○	○	○
PG5: Demonstrate sensitivity to diversity and inclusion, and competence in working with diverse populations as well as marginalized and underserved communities.	○	○	○	○

PROGRAM GOAL #1: RESEARCH & SCHOLARSHIP

Students will conduct methodologically sophisticated research that advances knowledge and has implications for marriage and family therapy.

Please answer the following questions related to your activities and accomplishments for Program Goal #1.

How would you rate your overall proficiency/competence with the following types of research methods?

	Poor	Fair	Good	Excellent
Quantitative	○	○	○	○
Qualitative	○	○	○	○
Mixed Methods	○	○	○	○
Other (Please Specify):	○	○	○	○
Other (Please Specify):	○	○	○	○

In this GSAR reporting period, have you been an author on a peer-reviewed journal article and/or book chapter?

(Only count publications that were accepted, became "in-press," or were published since the last GSAR.)   Q7

○ Yes

○ No

How many publications did you have in this GSAR reporting period?   Q8

(Only count publications that were accepted, became "in-press," or were published in this reporting period, or since the last GSAR.)

[   ]

On how many of these publications were you the lead (or co-lead) author?   Q9

[   ]

Please provide the citation(s) for these publications: Q10

Citation #1   [   ]

Citation #2   [   ]

Citation #3   [   ]

Citation #4   [   ]

Additional Citations [   ]

Have you <u>ever</u> been an author on a peer-reviewed journal article and/or book chapter?

(Only count publications that have been accepted, are currently "in-press," or were published.)

(Please Note! For the following questions, DO NOT duplicate/count any publications that you already listed for the current GSAR reporting period.)

○ Yes

○ No

Q11

Please indicate how many of the following types of publications you've authored:

Peer-Reviewed Journal Article   [   ]   Q12

Book Chapter   [   ]

On how many of these publications were you the lead (or co-lead) author?   Q13

[   ]

Please provide the citation(s) for your publications: Q14

(DO NOT list publications that you already listed for the current GSAR reporting period.)

Citation #1   [   ]

Citation #2   [   ]

Citation #3   [   ]

Citation #4

Citation #5

Citation #6

Citation #7

Citation #8

Citation #9

Citation #10

Additional Citations

In this GSAR reporting period, have you presented at any national conferences (e.g., AAMFT, NCFR, GSA, etc.)?

(Presentation formats can include papers, posters, workshops, roundtables, etc.)

Q15

○ Yes

○ No

How many presentations did you give during this GSAR reporting period? Q16

On how many of the presentations (in this reporting period) were you the lead (or co-lead) author?

Q17

Please provide the citation(s) for your presentations:

Citation #1

Q18

Citation #2

Citation #3

Citation #4

Additional Citations

While a student at Virginia Tech, have you _ever_ presented at a national conference (e.g., AAMFT, NCFR, GSA, etc.)?

(Presentation formats can include papers, posters, workshops, roundtables, etc.)

(Please Note! For the following questions, DO NOT duplicate/count any presentations that you listed for the current GSAR reporting period.)

○ Yes

○ No

Q19

How many presentations have you given?

Q20

Q21

On how many of these presentations were you the lead (or co-lead) author?

Q22

Please provide the citation(s) for your presentations:

(Please Note! DO NOT duplicate/count any presentations that you listed for the current reporting period.)

Citation #1	
Citation #2	
Citation #3	
Citation #4	
Citation #5	
Citation #6	
Citation #7	
Citation #8	
Citation #9	
Citation #10	
Additional Citations	

If you'd like to comment on anything related to your proficiency with regard to research and scholarship, please do so here.

PROGRAM GOAL #2: SUPERVISION & TEACHING

Students will demonstrate knowledge and skills associated with effective collegiate teaching and relationally- and systemically-informed clinical supervision.

Please answer the following questions related to your activities and accomplishments related to Program Goal #2.

Imagine that you were applying for an MFT academic job *today*. Do you currently have written philosophy of clinical supervision and/or teaching that you could submit with your application?

	No	Yes
Supervision	○	○
Teaching	○	○

Which of the following teaching experiences have you had at Virginia Tech? (Mark all that apply.)   Q26

☐ Graduate Teaching Assistant

☐ Independent Teaching - Classroom

☐ Independent Teaching - Online

☐ Guest Lecturing (If so, how many guest lectures?) [   ]

☐ Not Applicable, I have not had any teaching experiences at Virginia Tech.

Overall, how would you rate your proficiency at collegiate teaching?

○ Excellent

○ Good

○ Average

○ Fair

○ Poor

○ Not Applicable, I do not have independent collegiate teaching experience.

Overall, how would your rate your proficiency in conducting relationally- and systemically-informed clinical supervision?

○ Excellent

○ Good

○ Average

○ Fair

○ Poor

○ Not Applicable, I have not yet taken the supervision course and/or done clinical supervision.

If you'd like to comment on anything related to your proficiency with regard to collegiate teaching and/or clinical supervision, please do so here.

[text box]

PROGRAM GOAL #3: CLINICAL PRACTICE
Students will demonstrate proficiency in systemic clinical practice with a diverse clientele across the lifespan.

Please answer the following questions related to your activities and accomplishments related to Program Goal #3.

Please rate your competence in the following aspects of clinical practice. (*For your reference, these categories align with the categories including on the MFT Practicum evaluations.*)

	Poor	Fair	Good	Excellent
Admission to Treatment	○	○	○	○
Clinical Assessment and Diagnosis	○	○	○	○
Treatment Planning and Case Mangagement	○	○	○	○
Therapeutic Interventions	○	○	○	○
Legal and Ethical Issues	○	○	○	○
Research and Program Evaluation	○	○	○	○

Overall, how would rate your *knowledge* of multiple clinical theories and approaches?

○ Excellent

○ Good

○ Average

○ Fair

○ Poor

Overall, how would you rate your ability to *apply/utilize* multiple clinical theories and approaches?

○ Excellent

○ Good

○ Average

○ Fair

○ Poor

Have you taken the National or State MFT exam?

○ Yes

○ No

In what year(s) did you take the National or State MFT exam?

[   ]

Have you passed the National or State MFT exam?

○ Yes

○ No

In what year did you pass the National or State MFT exam?

[   ]

Are you currently licensed as a LMFT?   These questions inform Program
                                                         Goal #3, SLO #2, Target #3

○ Yes, I am currently licensed as a LMFT

○ No, but I am currently licensed as a LMFTA (LMFT Associate License)

○ No, I am not currently licensed as a LMFT or LMFTA

In what state(s) are you currently licensed as a LMFT or LMFTA? (List all that
apply.)

[   ]

In what year(s) did you first gain licensure as a LMFT or LMFTA? (List all that apply.)

[   ]

Are you an AAMFT Approved Supervisor?   These questions inform Program Goal #2, SLO #3, Target #3

○ Yes

○ No

In what year did you first become an AAMFT Approved Supervisor?

[   ]

Are you a state-approved supervisor?

○ Yes

○ No

In what states are you a state-approved supervisor? (List all that apply.)

[   ]

In what year did you first become a state-approved supervisor? (List years for all states that apply.)

[   ]

If you'd like to comment on anything related to your proficiency with regard to clinical practice, please do so here.

[text box]

PROGRAM GOAL #4: COMMUNITY & PROFESSIONAL ENGAGEMENT
Students will engage in public scholarship, relevant to the field of marriage and family therapy, via community engagement and/or professional service activities.

Please answer the following questions related to your activities and accomplishments for Program Goal #4.

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

Q48

○ Yes

○ No

What is your membership status with AAMFT?   Q49

○ Clinical Fellow

○ Pre-Clinical Fellow

○ Student

○ Allied Mental Health Professional

○ Pre-Allied Mental Health Professional

○ Affiliate

Not counting AAMFT, are you currently a member of any other professional organizations (e.g., APA, ACA, NCFR, NASW, GSA etc.)?

Q50

○ Yes

○ No

Of which of the following professional organizations are you currently a member? (Mark all that apply.)

Q51

☐ American Psychological Association (APA)

☐ American Counseling Association (ACA)

☐ National Association of Social Workers (NASW)

☐ National Council on Family Relations (NCFR)

☐ Other (please specify): _____

☐ Other (please specify): _____

☐ Other (please specify): _____

In this reporting period, did you engage in any professional service activities (e.g., journal reviewer, committee service, etc.)?

Q52

○ Yes

○ No

Please list these professional service activities.

Q53

In this reporting period, did you participate in any community engagement activities (e.g., community presentations, volunteering, etc.) related to MFT, your research interests, and/or to diverse, marginalized, and/or underserved communities? (*Do not count your clinical work at the FTC.*)

Q54

○ Yes

○ No

Please describe these community engagement activities.   Q55

If you'd like to comment on anything related to your community engagement and/or professional service, please do so here.

PROGRAM GOAL #5: DIVERSITY & INCLUSION

Students will demonstrate sensitivity to diversity and inclusion, and competence in working with diverse populations as well as marginalized and underserved communities.

Please answer the following questions related to your activities and accomplishments for Program Goal #5.

Please rate your competence in working with diverse populations in the following areas:

	Poor	Fair	Good	Excellent	Not Applicable
Clinical Work	○	○	○	○	○
Clinical Supervision	○	○	○	○	○
Teaching	○	○	○	○	○
Research	○	○	○	○	○

In this reporting period, did you engage in any efforts to improve your skills and/or knowledge related to diversity and inclusion?

Q59

○ Yes

○ No

Q60

Please describe your efforts to improve your skills and/or knowledge related to diversity and inclusion. This could include attending trainings or workshops, completing readings on diversity, working with diverse populations, etc.

[text box]

If you'd like to comment on anything related to your efforts related to diversity and inclusion, please do so here.

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Virginia Tech Marriage & Family Therapy Doctoral Program
Outcome-Based Education Framework Curriculum Map
Updated 8/4/22

Program Goals:	Research & Scholarship		Teaching & Supervision			Clinical Practice			Community & Professional Engagement		Diversity & Inclusion		
Student Learning Outcomes:	SLO 1.1	SLO 1.2	SLO 2.1	SLO 2.2	SLO 2.3	SLO 3.1	SLO 3.2	SLO 3.3	SLO 4.1	SLO 4.2	SLO 5.1	SLO 5.2	SLO 5.3
HD 5514: Research Methods	X												
HD 5714: Advanced Statistics – Regression	X												
HD 6514: Advanced Research Methods – SEM	X												
HD 6524: Topics in Advanced Research Methods – SEM Lab	X												
HD 5524: Qualitative Methods in Family Research	X										X		
HD 6484: MFT Research	X										X		X
Methods Elective	X												
HD 5964: HD Research Team		X										X	
HD 7994: Research and Dissertation		X										X	
HD 5005: HDFS Theories - Individual & Lifespan						X							
HD 5006: HDFS Theories - Family & Systems						X							
HD 6414: Advanced Traditional Models in MFT						X					X		
HD 6444: Advanced Contemporary MFT						X					X		X
HDFS Elective											X	X	
HD 5964: MFT Practicum							X	X			X	X	
HD 6464: Clinical Supervision of MFT				X				X			X	X	

Course	1	2	3	4	5	6	7	8	9	10	11	12	13
HD 5754 (Internship)							X	X	X		X	X	
HD 6004: Professional Development Orientation Seminar		X							X	X			
HD 5974: Teaching Seminar (*Elective*)			X	X									X
HD 5754: Internship (Advanced Practical Experience)[a]	X	X	X	X	X	X	X	X	X	X	X	X	X

[a] The nature of each students' Advanced Practical Experience will determine which specific SLOs are addressed.

PHILOSOPHY OF SUPERVISION PAPER – EVALUATION CRITERIA
HD 6464: Clinical Supervision of MFT
Megan L. Dolbin-MacNab, PhD, LMFT

Domains	Rating	Comments
Evidence of systems thinking	0 1 2 3 4	
Clarity of purpose and goals for supervision	0 1 2 3 4	
Clarity of supervisory roles and relationships	0 1 2 3 4	
Evidence of awareness of personal and professional experiences that impact supervision	0 1 2 3 4	
Preferred supervision model and connection between own therapy model and supervision model	0 1 2 3 4	
Evidence of sensitivity to contextual factors (e.g., developmental phase of trainee, training setting, culture, ethnicity, race, sexual orientation, age, sex, gender, economics, etc.)	0 1 2 3 4	
Clarity of preferred processes of supervision (individual/group; live/audio/video/technology-assisted; frequency, contracting; evaluating)	0 1 2 3 4	

<mark>Evidence of sensitivity to ethics and legal factors</mark>	0 1 2 3 4	
Integrated MFT supervision literature	0 1 2 3 4	
Writing Conventions (i.e., grammar, spelling, punctuation, organization, clarity)	0 1 2 3 4	
APA Style (i.e., reference list, in-text citations, formatting)	0 1 2 3 4	

Overall Comments:

Notes:

- The evaluation criteria are adapted from the *AAMFT Approved Supervisor Designation: Standards Handbook (2021).*
- 0 = Not Present; 1 = Inadequate (e.g., named, but not defined); 2 = Fair (e.g., named and defined but not discussed/explained); 3 = Good (e.g., named, defined/explained, illustrated); 4 = Excellent (e.g., named, defined, discussed/explained, illustrated, integrated/synthesized). Ratings may also reflect subjective quality (e.g., critical thought, originality, creativity, etc.) of the articulation of each domain.

RESEARCH PROPOSAL EVALUATION CRITERIA
HD 6484: MFT Research
Originally Developed by: Megan L. Dolbin-MacNab, Ph.D., LMFT

Rating Scale: 1 (poor) – 5 (outstanding)

Dimensions	Description of Highest Performance	Comments:
Abstract	Abstract is a succinct and accurate statement (no more than 200 words) of the research question, its significance, the methods, and the implications of the potential findings.	**Rating: 1 2 3 4 5**
Problem Statement	The need for the research is clear, compelling, and convincing. The author has adequately described the nature and extent of the problem as well as the consequences of not addressing the problem.	**Rating: 1 2 3 4 5**
Literature Review	The literature review is comprehensive and makes a strong, logical argument for the research question(s). Relevant literature is critically evaluated for the purpose of justifying the research question/demonstrating the need for the study. An appropriate level of detail is present and all key terms are defined.	**Rating: 1 2 3 4 5**
Theoretical Orientation	An appropriate theoretical orientation is guiding the study. The discussion is appropriately detailed. The theory is clearly linked to the research problem and research question. It is readily apparent how the theoretical orientation informs the research question.	**Rating: 1 2 3 4 5**
Research Question(s)	The research question lends itself to empirical inquiry. It is neither overly simple, nor too complex. It is clear, specific, and focused. If applicable, appropriate, specific and concise hypotheses are also provided.	**Rating: 1 2 3 4 5**
Methodology	Methods are sound (i.e., no major inconsistencies or flaws), realistic, and allow the research question to be answered. There are no significant ethical issues present. All methodological decisions reflect (and are justified in the context of) the research problem, the population under investigation, or the research design. Methods are described in enough detail so that the study could be easily replicated. More specifically… _Sample:_ o Comprehensive description of the sample, including inclusion criteria, sample size, and recruitment. o The sampling and recruitment plan is rigorous and	**Rating: 1 2 3 4 5**

	appropriate for the research question. *Procedures:* o Procedures are ethical, and appropriate for the research question. Adequate detail is given. *Instrumentation/Measurement:* o Measures are appropriate for the population and will adequately measure concepts or constructs included in the research question. An adequate amount of detail about each measure is given. o If appropriate, issues of reliability and validity are addressed. Measures appear to have adequate reliability/validity. *Plan of Analysis:* o Plan of Analysis is correct, given the research question and research design. The analysis will allow the research question to be answered. o If needed, appropriate strategies for ensuring trustworthiness are included. o The plan of analysis is described in adequate detail.	
Reference List	Reference list is properly formatted (i.e., alphabetized and correct APA style) and includes a sufficient number of references. References are appropriate for an academic manuscript (i.e., academic journals and books, original sources).	**Rating: 1 2 3 4 5**
Conventions	Proposal is organized and easy to follow. Writing is clear and academic in nature. Proposal is written in future tense. Correct spelling, punctuation, and grammar. Minimal typographic errors. Correct use of APA style.	**Rating: 1 2 3 4 5**
Revision	The author has made an obvious effort to improve the proposal following the PDA and peer review process.[1]	**Rating: 1 2 3 4 5**

Comments:

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[1] For peer review: This does not mean that the author incorporated *all* peer suggestions, as some may not be relevant or appropriate. However, there is evidence that the author clearly worked to edit and polish the proposal between the peer review workshop and the final submission deadline.

Question 1

Please provide constructive feedback by responding to each of the following items. While you are encouraged to express your thoughts and opinions freely, keep in mind the Virginia Tech Principles of Community which support open expression within a climate of civility, sensitivity, and mutual respect.

If a course was taught by multiple instructors, you will be asked to respond to the same items for each instructor. For course-related items, please consider the nature of the course as it was taught by each named instructor.

Thank you for contributing to the goal of continuously improving teaching and learning at Virginia Tech.

Question 2

Please indicate the extent to which you agree or disagree with each of the following statements:

	(1) Strongly disagree	(2) Disagree	(3) Somewhat disagree	(4) Somewhat agree	(5) Agree	(6) Strongly agree
1A - The instructor was well prepared.	○	○	○	○	○	○
1B - The instructor presented the subject matter clearly.	○	○	○	○	○	○
1C - The instructor provided feedback intended to improve my course performance.	○	○	○	○	○	○
1D - The instructor fostered an atmosphere of mutual respect.	○	○	○	○	○	○
1E - Overall, the instructor's teaching was effective.	○	○	○	○	○	○

• Team Taught Question

Question 3

2A - What did the instructor do that most helped in your learning?

• Team Taught Question

Question 4

Please indicate the extent to which you agree or disagree with each of the following statements:

	(1) Strongly disagree	(2) Disagree	(3) Somewhat disagree	(4) Somewhat agree	(5) Agree	(6) Strongly agree
3A - I have a deeper understanding of the subject matter as a result of this course.	○	○	○	○	○	○
3B - My interest in the subject matter was stimulated by this course.	○	○	○	○	○	○

Question 5

4A - What could you have done to be a better learner?

Question 6

5A - Please add any additional comments regarding the course and/or instructor here:

• Team Taught Question

Question 7

6A - How would you rate the physical environment in which you took this class based upon your ability to see, hear, concentrate, and participate?

(1) Very Bad	(2) Bad	(3) Poor	(4) Fair	(5) Good	(6) Very Good
○	○	○	○	○	○

Question 8

7A - Please add any comments about the physical environment here:

VIRGINIA TECH
TECH.
College of Liberal Arts and Human Sciences

VIRGINIA TECH DEGREE PORTABILITY ACKNOWLEDGEMENT

Marriage and family therapy (MFT) is a profession that leads to licensure in all 50 states and the District of Columbia. MFT licensure is regulated at the state level, such that licensing regulations and requirements vary across states.

For MFT licensure, most states have educational requirements specifying required coursework in areas such as ethics, assessment and diagnosis, research, and family therapy theories. Most states also require a certain number of hours of clinical (therapy) experience to be completed under approved supervision. Not every state will accept a degree, coursework, and/or supervised clinical hours earned in another state. Given the variations in licensure regulations and requirements across states, it is your responsibility to review license requirements in the state you intend to practice as soon as possible so that you know what may or may not be accepted across state lines.

- Information about MFT licensure in Virginia: https://www.dhp.virginia.gov/counseling/
- Information about each state's licensure requirements: https://amftrb.org/resources/state-licensure-comparison/

A doctoral degree, with a specialization in marriage and family therapy, from Virginia Tech's Department of Human Development and Family Science, may facilitate licensure in terms of a state's educational or coursework requirements and supervised clinical experience. However, as the master's degree is typically the qualifying degree for MFT licensure, Virginia Tech's curriculum is not designed to meet the educational requirements for MFT licensure. Clinical hours and supervisory experience obtained during the doctoral program may count toward a state's supervised clinical experience requirements, but this may vary by state.

If you have any questions, please email the MFT Program Director, Dr. Megan Dolbin-MacNab, at mdolbinm@vt.edu

If you have no questions, please download, sign, and return this acknowledgement form to the MFT Program Director as an attachment to your acceptance email. Your acceptance to Virginia Tech cannot be finalized without completion and receipt of this form. It is recommended that you keep a copy of this form for your records.

In signing this form, I acknowledge that I have been informed of and am aware that licensing regulations differ across states. As outlined above, I understand that a doctoral degree, coursework, and supervised clinical experience from Virginia Tech may not meet the MFT licensing requirements in any given state.

Name (Printed):   _____

Signature: _____

Date: _____

Revised 9/24/21