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May 7, 2019

Dr. Donna Tonrey  
Marriage and Family Therapy Program  
LaSalle University (MA)

Dear Dr. Tonrey:

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), at its April 12-13, 2019 meeting, reviewed the Marriage and Family Therapy (MA) program at LaSalle 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 six (6) years, May 1, 2019 - May 1, 2025 with **Stipulations** on the following Key Elements:

|                   |                   |
|-------------------|-------------------|
| Key Element II-B  | Key Element III-G |
| Key Element III-C | Key Element IV-E  |
| Key Element III-D | Key Element V-A   |
| Key Element III-E | Key Element V-D   |
| Key Element III-F |                   |

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 overall outcome-based education framework with specific program goals, measurable student learning outcomes, and specific assessment measures. Student learning outcomes have been assigned to program goals. Each student learning outcome and student/graduate achievement has specific targets and benchmarks so as to enable the program to monitor whether or not program goals are being achieved.

**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 of an assessment plan through which the program gathers data so as to measure achievement toward identified targets on: student learning outcomes; university and program level resources (technological, physical, financial, instructional, clinical, student support); student and graduate achievement, graduate satisfaction and performance, faculty and program director performance, retention rates, LMFT exam pass rates, licensure rates, etc. as the program needed to implement the

program's goals. The program provided a description that the data are analyzed, interpreted, and discussed by both the MFT Faculty retreat participated and data are evaluated by the MFT Professional Development Committee which then determines if benchmarks have been met, if changes are needed, and make recommendations about improvements and changes are made to the Steering Committee. The program provided evidence that a description of this Assessment Process has been published in the MFT Student Handbook.

**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 identifying its Communities of Interest, having formal and informal mechanisms for obtaining feedback from all identifiable persons within these Communities (so as to include all persons who could be members of marginalized and underserved groups). Mechanisms for obtaining feedback described how the feedback would be asked in a way so that data can inform the program's mission, goals, and Student Learning Outcomes. The Commission encourages the program to ensure that if at any time the current active people who can be surveyed do not come from groups previously identified by the program as marginalized and underserved and yet a part of the program's identified Communities of Interest, that the program have a mechanism and plan to retain these communities' feedback.

**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 revised diversity statement, specific program goals and student learning outcomes in both the curriculum and the clinical training components of the training. The curriculum elements and accompanying teaching and learning practices are presented as consistent with the program's mission and goals. The program's educational approach addresses a range of diversity in professional practice.

**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 does not meet the requirements of this Key Element.

The program described a university plan for recruiting and retaining diverse students and a program-level plan. The program did not describe a program-level plan for recruiting and retaining diverse faculty and supervisors. The program reports using the university level protocols for reporting harassment, sexual misconduct, and discrimination and the site team verified the publications cited in the program's Self Study.

The program indicated that it had a new student satisfaction survey, within which there are two items meant to measure students' satisfaction with: climate of safety, and faculty respect and appreciation for all learners. The program indicated that these data go through the same evaluation process as described in Key Element I-B and identified benchmarks at 80% of students for each item for each survey cycle of data collection and aggregation. The program met the benchmark on faculty respect for all learners but not on climate of safety.

The program needs to provide evidence of program-level policies and procedures for supporting a climate of safety of all learners, including learners who come from various types of marginalized communities. The program needs to provide evidence of published program process on how it responds to data gathered to measure this construct, especially when results are below the benchmark. The program also needs to provide evidence that this process has been used and what the program intends to do, given the program did not meet the benchmark on the climate of safety item.

In addition, the Commission requests that the program provide evidence of measures specific to this Key Element to survey how "the program demonstrates a climate of safety, respect, and appreciation for all learners including those from diverse, marginalized, and/or underserved communities."

**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 provided evidence of coursework and clinical experiences that expose the learners to concepts of human diversity, examples from human experience and cultures, and provides opportunities to work with people from a breadth of diverse communities and identities. The site visit team verified the syllabi and clinical experience descriptions on site. In the program's response to the site visit report, the program provided a new diversity statement to be published in the new MFT student handbook including its online version. The Commission applauds the program for its plan to design a program diversity and inclusivity plan, and such a plan might fit under the program's response to Key Element II-B.

**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 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.

The Commission noted that some persons from the program's communities of interest indicated that more resources were needed for program marketing.

**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 provided evidence that there are policies and protocols to ensure that technological resources are secure, confidential, and Health Insurance Portability and Accountability Act compliant. The program provided evidence that

technological resources, including technology-based survey and analysis software, are sufficient to achieve the program's mission, goals, outcomes, and to complete the assessment plans therein. These resources are reviewed, revised as needed, and support program effectiveness.

**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 does not meet the requirements of this Key Element. The program indicated 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. However, the program needs to provide evidence of measures (e.g., student surveys) to assess sufficiency of the program's instructional and clinical resources rather than satisfaction with resources.

**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 does not meet the requirements of this Key Element. The program indicated that the 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. In addition, the program indicated that when resources are deemed insufficient for students' and core faculty success, or when the program is unable to achieve the program's mission, goals, or outcomes, the program takes action or advocates for institutional change to address areas required for program effectiveness.

The program needs to provide evidence that the faculty and supervisors have a formal process to provide feedback as to whether the academic resources (library, writing centers, computer centers) and student support services are sufficient and accessible to the students.

In addition, the program needs to provide evidence of measures (e.g., student surveys) accessing sufficiency of the academic resources and student support services rather than satisfaction with the resources and services.

### **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 that faculty are evaluated by using the program's new Faculty Evaluation Rubric. The program needs to provide evidence of using the new process/protocol for reviewing and evaluating faculty effectiveness in support of the program's mission, goals, and outcomes, including evidence (like meeting minutes or a report) that faculty were apprised of the results of the process and any roles or faculty assignments that were changed, fine-tuned, or developed as a result. The process should include a timeline for implementation; where the process/protocol is published; and which Communities of Interest are apprised of the process.

### **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 does not meet the requirements of this Key Element. The program provided evidence of a process of determining faculty sufficiency based on the evaluation of faculty knowledge and experience and that it uses a time-equivalency evaluation and faculty credit delivery report to determine faculty sufficiency for covering courses and supervision. The program reported that the MFT Professional Development and Curriculum Committee has a process by which to ask for

additional FTE from the Dean. The program described committees, a summer faculty retreat, and faculty meetings.

The program needs to provide evidence of how faculty sufficiency is determined to achieve the program's targets and student learning outcomes that includes both the description of the process and how that process involves all faculty.

**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 does not meet the requirements of this Key Element. The program described the decision-making processes and procedures at the program and institutional levels regarding the operation of the program that support program effectiveness. The program described the roles of the Program Director, program faculty and one student serving on committees and/or in faculty meetings.

The program needs to provide evidence of a process by which students have a sustained and consistent role in the governance of the program. The program must provide information how student roles in the governance of the program are clearly defined and enable the program to meet the program's mission, goals, and outcomes.

**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 of one core faculty member screening and maintaining responsibility for assuring all supervisors are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The Commission requests that the program provide current CVs with supervisor qualifications for Cheryl Foxworth, Christine Moriconi, and Phil Apostol.

### **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 of a process for evaluation of supervisor sufficiency in the achievement of student learning outcomes.

## **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 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; key teaching and learning practices in the syllabi; and a description of governance processes.

### **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.*

- *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 logical sequencing of the courses.

**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 requiring a clinical component of 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 program requires 100 hours of supervision that includes weekly supervision from an AAMFT Supervisor or Supervisor Candidate, and this requirement has been added to the students' MFT Handbook. Alternative hours follow COAMFTE guidelines.

**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 graduates that have met educational and clinical practice requirements and that students are informed about educational, clinical, and regulatory requirements for entry-level practice in the state or location in which each student resides or intends to practice.

**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 does not meet the requirements of this Key Element. The program demonstrated a plan of assessment that included data from various Communities of Interest as described in Key Element I-C, but Key Element IV-E requires the program to prove that input from the program's Communities of Interest about the curriculum and clinical practice teaching and learning experiences that have been solicited, reviewed, and used to improve curriculum and clinical training when deemed necessary. Although the program wrote in the Self Study that it planned to include items in their new student survey, the site visit team could not find items on the program's new student survey specifically related to sufficiency of the curriculum and clinical application courses.

The program needs to provide data from their Communities of Interest from whom it gathers, aggregates and/or analyses data, discusses the analyzed data, designs a plan of action for developing and revising the program's curriculum and application components. Such a plan would include a distribution of information to the program's Communities of Interest, about developing and/or revising the program's curriculum and clinical application components, and a description of this process would be written down and include a timeline for how often the program anticipates using the process.

## **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 does not meet the requirements of this Key Element. The program indicated data on student/graduate achievement have been collected and an assessment plan is in place. The program needs to provide evidence of having aggregated data on student/graduate achievement in preparation for the review covered in Key Element V-D, and that it has shared this plan with the relevant (chosen by the program) Communities of Interest. The plan will include a timeline for how often data are collected and reviewed.

### **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 provided evidence of following their assessment plan of student learning outcomes. The program collected data from measured student learning outcomes, based on their described targets and benchmarks, aggregated and analyzed the data and that the analyses showed that targets and benchmarks had been met.

### **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 meets the requirements of this Key Element. The program provided evidence of evaluation of both the program director and program faculty that included aggregated data that demonstrated performance and achievements that support attainment of the program's mission, goals, and outcomes; review of data; and adjustments when deemed necessary to sustain attainment of the program's mission, goals, and outcomes.

### **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 does not meet the requirements of this Key Element. The program provided evidence that included findings regarding program goals and student learning outcomes, 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. The program provided evidence of that data of these areas have been collected, aggregated, evaluated, discussed, used to inform the program, and shared as needed. Data demonstrate that the program is meeting its mission, goals, and outcomes including the student learning outcome data target and benchmarks.

The program needs to provide evidence that the program's graduates' outcome data have been aggregated, evaluated, discussed, used to inform the program effectiveness, and the results of the data evaluation have been shared as needed. The process has been used to demonstrate the program is meeting (or the program has been adjusted that it can better meet) its mission, goals, and outcomes.

***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](mailto:coa@aamft.org).

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

| <b>Document</b>                                    | <b>Submission Deadline</b> |
|--|----------------------------|
| <i>Interim Response to Stipulations (optional)</i> | <i>July 31, 2019</i>       |
| Annual Report                                      | July 31, 2019              |
| Response to Stipulations                           | January 31, 2020           |

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

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

Sincerely,



Dale Hawley, PhD  
COAMFTE Chair



Tanya A. Tamarkin  
Director of Accreditation