



*Bobbi Miller, PhD, LMFT
Chair*

*Elizabeth Fawcett, PhD, LMFT
Chair-Elect*

*Christian Jordal, PhD, LMFT
Commissioner*

*Lee Johnson, PhD, LMFT
Commissioner*

*Daniel Lord, PhD, LMFT
Commissioner*

*Carol Messmore, PhD, LMFT
Commissioner*

*James Ungvarsky, PsyD, LMFT
Commissioner*

*David Van Dyke, PhD, LMFT
Commissioner*

*Yulia Watters, PhD, LMFT
Commissioner*

*Nancy Shankle Jordan, PhD
Public Member*

*Michael Westerfield, PhD
Public Member*

May 22, 2020

Dr. Naveen Jonathan
Marriage and Family Therapy Program
Chapman University (MA)

Dear Dr. Jonathan:

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), at its April 24-25, 2020 meeting, reviewed the Marriage and Family Therapy (MA) program at Chapman University for Renewal of Accreditation. This review included consideration of the program's Eligibility Criteria, Self-Study, COAMFTE's Self-Study Review Letter, Program's Additional Information, Site Visit Report, Program's Response to Site Visit Report, and any additional materials submitted by the program.

The Commission voted to grant Renewal of Accreditation for a period of seven (7) years, May 1, 2020 - May 1, 2027 with **Stipulations** on the following Key Elements:

Key Element III-E
Key Element V-C

The Commission's review of the program's Renewal of Accreditation materials is below:

ELIGIBILITY CRITERIA

Commission's Response:

The program provided sufficient information to meet all the Eligibility Criteria.

STANDARD I: OUTCOME-BASED EDUCATION

Key Element I-A: Outcome-Based Education Framework

The program has an overall outcome-based education framework that includes the following:

- *A description of the program's mission, and how it fits with the larger institutional setting of the program.*
- *Specific program goals (which describe broad aspirations for the program and for students/graduates of the program) are clearly derived from the program's mission and that*

promote the development of Marriage and Family Therapists (including knowledge, practice, diversity, research, and ethics competencies).

- *Measurable Student Learning Outcomes (SLOs) for each program goal.*
- *Programs must include SLOs that measure student/graduate achievement appropriate to the program's mission and goals.*
- *Specific assessment measures for operationalizing the achievement of Student Learning Outcomes (including student/graduate achievement) including targets and benchmarks. Measurement includes assessment of students' academic and professional competencies by the faculty and others, appropriate to the program's mission, goals, and outcomes.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of an outcome-based education framework that included alignment of institutional and program missions, mission implementation through five goals, eight student learning outcomes each aligned with and demonstrating achievement of a specific goal including required Student Achievement Criteria, and engagement of the required MFT competency areas. The program described measures with targets/benchmarks to evaluate its eight student learning outcomes organized within three program milestones (Advancement to Candidacy, comprehensive examination, and Capstone), selected segments of the Basic Skills Evaluation Device, and selected course projects. The Site Visit Team verified the evidence on-site.

Key Element I-B: Assessment Plan with Mechanisms and Timeline

The program has an overall assessment plan that includes:

- *Mechanisms in place for evaluating/reviewing the Student Learning Outcomes, including student/graduate achievements (utilizing specific measures identified in I-A).*
- *Mechanisms in place for evaluating student support services; curriculum and teaching/learning practices; fiscal and physical resources; technological resources; and instructional and clinical resources to determine sufficiency for attainment of targeted program outcomes.*
- *An assessment plan and corresponding timeline that addresses when, from whom, and how data is collected, and a description of how data will be aggregated and analyzed and the findings used for program improvement (feedback loop). The assessment plan should include a specific description of how the program will review and revise, as needed, their overall outcome-based education framework and assessment plan.*
- *The assessment plan must incorporate feedback from Communities of Interest (as defined in Key Element I-C).*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence that it collects and reviews student learning outcome data, program resources data, as well as data from Communities of Interests through identified, multiple assessment mechanisms. The program demonstrated an assessment plan with timetables for data collection, review, and action as needed. The Site Visit Team verified the evidence on-site.

Key Element I-C: Communities of Interest

The program identifies its Communities of Interest, obtains formal and informal feedback from them, and describes how they inform the program's mission, goals, and Student Learning Outcomes. Communities of Interest vary according to the program's mission, goals, and outcomes and may include, but are not limited to, students, administrators, faculty, supervisors, consumers, graduates, potential employers, germane regulatory bodies, germane private and public funding sources, and diverse, marginalized, and/or underserved groups within these communities.

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of identified Communities of Interest with which it intentionally interacts through a defined structure and schedule for input, including a semi-annual Communities of Interest meeting to which representatives of all Communities of Interest are invited. These communities include collaborations with Chapman University's Physical Therapy training contexts and a system for client feedback in its own campus clinic, all that include diverse, marginalized, and/or underserved groups. The Site Visit Team verified the evidence on-site.

STANDARD II: COMMITMENT TO DIVERSITY AND INCLUSION

Key Element II-A: Multiculturally-informed Education Approach

The program has a multiculturally-informed educational approach that includes:

- 1) specific program goals with specific Student Learning Outcomes reflecting a commitment to diversity and inclusion;*
- 2) an overarching definition of diversity; and*
- 3) curriculum elements with accompanying teaching/learning practices consistent with the program's mission. The educational approach includes the teaching of ideas and professional practices for MFTs that address a range of diversity, including (but not limited to) race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual, and/or political beliefs, nation of origin or other relevant social categories, immigration or language.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of a specific goal and student learning outcome on multicultural education and diversity. The program uses the university's definition of diversity within its handbook, policies, and marketing materials. The program addresses diversity topics, concepts, and competencies across its 18 courses. The Site Visit Team verified the evidence on-site.

Key Element II-B: Program Climate of Safety, Respect, and Appreciation

- The program has demonstrated systematic efforts and has an ongoing comprehensive strategy in place to attract and retain a diverse student body, faculty, and supervisors.*

- *The program demonstrates a climate of safety, respect, and appreciation for all learners including those from diverse, marginalized, and/or underserved communities, and has mechanisms in place for evaluating the climate and responding to any feedback regarding the climate.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of efforts and plans to address diversity within its personnel and students. The program presented evidence of commitment to a climate of safety, respect, and appreciation for all learners in its program materials and handbook, and evaluation through the Academic Support Services and Physical Resources survey. The Site Visit Team verified the evidence on-site.

Key Element II-C: Experience with Diverse, Marginalized, and/or Underserved Communities

The program demonstrates student experience in Couple or Marriage and Family Therapy practice with diverse, marginalized, and/or underserved communities. Experiences may include:

- 1) *professional activities (such as therapy, research, supervision, consultation, teaching, etc.) with diverse, marginalized, and/or underserved communities; and/or*
- 2) *other types of activities (such as projects, service, interviews, workshops, etc.), as long as the program can demonstrate that the experience is directly related to MFT activities, and students are in interaction with members of these communities.*

Commission's Response:

The program meets the requirements of this Key Element. The program described its location as one of the most culturally diverse areas of the nation and presented evidence of maximizing its students' exposure to diversity through its campus clinic, practicum collaborations, and focused assignments within at least five courses. The Site Visit Team verified the evidence on-site, including attention to multi-cultural education across 18 courses.

STANDARD III: INFRASTRUCTURE AND ENVIRONMENTAL SUPPORTS

Key Element III-A: Fiscal and Physical Resources

The program demonstrates that fiscal and physical resources are sufficient to achieve the program's mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of two budgets for supporting its mission, goals, and student learning outcomes along with university resources. The program demonstrated use of sufficiency criteria for meeting its mission, goals, and student learning outcomes and two surveys used for measurement of these criteria. The program provided examples of how the review process using these data was used for program improvement. The Site Visit Team verified the evidence on-site.

Key Element III–B: Technological Resources

The program demonstrates that technological resources (e.g., laptops, audio/visual equipment, EMRs and Billing Systems, Virtual Meeting Space) are secure, confidential, Health Insurance Portability and Accountability Act compliant (if relevant), and sufficient to achieve the program’s mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

Commission’s Response:

The program meets the requirements of this Key Element. The program demonstrated use of sufficiency criteria for technological resources in order to meet its mission, goals, and student learning outcomes, as measured through three items on the Academic Support Services and Physical Resources Survey and reviewed by core faculty. The program stated it was not required to be HIPAA compliant and presented program policies and actions to ensure confidentiality. The Site Visit Team reviewed and confirmed the Program Director’s report that the program is a non-covered entity and therefore not subject to HIPAA regulations because there is no electronic submission of Protected Health Information and all electronic files of video recordings are securely stored and only accessible on computers in the clinic. Also, the Commission notes that the program’s Self Study’s Introduction describes program improvement plans to implement an Electronic Health Record (EHR) in the Frances Smith Center, and requests that the program provide an update in its Annual Report for Maintenance Criterion A regarding its compliance with HIPAA regulations when completed.

Key Element III-C: Instructional and Clinical Resources

The program demonstrates that instructional and clinical resources (e.g., space, personnel, supplies) are sufficient to enable the program to meet the program’s mission, goals, and outcomes. These resources are reviewed, revised as needed, and support program effectiveness.

Commission’s Response:

The program meets the requirements of this Key Element. The program provided evidence of instructional and clinical resources including budget lines in two separate budgets, a definition of sufficiency and two criteria for measurement that included four items on the Academic Support Services and Physical Resources Survey, one data set of scores on these items, and core faculty minutes from the meeting in which these data were reviewed. The Site Visit Team verified the evidence on-site.

Key Element III-D: Academic Resources and Student Support Services

The program demonstrates that academic resources (e.g., library, advising, writing centers) and student support services (e.g., access to counseling, financial advising) are accessible to students and sufficient to achieve the program’s mission, goals, and outcomes. These resources are reviewed based on core faculty and student input, and the program takes action or advocates for institutional change to address areas required for program effectiveness.

Commission’s Response:

The program meets the requirements of this Key Element. The program provided evidence of eight academic and student support resources that it promotes to students through student orientation and information from program faculty and leadership. The program provided a definition of sufficiency, measurement through eight items on the Academic Support Services and Physical

Resources Survey, one data set based on the 2018 Summer Survey, and core faculty meeting minutes noting data review. The Site Visit Team verified the evidence on-site.

Key Element III-E: Faculty Qualifications & Responsibilities

The faculty roles, in teaching, scholarship, service, and practice are identified clearly and are congruent with the program's mission, goals, and outcomes.

- *The faculty members are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The qualifications must be identified in documented descriptions of roles and responsibilities. Faculty members must have documented expertise in their area(s) of teaching responsibility and knowledge of the content delivery method (e.g., distance learning).*
- *The program must demonstrate that it has mechanisms for reviewing and evaluating faculty effectiveness in support of the program's mission, goals, and outcomes. Faculty evaluations include explicit links to the program's mission, goals, and outcomes.*

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated evidence of the university's faculty role expectations and evaluation processes as presented in the university's faculty handbook. The program provided narrative describing alignment of program goals with faculty roles in teaching, practice, diversity, ethics, and research. The program provided a Faculty Summary Table, descriptions of core faculty experience in teaching, practice, service, and research, percentage of course instruction by core faculty vs. non-core, and vitae. The program identified four measures for evaluating faculty effectiveness, including Student Evaluation of Teaching, Graduate Program Exit Survey, Peer Evaluation of Faculty Teaching, and the university-level Annual Report, Critical Year Review and Promotion Process. The Site Visit Report verified evidence of faculty qualifications, roles, and use of faculty evaluation measures as described. The program needs to provide evidence of a specific mechanism that produces data specific to faculty effectiveness in support of program mission, goals, and outcomes that can be aggregated for program analysis, review, and improvement actions as needed by the program in Key Element V-C.

Key Element III-F: Faculty Sufficiency

The faculty must be sufficient in number with a faculty-student ratio that permits the achievement of the program's mission, goals, and outcomes and ensures that student educational needs are met. These resources are reviewed, revised as needed, and support program effectiveness.

- *The program must have sufficient core faculty members who are knowledgeable and involved in ongoing program development, delivery, and evaluation required to achieve the program's mission, goals, and outcomes.*
- *The program must have a stated process for evaluation of ongoing sufficiency of faculty resources.*
- *The program must demonstrate there are sufficient faculty and effective linking mechanisms with feedback loops, such as regular coordination, meetings, and/or communication, to connect and involve all faculty members in the achievement of expected and actual Student Learning Outcomes of the program.*

- *The program is permitted to use a combination of full-time, part-time and/or multiple adjuncts.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of a faculty-student ratio for instruction of 1:22 and defined its sufficiency through a response target percentage on items in the Academic Support Services and Physical Resources Survey and the MFT Program Exit Survey. The program defined faculty resources as supplies/funding for faculty needs related to faculty effectiveness and described a process for such requests. The program described how core faculty, non-clinical/adjunct faculty, supervisor, and persons from Communities of Interest regularly meet for in input/feedback regarding program matters and achievement of goals and outcomes. The Site Visit Team verified the evidence on-site.

Key Element III-G: Governance of Program

Roles of faculty and student participation in the governance of the program are clearly defined and enable the program to meet the program's mission, goals, and outcomes.

The program must describe decision-making processes and procedures at the program and institutional levels regarding the operation of the program that support program effectiveness.

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of seven identified program faculty or student groups as presented in the MFT Program Handbook (p.8) and their specific governance roles in support of program achievement and improvement. The program described formal decision-making processes for supporting program operations and effectiveness at the institutional level. The program also described an informal process by which any of the seven groups may identify a matter/concern for program attention and action. The Site Visit Team verified the evidence on-site.

Key Element III-H: Supervisor Qualifications & Responsibilities

Supervisors must be AAMFT Approved Supervisors or meet the supervisor equivalency definition in the glossary. Supervisor roles, as distinguished from teaching faculty, are identified clearly and are congruent with the program's mission, goals, and outcomes.

- *Supervisors are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The qualifications must be identified in documented descriptions of roles and responsibilities.*
- *If supervisor equivalency is used, there must be full disclosure to students in order for them to make informed decisions and evaluate regulatory implications for other states/provinces/locations.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence that the program defines the distinct role of supervisors in the MFT Program Handbook and demonstrates qualifications aligned with program goals. The Site Visit Team verified the evidence on-site.

Key Element III-I: Supervisor Sufficiency

Supervisors must be sufficient in number with a supervisor-student ratio that permits the achievement of the program's mission, goals, and outcomes, especially Student Learning Outcomes. Supervisory resources are reviewed, revised as needed, and support program effectiveness.

- *The program must have a stated process for evaluation of ongoing sufficiency of supervisor resources.*
- *The program must demonstrate there are sufficient and effective linking mechanisms with feedback loops, such as regular coordination, meetings, and/or communication, connecting and involving all supervisors in the achievement of expected and actual achievement of Student Learning Outcomes within the program.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence that the program uses a supervisor-supervisee ratio of 1:4 to determine sufficiency and evaluation/feedback processes to assess adequacy of supervisor skills beyond the required qualifications. Supervisors meet monthly to address program operations and improvement as demonstrated by minutes from April 22, 2018. The Site Visit Team verified the evidence on-site, including minutes of these ongoing meetings.

STANDARD IV: CURRICULUM

Key Element IV-A: Curriculum and Teaching/Learning Practices

The program must provide:

- *A description of the logical sequencing of the curriculum and practice components, including rationale for how the program's goals and accompanying Student Learning Outcomes fit within the program offered (e.g., where goals and outcomes are addressed and assessed within the curriculum).*
- *A description of key teaching/learning practices used to accomplish program goals, and Student Learning Outcomes.*
- *A description of processes and procedures to ensure and monitor student progress and completion of requirements.*
- *A description of governance processes and procedures for designing, approving, implementing, reviewing, and changing the curriculum.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of a curriculum design that sequences foundational coursework prior to practicum entry through the Advancement to Candidacy process. The program described ongoing processes to monitor student progress completed by the MFT Program Manager and also weekly supervision documents. The program described the program personnel and processes used for curriculum design, review, and change, supported by a specific example with accompanying documentation. The Site Visit Team verified the evidence on-site.

Key Element IV-B: Foundational and Advanced Curricula

Foundational Curriculum

The foundational curriculum covers the knowledge and skill required to practice as a MFT by covering the Foundational Curricular Areas below.

- *Master's degree program must demonstrate that they offer course work that covers all the FCAs that make up the foundational curriculum.*
- *Doctoral degree programs must demonstrate that they offer course work and/or that students have completed course work, in all the areas contained in the foundational curriculum or that students demonstrate competence in those areas.*
- *Post-degree programs must demonstrate that they offer course work and/or that students have completed course work in all the areas contained in the foundational curriculum, or that students demonstrate competence in those areas.*
- *Programs may combine more than one of these foundational curriculum areas into a single course, as they build their curriculum in ways that are congruent with the program's mission, goals, and outcomes.*
- *Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals and outcomes. Programs may include another layer of requirements based on a specialization or emphasis (e.g., faith-based orientation, licensure laws, specialized certification, and so on) as long as there is a clear rationale and relational/systemic philosophy in the majority of the program.*
- *Minimum semester/quarter credits or equivalent clock hours are established for the first seven curricular areas. Programs may choose what combination of additional area 1 through 7 semester/quarter credits or equivalent clock hours beyond the individual area minimums will be taught consistent with their program's mission, goals, and outcomes.*
- *Programs must require students to develop and/or present an integrative/capstone experience before completion of their degree program as part of the foundational curriculum below. Programs must decide how to meet this requirement in keeping with the program's mission, goals, and outcomes. Examples include: a theory of change/therapy theory presentation/paper, a thesis, a therapy portfolio, or a capstone course.*

FCA 1: Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours)

This area facilitates students developing competencies in the foundations and critical epistemological issues of MFTs. It includes the historical development of the relational/systemic perspective and contemporary conceptual foundations of MFTs, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial perspective.

FCA 2: Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours)

This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex

couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.

FCA 3: Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in understanding and applying knowledge of diversity, power, privilege and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families as well as anti-racist practices.

FCA 4: Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

FCA 5: Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses the development of a MFT Identity and socialization, and facilitates students developing competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

FCA 6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

FCA 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates students developing competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a relational/systemic philosophy.

The following areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

FCA 8: Contemporary Issues

This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes

such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes. Programs are encouraged to innovate in this Foundational Curricular Area.

FCA 9: Community Intersections & Collaboration

This area facilitates students developing competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in multidisciplinary collaboration.

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of how its curriculum meets the required foundational curriculum areas and how its capstone experience is structured to integrate student learning in support of program goals and student learning outcomes. The Site Visit Team verified the evidence on-site.

Key Element IV-C: Foundational and Advanced Application Components

The program must demonstrate they offer an application component with appropriate placement in the curriculum, duration, focus, and intensity consistent with their program's mission, goals, and outcomes.

Foundational Practice Component

- *Master's degree program and Post-degree programs that teach the foundational curriculum offer the foundational practice component (practicum and/or internship).*
- *Includes a minimum of 500 clinical contact hours with individuals, couples, families and other systems physically present, at least 40% of which must be relational. The 500 hours must occur over a minimum of twelve months of clinical practice. The 500 hours may include a maximum of 100 alternative hours or clinical activity (e.g., couple or family groups, live cases where reflecting teams are directly involved in working with clients, etc.) that is directly related to the program's mission, outcomes, and goals. Alternatively, the program may demonstrate that graduating students achieve a competency level equivalent to the 500 client contact hours. The program must define this competency level and document how students are evaluated and achieve the defined level. The program demonstrates a consistent set of evaluation criteria for achieving the defined level of competency across all students. In addition, programs that do not require 500 hours must document that students are informed about licensure portability issues that may result from not having 500 hours. Those programs requiring less than 500 hours may not use alternative hours to count toward total client contact hours.*
- *The program demonstrates a commitment to relational/systemic-oriented supervision. Students must receive at least 100 hours of supervision and must receive supervision from an AAMFT Approved Supervisor or Supervisor Candidate for at least one hour each week in which they are seeing clients. Additional supervision may be provided by AAMFT Approved Supervisors, Supervisor Equivalents, or State Approved Supervisors. Supervision can be individual (one*

supervisor with one or two supervisees) or group (one supervisor and eight or fewer students) and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.

- *Programs have agreements with practice sites that outline the institutions', the practice sites' and the students' responsibilities, and published procedures in place for managing any difficulties with sites, supervisors, or students.*

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of implementing a competency model as described in the Key Element for the Foundational Practice Component, requiring 300 client contact hours inclusive of 120 relational hours (40%). The program presented a design of competency-based evaluations by which it demonstrates student clinical competency equivalent to outcomes at the 500/200 clinical hour level as measured by Student Learning Outcome 8. Also, the program reported use of separate definitions and tracking systems for the required COAMFTE client contact experience, and State of California MFT licensing requirements that allow clinically related student experiences not accepted by COAMFTE Standards Version 12. Also, the program demonstrated clinical supervision delivery as required by the Key Element. The Site Visit Team verified information across these multiple areas on-site.

Key Element IV-D: Program and Regulatory Alignment

The program demonstrates that graduates have met educational and clinical practice requirements (e.g., coursework, clinical experience, and supervision) that satisfy the regulatory requirements for entry-level practice in the state, province, or location in which the program physically resides or in which the student intends to practice. Programs must also document that students are informed (e.g., demonstrate review of appropriate regulatory sites or licensing laws) about the educational, clinical, and regulatory requirements for entry-level practice in the state, province, or location in which each student resides or intends to practice.

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of the degree meeting California licensing requirements and of orienting students to the process for determining licensing requirements in other states where they might plan to practice. The Site Visit Team verified the evidence on-site.

Key Element IV-E: Curriculum/Practice Alignment with Communities of Interest

The program demonstrates that it considers the needs and expectations of identified Communities of Interest in developing and revising its curriculum and application component.

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of mechanisms for receiving feedback from its communities of interest and provided evidence of two examples of this feedback resulting in curricular change. The Site Visit Team verified the evidence on-site.

STANDARD V: PROGRAM EFFECTIVENESS AND IMPROVEMENT

Key Element V-A: Demonstrated Student/Graduate Achievement

The program provides aggregated data regularly collected on student/graduate achievement.

Commission's Response:

The program meets the requirements of this Key Element. The program described the processes by which it collects and reviews data. The program presented data collected by the university to demonstrate graduation rate and by the Annual Alumni Survey to demonstrate remaining criteria to ensure these targets and benchmarks were being met. The Site Visit Team verified the evidence on-site.

Key Element V-B: Demonstrated Achievement of Program Goals

The program describes how data was analyzed and provides aggregated data that demonstrates achievement of each program goal via data from measured Student Learning Outcomes, based on targets and benchmarks provided in the program's outcome-based education framework—data from Student Learning Outcomes demonstrate that the program is meeting program goals.

Commission's Response:

The program meets the requirements of this Key Element. The program described the process of transition to Standards Version 12 that included instituting several new assessment measures during 2017. Also, the program provided evidence of revising its Outcome-Based Education Framework to include new Student Learning Outcome 8, to measure student clinical competency within the program's alternative clinical competency model. Student learning outcome data were presented for all outcomes with a very limited number of years for analysis due to the transition to Standards Version 12. Data indicated the program was achieving its student learning outcomes across all measures with two exceptions, which the program addressed. The Site Visit Team verified the evidence on-site.

Key Element V-C: Demonstrated Achievement of Faculty Effectiveness

The program must demonstrate faculty effectiveness in achieving the program's mission, goals, and outcomes.

- *The program provides aggregated data that demonstrates the Program Director provides effective leadership for the program to achieve its program's mission, goals, and outcomes.*
- *The program provides aggregated data that demonstrates the performance and achievements of faculty that support attainment of the program's mission, goals, and outcomes.*

Commission's Response:

The program does not meet the requirements of this Key Element. The program indicated evidence of evaluating the effectiveness of the program director, faculty, and supervisors through questions on the Academic Support Services and Physical Resources Annual Survey regarding faculty effectiveness in meeting the program's mission, goals and student learning outcomes. The program reported items/data evaluating effectiveness of faculty and supervisors through the student course evaluation tool and the supervisor evaluation, all reviewed by the Program Director for follow-up action as needed. The program also described the University's Annual Report content and process and stated that it included evaluation of faculty effectiveness by meeting or exceeding university expectations for teaching, scholarship, and service. The program needs to provide evidence of collecting, aggregating, and analyzing data specific to faculty effectiveness in support of program mission, goals, and outcomes from program-specific evaluation mechanism(s) described in Key Element III-E. The program also needs to provide evidence of reviewing this data for program improvement as needed.

Key Element V-D: Demonstrated Program Improvement

The program demonstrates how evidence is used to maintain the achievement of Student Learning Outcomes and/or foster program improvement with plans for future improvement based on the evidence. Evidence includes but is not limited to findings regarding program goals and outcomes, student/graduate achievement, Communities of Interest, and evaluations (as described in the assessment plan) of curriculum and teaching/learning practices; fiscal and physical resources; technological resources; instructional and clinical resources; academic resources; and student support resources. Data should demonstrate that the program is meeting its goals and outcomes, especially specified targets and benchmarks and if not, what plans the program has for meeting or modifying its goals.

Commission's Response:

The program meets the requirements of this Key Element. The program provided evidence of reviewing outcome data on all student learning outcomes and the six required resource areas noting continued monitoring where benchmarks were met, and corrective action taken for two student learning outcome measures whose targets were missed.

NOTE: Consistent with the COAMFTE Corrective Action Policy (COAMFTE Accreditation Manual: Policies and Procedures, pp. 20-21), COAMFTE accredited programs carrying stipulations will have a maximum of two years from the date of stipulation to come into compliance with the standards. Year One will include Imposing of Stipulations; Year Two will include Probation and hosting a Focused Site Visit. Programs that fail to rectify such compliance issues will be subject to revocation of accreditation status at the beginning of Year Three.

Please note that the program is now in its Year 1 – Impose Stipulations stage. Consistent with the Corrective Action Policy, programs must submit a compliance report addressing deficiencies by the noted deadline, review accreditation materials, and consult with Accreditation Staff. Additionally, it is recommended that the program attend accreditation trainings and seek consultation from an external consultant (a list of consultants can be obtained from the Accreditation Office).

Programs may elect to submit their response to stipulations earlier, for an interim review, to clear their stipulations. The interim response can only be submitted during the first year of the Corrective Action Policy. Following the interim response, programs will continue to report on the established timeline. Programs interested in submitting an interim response should contact COAMFTE staff to confirm the submission deadline.

Program's Response to Stipulations Instructions:

- 1) Program's response should address all Key Elements that have Stipulations and include definition of all referenced Key Elements.
- 2) Program's response should not refer to previously submitted documents (Eligibility Criteria, Self-Study, appendices, etc.).
 - *Programs may provide additional information as supporting evidence of the program's response.*
- 3) Program's Response to Stipulations and any supporting documentation must be in one document, in a PDF format with bookmarks linked to the individual components. The bookmarks MUST follow the order of the individual components. The PDF document must not exceed 30 MB in size.
- 4) Program's Response to Stipulations must be submitted on or before the due date to coa@aamft.org.

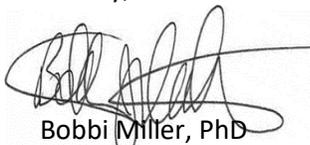
The following documents must be submitted in the required format by the noted deadlines:

Document	Submission Deadline
<i>Interim Response to Stipulations (optional)</i>	<i>July 31, 2020</i>
Response to Stipulations	January 31, 2021
Annual Report	

In accordance with COAMFTE policy, the program will need to submit an Annual Report on January 31st of every year of your accreditation term.

Please feel free to contact the Accreditation Office by e-mail at coa@aamft.org or by phone at (703) 253-0448 if you have further questions or if you would like any additional information.

Sincerely,


Bobbi Miller, PhD
COAMFTE Chair


Jill Fogolin
Director of Accreditation