



Marriage and Family Therapy
Master's Program Handbook

Mount Mercy University
Fall 2026

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Welcome Letter

Welcome to the Marriage and Family Therapy Program at Mount Mercy University. You are about to embark on an educational journey that is intended to touch every aspect of your life while preparing you for a career as a marriage and family therapist. The faculty members are excited to welcome you into the program and look forward to joining you on this journey.

This handbook is important to your progress in the graduate program. It introduces you to important policies and procedures and contains useful information to guide you through coursework and other requirements for successful degree completion. Please review this information thoroughly and refer to this handbook when future questions arise. This handbook is meant to supplement the University Catalog and other Mount Mercy publications. Each of these publications is updated annually and can be found on the Mount Mercy web page.

For the last 2 years, Mount Mercy University and Saint Ambrose University have been engaged in a process of strategically combining. We anticipate that this combination will be approved by the Department of Education and subsequently finalized at some point in the upcoming academic year. At such time, we will officially become a program of Saint Ambrose University, located at the Mount Mercy Campus. I and other university leaders at both Saint Ambrose and Mount Mercy have been in communication with our specialized accreditor, the Commission of Accreditation for Marriage and Family Therapy (COAMFTE) regarding what COAMFTE requires as part of this merger process. We are confident that our status as a COAMFTE-accredited program will remain unchanged when the combination is finalized. We will continue to keep you informed regarding the combination process. Please know that I am happy to address any related questions you might have.

Although written information is helpful and should be referenced to as needed, there is no substitute for personal contact. You are encouraged to seek assistance as needed from faculty and staff as you progress through the program. As program director for the Marriage and Family Therapy Program, I will serve as your academic advisor throughout your enrollment in the master's program. Please know that my door is always open to you.

Best,

Douglas McPhee, Ph.D., LMFT

A handwritten signature in black ink, appearing to read 'Douglas McPhee', written in a cursive style.

MFT Program Director

The Mount Mercy University: Marriage and Family Therapy Program Acknowledgment of Land and Sovereignty

The Mount Mercy University: Marriage and Family Therapy Program is located on the homelands of, Sioux Sisseton Bands, Sioux Wahpeton Bands, Sioux Medewakanton, Meskwaiki (Sac and Fox of the Mississippi), Ho-chunk (Winnebago), Chippewa, Ottawa, Potawatomi, and Ioway (See Appendix A). The following nations continue to exist within the State of Iowa and we acknowledge them (Meskwaiki (Sac and Fox of the Mississippi), Sioux, Cherokee, Mexican American Indian, Chippewa, Apache, Yup'ik, Inupiat, Omaha (U-Mo'-Ho'n), Ponca, Ho-chunk (Winnebago) (See Appendix B). As part of an academic institution, it is our responsibility to acknowledge the sovereignty of the tribal nations and the previously held territories. A series of treaties were used to remove these tribal nations from their native homelands. This expropriation of tribal territories has allowed the founding of Mount Mercy University in 1928, its continual growth and Acquisition of the CRST International Center in 2012. Our Program's commitment to diversity, equality and equity, and inclusion we understand the experiences of current Indigenous peoples will help inform the care and support we provide to the community. We as a program work collectively to build relationships, foster partnerships, provide community care, with our present and future Native Nations.

References can be provided upon request

Affirmation Statement

In our program and at The Olson Marriage and Family Therapy Clinic, we are committed to fostering graduate education and clinical services that are welcoming and affirming. We celebrate, support, and actively hold space for systemically marginalized and/or oppressed individuals and groups, affirming their identities and expression of those identities. We are committed to providing graduate education and clinical services that are culturally sensitive and non-discriminatory.

We uphold that the client is the expert in their life, identity, and bodies. We actively take steps to understand and affirm unique experiences related to a person's intersectionality with race and ethnicity, culture, gender and sexual diversity, neurodivergence, diverse abilities, relationship structures (e.g., ethical non-monogamy, polycule dynamics), and body types and sizes. We actively denounce any form of sexual orientation or gender identity change efforts, as well as traumatizing behavioral intervention practices or therapies. Rooted in our university mission, we aim to contribute wisely and courageously to the formation of a more merciful and just society.

Preface: University History, Mission, Vision, & Values

Our program is proudly made possible and shaped by the history, mission, vision, and values of Mount Mercy University and Saint Ambrose University. For more information, visit our university websites at www.sau.edu and www.mtmercy.edu

Mount Mercy University History

The Sisters of Mercy established Mount Mercy Junior College in 1928 with the purpose of filling a need—the need to unite people with opportunity through high quality, values-based education. Mount Mercy flourished as a junior college and continued to have success as a four-year institution. Over the years, Mount Mercy has added new program and curriculum which were reflective of the mission and values of the original institution. Today, Mount Mercy’s available course offerings are tailored to meet the needs of those who live and work around campus in the same spirit of our founders.

Saint Ambrose University History

St. Ambrose University traces its roots to 1882, when Bishop John McMullen established a seminary in Davenport, Iowa. From humble beginnings in two rooms at St. Marguerite’s School, the institution quickly expanded, moving to its current campus in 1885 and adopting the name “St. Ambrose College” in 1908. With the introduction of night school and summer programs, St. Ambrose continued to broaden its academic offerings, reflecting a commitment to accessible education. In 1987, the institution received university status, which was a testament to its growth and academic vigor. Today, St. Ambrose stands as a vibrant coeducational institution fostering a legacy of learning and academic excellence.

Saint Ambrose University Mission

As an inclusive, Catholic, and diocesan community of learners, St. Ambrose University empowers all Ambrosians to act courageously, to seek wisdom through faith and reason, to work for justice and to lead lives of service.

Saint Ambrose University Vision

St. Ambrose University will be a vibrant, sustainable, and learner-focused model for Catholic higher education, preparing individuals from all walks of life to lead lives characterized by courage, wisdom, justice, and service.

Mercy Values & The Sisters of Mercy’s Critical Concerns

The Mercy values and the Sisters of Mercy’s Critical Concerns are deeply rooted in Catholic Social Teaching and the Gospel. Founded by Catherine McAuley, the Sisters of Mercy have historically focused on serving those in need, emphasizing social justice and compassion. Their Critical Concerns—Earth, immigration, nonviolence, anti-racism, and women—emerge from a commitment to uphold human dignity and promote the common good, as emphasized in Catholic Social Teaching. At Mount Mercy University, these values are woven into the fabric of the institution, guiding educational programs and community initiatives that reflect a steadfast dedication to faith-inspired action and societal transformation.

Program Mission, Goals, & Outcomes

The mission of the MFT program at MMU is to educate and train individuals to function as competent marriage and family therapists who can integrate systemic knowledge into their practice as ethical therapists with competence in understanding diversity and research as members of their communities. The MFT program promotes reflective judgment, strategic communication, the common good, and purposeful living through academic preparation and skills training based on the licensure requirements in Iowa, the AAMFT Core Competencies, and Code of Ethics.

To accomplish this mission, the MFT program has three broad **program goals**:

1. Train student therapists in their practice to provide high quality, competent marriage and family therapy services.
2. Promote the field of marriage and family therapy through active involvement in the profession and community and by demonstrating competence and knowledgeable practice in diagnosis, assessment, and treatment with diverse populations.
3. Encourage students and faculty to establish a solid knowledge base including diversity, research, and ethics in their identity as a marriage and family therapist.

These goals have direct influences on the educational learning outcomes that guide the curriculum and contribute to the quality of the MFT Program. These **student learning outcomes** are as follows:

1. Students will apply systemic theories to conceptualize client cases, demonstrating the ability to identify relational patterns, contextual factors, and maintain dynamics.
2. Students will demonstrate competence in delivering developmentally appropriate, evidence-based couple and family therapy interventions across diverse client populations.
3. Students will accurately assess, diagnose, and develop systemic treatment plans using appropriate clinical tools and DSM-informed frameworks.
4. Students will apply ethical and legal standards in clinical decision-making, including managing confidentiality, boundaries, and professional responsibility.
5. Students will demonstrate culturally responsive and inclusive clinical practice by integrating clients' sociocultural contexts into assessment and intervention.
6. Students will critically evaluate and apply research to inform clinical practice and improve client outcomes.

Chapter 1: Master of Arts Program, Mission, and Goals

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Faculty Outcomes (FOs)

Core faculty and adjunct faculty will engage in annual self-appraisal and performance review with the program director or, in the case of the program director, with the associate dean. Evaluation, especially for core faculty, will be shaped by the following faculty outcomes:

1. Core faculty will be actively engaged in the profession, practice, and service of marriage and family therapy.
2. Core faculty will engage in regular professional development activities that strengthen their knowledgebase and understanding of diversity.
3. Faculty members will commit to the betterment of the university by exhibiting excellence in teaching, scholarship, and service.

Program Role Definitions

Title	Description	Requirements
Program Director	The MFT Program Director oversees all functions of the Marriage and Family Therapy program. The Program Director determines and directs the organization and structure of the program to meet the standards for maintaining an effective and high quality marriage and training master's degree program capable of meeting educational, program, student and faculty learning outcomes as delineated in the policies and procedures of the program and the University. While the final responsibility for all of the above lies with the Program Director, the PD seeks to work collaboratively with faculty, administration, staff and students to accomplish these standards. The PD strives to have all voices acknowledged and listened to in the process of managing the program for success and excellence.	Ph.D. in the field of Marriage and Family Therapy Clinical Member of AAMFT AAMFT Approved Supervisor License as a MFT or license eligible in the State of Iowa Demonstrated record of scholarship
Clinical Director	The Clinical Director oversees all functions of the on-site Olson Marriage and Family Therapy Clinic. The Clinical Director manages and maintains all policies and procedures within the clinic, and organizes the structure of the policies and procedures for the clinic to meet the ethical standards of client care. The Clinical Director is responsible for verifying student therapists' requirements for approval of client contact at the clinic.	License as a MFT or license eligible in the State of Iowa Clinical Member of AAMFT AAMFT Approved Supervisor
Core Faculty	Core faculty are full-time, tenure track faculty with degree specifically in MFT. Core faculty identify professionally as Marriage and Family Therapists, which includes adopting the AAMFT Code of Ethics as a guide for professional conduct.	License as a MFT or license eligible in the State of Iowa Identify as Marriage and Family Therapist Member of AAMFT
Adjunct	Adjunct faculty have a Ph.D. in MFT or an MFT-related field, or hold a master's degree in MFT or an MFT-related field as well as offer specialized certification and training in their respective areas.	License as a MFT or license eligible in the State of Iowa
Supervisor	Supervisors must be AAMFT-approved supervisors or the equivalent in order to provide supervision for MFT students. Supervisors must provide individual supervision and in group formats, utilizing live observation, video or audiotape recordings, and case report modalities. Students receive ongoing feedback from supervisors throughout their practicum experiences. Supervisors are expected to provide constructive feedback and facilitate students' professional and personal development. At the end of each 15-week block of practicum, supervisors are to provide an evaluation of trainee's developing clinical competence utilizing the Trainee Evaluation Form.	Core faculty AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate External supervisors approved by State of Iowa
Students	Students of the Marriage and Family Therapy program must be accepted into the program after providing an application with all required materials. All students accepted into the MFT program hold a Bachelor's degree or higher with a cumulative GPA of 3.0 or better. All students in the MFT program are expected to be an active student member of AAMFT and be working towards completion of 20 graduate credits with a GPA of 3.0 or better.	Bachelor's degree or higher with a cumulative GPA of 3.0 or better Member of AAMFT and Family TEAM Hold a GPA of 3.0 or higher during duration of the program

Educational Outcomes- Masters

The MFT master's program is designed around an outcomes-based educational philosophy. All coursework and program experiences are intended to foster student development and contribute to the our program goals and student learning outcomes. These program goals and learning outcomes were elucidated on page 7 of this handbook. Students' progress toward these outcomes will be evaluated at multiple points across the program (see Assessment & Measures). Students will receive ongoing feedback regarding their progress toward the student learning outcomes from faculty, supervisors, and staff (see Formal Evaluations). Students are also expected to be active participants in their learning processes and seek feedback regarding their progress toward student outcomes.

Assessment & Measures Table—which outlines how the program assesses students' progress toward completion of program learning objectives and related benchmarks—is being reformatted and revised to make the table more accessible and digestible. This revised table will be published in this section of the handbook as soon as it is ready. If you wish to review the table as it is currently formatted, please request a copy from the program director.

M.A. MMU MFT Program Assessment Cycle

May Retreat	August Retreat	Educational Outcome(s)	Source of Information	Faculty Meetings
	x	SLO 1	MF 518 Theoretical Competence Paper & Evaluation (TC)	November
	x	SLO 2	MF 503 CC, CA & TxP	November
	x	SLO 3	MF 640 Research Proposal	November
	x	SLO 3	MF 569 Ethics Exam	December
	x	SLO3	MF 602 Cultural Integration Paper & Evaluation (CI)	April
	x	SLO 2	MF 671 CC, CA & TxP	April
	x	SLO 2	MF 545 Live Interview (LI)/ Interview Evaluation (LE)	May
	x	SLO 1-2	MF 690 Trainee Evaluation Form	June
	x	PO2	Client Surveys	June, August, December
	x	PO3	COAMFTE Accreditation	June
	x	SLO 1-3	MF 692 Trainee Evaluation Form	August
	x	SLO 1	MF 546 Professional Development Plan	August
	x	PO 3	MF 546 AAMFT & Family Team Membership	August
	x	PO1	Graduation Rate	August
	x	PO2	Community Outreach	August
	x	PO2	CDPP w/CC, CA & TxP	August
	x	PO 1, 3	Student Survey (*sent in July/August)	August
	x	FO1	Professional Licensure	August- Faculty Summary
	x	FO1	Service to Profession	August- Faculty Summary
	x	FO2	Professional Membership	August- Faculty Summary
	x	FO3	Teaching Evaluations	August- Faculty Summary
	x	FO3	Scholarship Record	August- Faculty Summary
	x	FO3	Service to University	August- Faculty Summary
	x	FO1	Clinical Practice	August- Assc. Provost Report
	x	FO2	CEU's	August- Assc. Provost Report
	x	FO2	Diversity CEU's	August- Assc. Provost Report
x	x	PO2	National Exam Rate	August & May
x		PO2	Low-Cost Therapy Services	April
x		PO1	Employment Rates	May
x		PO1	Temp. Licensed	May
x		PO3	Alumni Survey (*sent in February/March)	May

x		PO3	Employer Survey (*sent in March/April)	May
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As described in the charts above, the MFT program at MMU engages in an annual cycle of review, evaluation, and assessment. This process consists of a) gathering data, b) processing and analyzing the data, c) making plans and implementing them based on the feedback, and d) reviewing the results of changes that are made. Data is gathered from student coursework, student and alumni surveys, employer surveys, faculty summary reports, etc. In the winter and fall of each academic year, the program's full-time faculty meet to discuss and review the mission, educational outcomes, goals, assessment process, and structure of the MFT program. The components of the program are reviewed to ensure consistency with the AAMFT Educational Guidelines, the state licensure laws for Iowa, and the AAMFT Core Competencies. These specific principles of the marriage and family therapy profession are linked directly to the assessment cycle.

Chapter 2: Progression through the M.A. Program

There are six general steps involved in the successful completion of the Marriage and Family Therapy Master's Program. Familiarity with these steps and the actions required by students to complete each step will facilitate timely progression through the program.

Step 1: Admission

Students' admission applications are considered complete after the Graduate Admissions office has received and processed the following elements:

1. Completed admission application form (or online application form)
2. Transcripts from all colleges and universities previously attended showing the granting of a Bachelor's degree with a cumulative GPA of 3.0 or better (applicants with less than a 3.0 should address the reasons for the lower GPA and why they should be considered for admittance; exceptions can be made at the discretion of the Program Director)
3. Two professional letters of reference
4. Complete interview with program director and other core faculty members

Students' application materials are reviewed by the Program Director and Graduate School representatives to determine admission status. Students may be admitted into two distinct admission categories (see [Table 1](#)).

Table 1: Admission Categories

Admission Category	When Granted	Action Required
Regular	Bachelor's degree from an accredited college or university meeting the 3.0 GPA standard; positive interview.	None required
Special	Non-degree students seeking to transfer credit to another university or fulfill requirements for licensure or certification.	Students taking courses to complete licensure requirements should file a letter stating which courses they need to take and consult with Program Director.

Step 2: Determination of Degree Plan

After attending the New Student Orientation, MFT Master's students should complete registration for first year classes under the guidance of the MFT Program Director, who serves as their academic advisor throughout their enrollment in the Master's Program. Suggested programs of study are included in this Handbook, and most students will follow these course sequences. Students who need a custom degree plan (due to part-time enrollment, transferred coursework, etc.), should make an appointment to meet individually with the MFT Program Director as early as possible after enrollment.

Step 3: First Year Review

At the end of the first year, before moving into Practicum I, the program affirms a student's clinical potential and declares that they are a candidate for the degree as part of their Pre-Practicum TEF meeting. It should be noted that the Program reserves the right to exit anyone from the program at any time (See [Chapter 5](#)).

To be eligible to continue in the MFT program, full-time students must meet the following requirements:

1. Active student member of AAMFT
2. Completion of 20 graduate credits with a GPA of 3.0 or better
3. Completion of MF 503, MF 518, MF 545, MF 569, MF 524, and MF 671
4. Fall within the regular admission category
5. Receive an average score above 0 (on a 4-point scale) on the pre-practicum TEF form

Satisfactory review at the end of the first year will result in students' continuation in the program and enrollment in the MFT Practicum courses. Marginal/unsatisfactory review at the end of the first year will depend on nature of areas in which student has not demonstrated competence, and could result in the requirement of remedial coursework/student activities or the student's dismissal from the program. All students will receive formative feedback throughout the first year to foster continued personal and professional development.

Step 4: Clinical Practicum

After completion of coursework focused on theory and basic clinical skills offered during the first year of the program, students then enroll in a 12-month minimum practicum experience

(concurrently with continued coursework) to further advance and refine their clinical competence. The clinical practicum within the MFT Master's program includes three 4-credit hour courses (MF 590, MF 690, & MF 692) that should be completed consecutively. Students are responsible for completing an on-campus practicum placement, and (if desired) making arrangements for off-campus practicum placement. The process of seeking an off-campus practicum should usually begin after February 1st in the first year of the program. The program hosts an annual Job & Internship Fair in early spring. This event can be a good time to start identifying internship opportunities. Students should remain in communication with the MFT Clinical Director to ensure they obtain a site that meets program requirements and is the best fit for individual student needs. See [Chapter 4](#) for a detailed description of policies and procedures for the MFT Master's Program Practicum.

Students will not be allowed to graduate until all client charts have been resolved; meaning, the client chart has either been closed or transferred to a continuing student.

Step 5: Final Competency Assessment

In order to assess students' attainment of Student Learning Outcomes at the completion of the Master's program, students have the option of: 1) demonstrating they have passed the national licensing exam; or 2) submitting a completed Portfolio of MFT Theory and Practice to the faculty by July 15th of the second year. The completed portfolio should include documentation of students' attainment of all Student Learning Outcomes. See [Chapter 3](#) of this Handbook for complete information about Portfolio submission.

To be eligible to submit a Portfolio, a student must:

1. Be maintaining matriculation or enrolled in their last Block 8/9 of course work
2. Not be on academic probation or suspension
3. Have a cumulative grade point average of 3.0 or higher
4. Have completed at least two consecutive practicum courses

Step 6: Graduation

To be eligible for graduation students must complete the following:

1. Successfully completed all 60 credits of course work with a minimum GPA of 3.0 (See note below)
2. Successfully pass the national exam or complete the portfolio review
3. Pass the Clinical Demonstration and Position Paper
4. Completed 300 hours of direct client contact with at least 100 of those hours being relational and at least 50 teletherapy hours (as documented by the Clinical Director)
5. Completed 100 hours of clinical supervision, 50 of which will be based on observable data
6. Completed an application for graduation

Note: All students are required to achieve a minimum GPA of 3.0. Only two C grades are permitted in the graduate program. A third grade of C or below will result in suspension or dismissal from the program. No MFT Specialization course (see [Table 2](#) below) can be accepted with a grade below 80%. A student receiving a C+, C-, or C may repeat a graduate course once. A maximum of two courses may be repeated. Any grade below a C- is grounds for dismissal

from the program. Additionally, students have a maximum of six years from the entrance date to complete the program and graduate.

Students must apply for graduation no later than within six months of their anticipated graduation. Applications for graduation are found on the university website and are available from the registrar's office. Graduation fees will appear on your bill from the university. **Even if you do not plan to participate in graduation activities (e.g., commencement), you must still apply for graduation.** Information will be sent to you regarding ordering of the hood, cap, and gown. You will receive your diploma and be hooded at the University commencement ceremony. The University holds one commencement ceremony a year. Students graduating in December of the preceding year, February, May or August are invited to attend that ceremony.

Post-Graduation: Professional Licensure

The majority of students entering the MFT program desire to provide direct mental health care services to individuals, couples, and/or families upon graduation. In order to practice as a marriage and family therapist within the State of Iowa, as well as most other states in the US and countries abroad, one must obtain a license through a government agency. In Iowa, the Iowa Department of Public Health, Board of Behavioral Science, Bureau of Professional Licensure administers licensure for MFTs (Licensed Marital and Family Therapist, LMFT). MFT program graduates are required to pass a written examination and accumulate significant post-graduate, supervised clinical experience to be eligible for full licensure. See [Appendix A](#) for a summary of the LMFT licensure processes.

This program prepares its graduates for the licensure process in the state of Iowa; however, each state has its own set of standards and regulations for the licensure process. Our program may or may not fulfill those individual state requirements. It is the student's responsibility to research what is needed for them to engage in the requirements of a state if licensing outside the state of Iowa.

A link to a license portability guide can be found online on the program's home page, however, as each state's rules can change yearly with legislative changes; you need to directly access those requirements by going to the state's board that licenses MFTs there for the most accurate and up-to-date information.

Professionalism and Remediation

It is the job of faculty to not only educate, train, and supervise MFT students but also to serve as the gatekeepers to preserve and protect the integrity of the profession. The responsibility to hold a high standard for those who will enter the field is taken seriously by the faculty of the MFT program. When concerns are raised about a student therapist's ability or professionalism, remediation may be necessary, and the process will be initiated by the MFT program faculty. In such cases, the MFT program faculty will convene and discuss the circumstances and determine an appropriate course of action. The outcome of this discussion may be probation, suspension, or dismissal from the program. The program reserves the right to exit anyone from the program at any time. Should probation be the decided course of action, a plan will be developed with the student for improved performance, along with benchmarks that the student must meet. Students

may appeal the decision of the MFT program faculty using the graduate program's grievance procedures.

Chapter 3: Academic Requirements for M.A. MFT Program

The MFT master's program is a 60-credit-hour program of study, including an intensive 12-month minimum practicum of at least 300 client contact hours. Marriage and Family Therapists are employed in a wide variety of settings, such as social service agencies, churches, private family therapy practice, and mediation/consultation companies. The Master's program in MFT is focused on developing students' skills for direct clinical work with individuals, couples, and families.

The MFT Master's program operates from a competency-based educational philosophy, with the goal of facilitating students' development toward demonstrating clinical competence and obtaining the designation of Licensed Marital and Family Therapist. The Association for Marriage and Family Therapy (AAMFT) has recently published a comprehensive description of the core competencies for MFTs at the time of licensure (see [Appendix B](#) for a complete list of the 128 core competencies). These core competencies are closely related to the Practice Domains of the Association for Marriage and Family Therapy Regulatory Boards (AMFTRB), the body that governs the national examination process for LMFTs (see [Appendix A](#) for licensure information).

Within each course in the MFT program, students will be expected to demonstrate attainment of specific competencies; course grades will reflect students' developing competence. The practicum experience then becomes the capstone of the Master's program, allowing students to put into practice the theory and skills they have learned under the close supervision of faculty. Students then continue their professional development and attainment of competencies during the post-graduation clinical experiences and supervision necessary to fulfill licensure requirements. This is most often accomplished in the context of full or part-time employment in the mental health field.

Program of Study

The Master of Arts in Marriage and Family Therapy is a 60-credit-hour thesis or non-thesis program. [Table 2](#) contains the courses required for the MFT program. See [Appendix C](#) for suggested schedules of courses for full-time students throughout program completion. Part-time students and others with unique scheduling needs should schedule a meeting with the MFT Program Director during the first block in order to determine the best degree plan design to meet student needs and program requirements.

Table 2: Summary of MFT Program Requirements

Courses	Credit Hours
MFT Specialization Courses Required for Practicum	
MF 503 Family Systems	3
MF 518 Models of MFT	3
MF 569 Ethical and Professional Issues in MFT	3
MF 602 Cross-Cultural Families	3
MF 626 Psychopathology and the Family	3
MF 545 Micro-Counseling <i>Prerequisites: MF 503, MF 518, MF 569, MF 602</i>	3
MF 546 Pre-Practicum <i>Prerequisites: MF 503, MF 518, MF 569, MF 602, and MF 545</i>	3
Total	21 Hours
General Courses	
MF 582 Models of Couples Therapy <i>Prerequisites: MF 503, MF 518</i>	3
MF 524 Human Development and the Family	3
MF 550 Systemic Sex Therapy	3
MF 640 Research Methods	3
MF 671 Therapeutic Techniques with Parents & Children	3
Total	15 Hours
Elective Courses (4 Required)	
MF 571 Introduction to Play Therapy & Family Therapy	3
MF 665 Applications of Play Therapy with Children and Families <i>Prerequisite: MF 571</i>	3
MF 605 Neuroscience for MFTs	3
MF 655 Spirituality and the Family	3
MF 630 Trauma, Violence, and Addiction	3
MF 647 Medical Family Therapy	3
MF 695 Thesis* <i>Prerequisite: MF 640</i>	3
Total	12 Hours
Clinical Courses	
MF 590 Practicum in MFT I <i>Prerequisite: MF 546</i>	4
MF 690 Practicum in MFT II <i>Prerequisite: MF 590</i>	4
MF 692 Practicum in MFT III <i>Prerequisite: MF 690</i>	4
Total	12 Hours
Total Program Requirement	60 Hours

- *Students wishing to do a Thesis may take the Thesis Direction course as an elective. See Program Handbook and speak with the Program Director for more information.
- In addition to the provided course requirements and offerings, students in the masters program have the opportunity to take up to 3 doctoral-level courses as electives. Reach out to the program director with related questions.
- All students are required to achieve a minimum GPA of 3.0. Only two C grades are permitted in the graduate program. A third grade of C or below will result in suspension or dismissal from the program. No MFT Specialization course (reference program of study) can be accepted with a grade below 80%. A student receiving a C+, C-, or C may repeat a graduate course once. A maximum of two courses may be repeated. Any grade below a C- is grounds for dismissal from the program. Additionally, students have a maximum of six years from the entrance date to complete the program and graduate.

Table 3: Estimate of Cost of Non-Tuition MFT Program Requirements

Courses	Credit Hours
MFT Specialization Courses Required for Practicum	
MF 503 Family Systems	\$0
MF 518 Models of MFT	\$70
MF 569 Ethical and Professional Issues in MFT	\$0
MF 602 Cross-Cultural Families	\$0
MF 545 Micro-counseling (AAMFT Membership, Liability Insurance, HIPPA training)	\$140
MF 546 Pre-practicum (HIPAA Training)	\$0
MF 582 Models of Couples Therapy	\$0
Total	\$210
General Courses	
MF 524 Human Development	\$0
MF 550 Systemic Sex Therapy	\$0
MF 626 Psychopathology	\$0
MF 640 Research Methods	\$0
MF 671 Therapeutic Methods with Parents & Children	\$0
Total	\$0
Elective Courses (4 Required)	
MF 571 Play Therapy	\$0
MF 605 Neuroscience for MFT	\$0
MF 665 Play Therapy Application and Theory	\$0
MF 655 Spirituality and the Family	\$0
MF 630 Trauma, Violence, and Addiction	\$35
MF 695 Thesis Direction*	\$0
Total	Determined Courses taken
Clinical Courses	
MF 590 Practicum I	\$0

MF 690 Practicum II (AAMFT Renewal and Insurance)	\$100
MF 692 Practicum III	\$0
MF 701, 702, 703 Practicum IV (hours completion)	\$0
Application Fee for Exam	\$150
MFT Licensure Exam Test	\$350
Total	\$600
Total Program Requirement	\$*

*The table above is an estimate of additional costs per course. These are theoretical numbers based off of the 2024-2025 school year. These numbers are subject to change at any time. Faculty also reserves the right to change their course work activities and trainings that could also feature additional costs.

This table does not include the cost of books.

Chapter 4: Final Competency Assessments for M.A. in MFT

Students in the MA MFT program are required to complete a “capstone” project before they can be recommended for graduation. Students have two options to satisfy this requirement. The first option is for the student to take and pass the national exam. **This is the option the faculty recommends since students will not be able to obtain a temporary license until this exam is passed.** The second option is to complete a portfolio (see below).

The Board of Behavioral Science will allow an applicant for a temporary license to register to take the national examination 3 months prior to graduation. If students choose this option, they need to submit the application for licensure, pay the application fee, and submit a letter of good standing from the Program Director, which states that the applicant is in the final three months of their educational program. This letter must include the expected date of graduation.

Steps to Register for the exam:

The board will not allow for letters of good standing to be submitted prior to May

1. Submit an application with Iowa Board of Behavioral Science and pay the fee. Apply at the following link: <https://amanda-portal.idph.state.ia.us/ibpl/portal/#/dashboards/index>
2. Request a Letter of Good Standing from the Program Director using Microsoft Forms link that will be shared with you via email. If you meet the following criteria, the program director will send the letter of good standing directly to the Iowa Board of Behavioral Science via email (you will be CC'd)
 1. Current “satisfactory” student evaluation and that you are not currently on any remediation plan or failing out of the program
 2. A “Yes” on the graduation audit that is completed by the registrar’s office when someone submits their intent to graduate

3. You must meet the required hour thresholds:

If intending to graduate in August:

Requesting prior to May 1st: 200 (total); 60 (relational)

Requesting prior to June 1st: 220 (total); 70 (relational)

Requesting prior to July 1st: 240 (total); 80 (relational)

Requesting prior to August 1st: 270 (total); 90 (relational)

3. Follow-up with the state's Board representatives and wait for email from Iowa Board of Behavioral Science giving you a code to Register for the exam.
4. The email should take you to this link: <https://www.prometric.com/AMFTRB> to schedule your exam.
- 5.

Things to Remember:

1. You must register a month in advance for the testing window you want. The university has no control over the actual registration for an exam date process. That is entirely overseen by the state's licensing board.
2. If you take the Exam later than June you will most likely need to also complete the Portfolio
3. If you do not pass the Exam you will have to complete the Portfolio
4. Each step in the application process and codes may take several days to weeks depending on organization. The program has no control over the Board's processing time.

Scores are available within four weeks after the close of the testing window, and a copy must be turned in to the Clinic Director as proof of passing. Even after the exam has been passed, a temporary license will not be issued until an official transcript and all other required documentation has been received by the Board office. Employers require applicants to have a temporary license before being hired, which is why this is the recommended option. **Students who take the national exam and fail will be given the option of completing a portfolio to meet graduation requirements.**

MFT Theory and Practice Portfolio-M.A.

The MFT Theory and Practice Portfolio serve three primary functions:

1. It is an opportunity for summative feedback to facilitate students' development post-graduation
2. Summative evaluation of students' competence at the final review
3. Formative feedback for program faculty and instructors as themes and patterns of learning are observed over time

Portfolio Review

A satisfactory review will result in students' approval by the MFT program for graduation, upon completion of required clinical contact hours, and any other remaining requirements. **For those who choose this option, a digital version of the portfolio is due and submitted to the faculty within a student's personal Teams channel at the end of the student's second year on the 1st of August.** The review serves as a summative evaluation of students' demonstration of clinical competence and achievement of the program's student learning outcomes. Further, students may receive summative feedback from faculty to facilitate their postgraduate professional

development and progress toward licensure. [Table 4](#) links the Student Learning Outcomes to Portfolio products.

Students should note that earning an acceptable overall grade for a given course does not necessarily mean that the Portfolio product completed within the course is adequate to demonstrate Student Learning Outcomes. Grades for courses within the Department are generally assigned based on a combination of products, including exams, papers, participation, etc. Students are offered feedback on all course products and should, therefore, incorporate this feedback into revisions of Portfolio products if necessary to demonstrate achievement of the identified Student Learning Outcomes prior to submission.

[Products for Portfolio Review](#)

The following products ([Table 4](#)) and materials should be added to the candidate's portfolio for the review. The portfolio will be submitted in a clearly labeled folder in a student's personal Microsoft Teams channel. All portfolio assignments must have been evaluated at 80% or higher. As students receive graded rubrics or evaluative feedback on portfolio assignments in their courses, students should save this feedback within their portfolio folder. Such feedback can be documented using screenshots in Brightspace, if desired. But for each portfolio assignment, except for the Trainee Evaluation Forms, a student should provide documentation that the assignment was evaluated at an 80% or better along with the faculty's feedback on the assignment. If a portfolio assignment was not originally evaluated at 80% or above for the course, the student should provide verification that they worked with the faculty member after completion of the course to make revisions and get the assignment to meet the 80% or higher benchmark.

In the rare circumstance where a student takes an equivalent course offered through a COAMFTE-accredited program outside of Mount Mercy and is approved by the faculty to transfer this course into their program of study, a student should speak with the program director about which assignment will be submitted for that course as part of their portfolio.

Table 4: Portfolio Expectations

Relevant Course	Portfolio Product	SLOs Demonstrated
MF 503: Family Systems	Clinical Assessment & Case Conceptualization	SLOs 1 - 3
MF 518: Models of MFT	Integration and Discussion of Personal Theory of Change	SLOs 1 - 6
MF 569: Ethical and Professional Issues in MFT	Ethics Exam Passing Report	SLOs 4-5
MF 602: Cross-Cultural Families	Cultural Autobiography Paper	SLO 5
MF 626: Psychopathology and the Family	Video Vignettes Paper	SLOs 3-4
MF 545: Micro-Counseling	Live Interview Evaluation	SLOs 1-3
MF 546: Pre-Practicum	Trainee Evaluation Form (avg. score above 0)	SLOs 1-6
MF 524: Human Development and the Family	Pecha Kucha Presentation	SLOs 1, 2, 5
MF 550: Systemic Sex Therapy	Final Paper	SLOs 2-5
MF 582: Models of Couples Therapy	Role Play Reflection Paper	SLOs 1-4
MF 640: Research Methods	Research Proposal	SLO 6
MF 671: Therapeutic Techniques with Parents & Children	Case Conceptualization & Treatment Plan	SLOs 1-3
MF 590: Practicum I	Trainee Evaluation Form (avg. score above 1)	SLOs 1-6
MF 690: Practicum II	Trainee Evaluation Form (avg. score above 2)	SLOs 1-6
MF 692: Practicum III	Clinical Demonstration and Position Paper	SLOs 1-6

For students who graduate in 2027, the requirement to document evaluative feedback throughout a student's coursework wasn't clearly established until summer of 2026;

consequently, verification within the submitted portfolio of an 80% or higher on portfolio assignments is strongly encouraged for 2027 graduates, but it is not required. Further, because they did not know that the course included a portfolio assignment at the time they took it, students who graduate in 2027 are not required to submit portfolio products from MF 626: Psychopathology and the Family or MF 671: Therapeutic Techniques with Parents and Children. Thus, the unique portfolio expectations for students who began the program in 2025 are provided in the table below.

Table 5: Unique Portfolio Expectations for Students who Began the Program in 2025

Relevant Course	Portfolio Product	SLOs Demonstrated
MF 503: Family Systems	Clinical Assessment & Case Conceptualization	SLOs 1 - 3
MF 518: Models of MFT	Integration and Discussion of Personal Theory of Change	SLOs 1 - 6
MF 569: Ethical and Professional Issues in MFT	Ethics Exam Passing Report	SLOs 4-5
MF 602: Cross-Cultural Families	Cultural Autobiography Paper	SLO 5
MF 545: Micro-Counseling	Live Interview Evaluation	SLOs 1-3
MF 546: Pre-Practicum	Trainee Evaluation Form (avg. score above 0)	SLOs 1-6
MF 524: Human Development and the Family	Pecha Kucha Presentation	SLOs 1, 2, 5
MF 550: Systemic Sex Therapy	Final Paper	SLOs 2-5
MF 582: Models of Couples Therapy	Role Play Reflection Paper	SLOs 1-4
MF 640: Research Methods	Research Proposal	SLO 6
MF 590: Practicum I	Trainee Evaluation Form (avg. score above 1)	SLOs 1-6
MF 690: Practicum II	Trainee Evaluation Form (avg. score above 2)	SLOs 1-6
MF 692: Practicum III	Clinical Demonstration and Position Paper	SLOs 1-6

Further, there are one or two students who will be graduating in 2027 (or later) who took MF 524: Human Development and the Family, MF 550: Systemic Sex Therapy, and/or MF 582 Models

of Couples Therapy before the summer of 2026. Thus, when they took these courses, the courses did not have a portfolio product. If a student took any of these courses (MF 524, 550, or 582) before the start of the 2026-2027 academic year, they are not required to submit portfolio products from said course(s). Students should speak with the program director if they have particular questions regarding any of these unique circumstances.

Clinical Demonstration and Position Paper

Regardless of whether the national exam option is taken, all students will complete a Clinical Demonstration and Position Paper. The Clinical Demonstration and Position Paper (CDPP) is an opportunity for you to demonstrate your own personal integrated approach to therapy, which you will have developed over the course of the program. **The CDPP is due June 15th in the student's second year.**

The CDPP should be theory-driven and illustrate how you apply the major models of marriage and family therapy to assessment, intervention, and determining outcomes with clients. In the process of developing your position, you will also have the opportunity to reflect on (and integrate) your approach to handling ethical concerns and demonstrating cultural competence. This is a major paper that you should be working on throughout your time in the program, beginning with your first classes in your first year.

Students are expected to pass the CDPP on the first attempt; however, in the event that a student fails the first attempt, they will be given one opportunity to resubmit the paper. If a student fails the second submission, they may be asked to exit the program. A score of 3.0 or better (on a rubric of 4 possible points) is passing on the CDPP.

Opening Thoughts

The MFT program faculty is interested in seeing specifically how you integrate ideas, concepts, and models into a coherent approach to therapy. The process by which you arrive at your preferred model requires conceptualizing client problems, intervening accordingly, and evaluating the outcomes and fit of that process with your personality over time, while making adjustments and ultimately starting the process all over again. It is not expected that you will have a solid and sure model of therapy at the time that you write this paper, or even when you leave this program. A practitioner's model of therapy develops as they gain more and more experience over the course of years, not months. Accordingly, the final paper is a "snapshot" of your progress at the time of graduation, not a capstone of your professional development. Keep this in mind as you struggle to develop a well-rounded, clear, and articulate description of your model of therapy.

Position Paper Outline (Use these as headings in your paper)

Orienting views. This section is used to establish the lens through which the student prefers to see the world, and which influences their choice and use of specific theories. In this section students should articulate their views about human nature, value systems, how we "know" things (epistemology), etc. This can be accomplished by identifying and elaborating on a preferred worldview, such as post positivism or constructionism. For students in this program, this section

must at least provide a description of the underlying assumptions and concepts that arise from the application of systems theory. In addition, in this section students should outline what constitutes healthy human and relational functioning (i.e., How do we know a person/relationship is healthy?). This section will educate the reader about what you bring to the table *before* trying to apply theory to your work with clients.

Theory of therapy. This section of the paper is where an integrated model of therapy is delineated. The theory of therapy can represent and integrate more than one model of therapy; however, for this to be effective, the integration should reveal a coherent approach to therapy without conflicting assumptions. This section should be oriented around four major subsections. 1) What is your theory of change? How does your theory of therapy enable you to engage in a relationship with clients that fosters the possibility of change; 2) How do problems develop and what do you assess to determine whether these problems are present; 3) What interventions do you use to address these problems in the therapy session; and 4) What do you look for to determine whether change has taken place after intervention? This section should integrate personal orientation, personal understanding of the change process and how it happens and how these ideas are linked to your specific model(s) of MFT.

Application. As Thomas Edison said, “The value of an idea lies in the using of it.” Students will need to show how their model of therapy outlined above was used with two unique client systems, at least one of which must be relational (i.e., couple, family, etc.). While the model of therapy section exhaustively details the core assumptions and practices of your approach to therapy, this section only requires that student demonstrate which aspects of the model were applied to these specific clients. Please outline what you actually did with these clients and how it fits with your model (not what you should have done or wished you could have done). You will include examples and discussion of both individual and relational therapy. You are asked to create hyperlinks to short video recordings of your working with clients that clearly demonstrate the skill or intervention or outcome you have described in the paper. The total number of links should be limited to 5, and no one video should be more than 3 minutes in length. In the written portion, you should include other aspects of client care, such as medication management, collaborative care, ethical issues, cultural competence, etc. In order for this to all work, papers must be submitted electronically. Submit your paper directly to your practicum supervisor. They will see to it that the paper is distributed to other faculty.

Strengths and weaknesses. Include a subheading where you frankly discuss your weaknesses and strengths as a therapist at this point in your development. Keep in mind that all therapists have weaknesses, and awareness of them is much more important than exorcising them immediately. Outline your strengths as well, showing what you believe are the assets you possess that will allow you to become an effective therapist. Also, discuss what the “next steps” are in your personal, professional development.

Clinical assessment, case conceptualization, and treatment plan. For the **relational case** described in the narrative form above, also include a clinical assessment, case conceptualization, and treatment plan, using the forms provided by Gehart. The information contained on these forms should be consistent with and provide support for, the narrative versions included in the paper. Students are not required to include a genogram of the client system.

Project Process

The CDPP is developed throughout your time in the marriage and family therapy program. During the first year courses (MF 503 and MF 518), students are exposed to material that can be used to write the Orienting Views section of the paper. These courses also provide the knowledge base for selecting a model of MFT that can be applied to your work with clients. MF 602 includes opportunities for reflection on your cultural competence, and MF 569 will help you determine how to approach ethical issues in therapy.

Likewise, the practicum experience will provide ample opportunity to apply models of MFT, as well as to assess, conceptualize, and plan cases. Students should become familiar with the requirements of the CDPP early in the program and be mindful early in the practicum experience of what clients might best illustrate the application of their model of therapy. It would be useful to ask, “How can the material I am learning be used to support my position paper?” during each class that students complete.

Additional Guidance and Requirements

- Do not use abbreviations for an adult female (AF) and adult male (AM), etc. in the body of the paper. Instead, provide a pseudonym for the client and use this consistently — this greatly improved readability. Students may use the AF/AM abbreviation in the clinical assessment, case conceptualization, and treatment plan if they so desire.
- The paper should be at least 18-23 pages.
- Becvar & Becvar and the Nichols texts are excellent references that can be used to develop the content of your paper. However, these should not be considered “primary sources” to support your understanding of models.
- APA Style (6th edition) is required for this paper.
- Include a list of references at the end of your paper. This should include knowledge of the primary sources that support your model of therapy, as well as any other sources used to support your arguments.
- Students who have difficulty with writing should seek outside help before submitting a final copy. The university provides writing support through the ACE office.
- A final copy, with supporting documentation, must be included with your portfolio.
- To pass the CDPP, two faculty readers must agree that the paper meets the requirements. An average score of 2.5 (of 4) on the rubric rating scale is required to pass.

Chapter 5: M.A. Clinical Practicum

MFT M.A. students begin practicum during the second year of the program. Although all courses serve to prepare students for clinical practice, six courses contain specific prerequisite knowledge for the MFT practicum: MF 503, MF 518, MF 545, MF 546, MF 569, & MF 582. Any clinical deficiencies are addressed and remediated through on-going instructional activities and course evaluations in the six clinical preparation courses. *Students who have not demonstrated minimal clinical competencies necessary to begin work with clients will not be permitted to enroll in practicum courses or be approved for an offsite placement.*

Once all requirements and approvals have been fulfilled students must submit the Application for Practicum ([Appendix E](#)) and the appropriate Practicum Agreement ([Appendix F](#)).

Students may request an exception to the above-stated policy, with the intent of starting practicum before all prerequisites have been completed. In such a case the student must be at least registered for any remaining pre-requisite courses and will submit a formal letter to the Clinical Director explaining the circumstances that require an exception and documentation of their qualifications that would support a positive decision. The faculty will review the letter and return a decision to the student indicating whether an exception will be granted.

Students are expected to complete a minimum of continuous 12-month practicum experience in the Olson Marriage and Family Therapy Clinic. In addition, the student may also choose a clinical facility approved by the program as an additional off-site placement. The off-site practicum must be cleared by the Clinical Director and paperwork submitted and approved, before beginning the practicum. Each year, a date will be set as to when the student may begin at an approved offsite. This date will be after the completion of pre-practicum and first-year formal evaluation. Students may not start before this date. (See [Appendix E](#) and [Appendix F](#) for Off-site practicum application and agreement)

All students are required to have 6 available hours weekly at the Olson MFT Clinic. Of those 6 hours, 4 hours are required to be in the evening or on Saturday. Also, students are required to participate in any specified number of clinic marketing events during their year-long practicum. The number of events may vary by year and may differ for those who do not have an off-site placement. The main campus does not count as an off-site placement for event participation.

Supervision is a critical element of the practicum process. Interns will receive weekly supervision from an on-campus supervisor as well as a supervisor affiliated with any off-campus placement. The on-campus supervisors will be AAMFT-approved supervisors or the equivalent in order to provide supervision for MFT students. Supervision is provided individually and in group formats, utilizing live observation, video or audiotape recordings, and case report modalities.

Hours:

To graduate from the program students must have completed a minimum of 300 clock hours, of which at least clinical contact 100 hours must be relational (i.e., couple or family therapy). Group Therapy does not generally count as relational hours, ask your supervisor about the exception. Additionally, the program requires a minimum of 50 telehealth client contact hours and 50 in person client contact hours. The program requires at least 100 of the overall hours be conducted as independent provider (not as co-therapy).

Additionally, students must have a minimum 100 hours of supervision, of which 50 must be based on observable data. Supervision hours and clinical hours are calculated separately. Supervision hours only count toward this requirement if the supervisor is AAMFT or an LMFT state-approved supervisor, i.e., not all off-site supervision “count” toward hours, though it is legally required to have direct supervision to practice at an off-site.

Requirements for practicum will be reviewed in the practicum orientation process at the start of the first 15-week practicum block. Attendance at the practicum orientation meeting is mandatory. Students are strongly encouraged to communicate regularly with their supervisors and program faculty about any practicum questions.

Although Iowa only requires 300 hours, some states require as many as 500 clinical hours to become eligible for a temporary license. Accordingly, if you plan to move to another state after graduation, be sure to look up their licensure requirements and plan accordingly. See p.35 for policies on portability of degree.

Students are responsible for recording and getting verification of client contact and supervision hours and turning in all required documentation at the end of each practicum block (see [Appendix G](#), [Appendix H](#), and [Appendix I](#)). Students will be made aware of the deadlines for turning in practicum forms. If students do not submit all practicum paperwork on time they will be subject to the following:

1. If the required practicum forms due are not received by the Clinical Director by the final due date, students will receive an “in progress” grade for practicum.
2. In accordance with MMU, policy students will then have 30 days to complete any outstanding course work (in this case, the practicum forms).
3. If after 30 days the forms have not been received, the student’s grade will automatically be changed to an F.
4. If the grade is changed to an F, the student will be required to take that practicum course over again before being approved for graduation.

As a student therapist, you can be held responsible for the results of your professional activities. Each practicum student must obtain professional liability insurance, which is designed to provide coverage for suits of malpractice error or omissions in the performance of your duties, whether actual or alleged. Students must have insurance before signing up for practicum courses. Students must provide the Clinical Director with verification of liability insurance before the first practicum. **No student therapist may see clients without having insurance.** Insurance may be obtained through several agencies; however, as a benefit of membership in the AAMFT, students

enrolled in an MFT program will receive their liability insurance at no cost. Membership and insurance applications are available on the AAMFT website (www.aamft.org) and are due during the pre-practicum experience.

Definitions of Hours for Mount Mercy and AAMFT

Therapy Hours

Clinical Contact Hours are defined as therapist and client therapeutic meetings in the same physical location. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family, but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. A 45-minute therapy session must be counted as 45 minutes, not one hour or as a contact hour” (COAMFTE Version 12 Standards). The program utilizes a 50-minute client contact hour.

Individual Clinical Hours are defined as a therapist working with one individual in the therapy room.

Relational (Couple or Family) Clinical Hours are defined as a therapist working with two or more people in the room who define themselves as a couple or family. When the two or more people do not define themselves as a couple or family, the therapist consults with the supervisor to determine which category the therapy best fits for reporting purposes.

Alternative clinical activity hours do not count toward the required 300 hours. Alternative hours might include group therapy, reflecting teams during live supervision, and activities that are purely psychoeducational (e.g., community presentations).

Supervision Hours

Individual Supervision is defined as one or two students meeting with a supervisor to review clinical work.

Group Supervision is defined as three to eight students meeting with a supervisor to review clinical work.

Observable Data is defined as a review of audio or video recordings or watching a session as it occurs. The time during which a session is viewed by the supervisor and any additional time spent discussing the case all count under the category of observable data. As an example, if a student showed a 30-minute clip of a recorded session, followed by 30 minutes of discussion with the supervisor, the entire 60 minutes would count under observable data.

Case Report is defined as receiving supervision on cases without the use of observable data.

If a student is being observed during a therapy session, they may count that as both supervisions with observable data and clinical contact. Additionally, “supervision may utilize secured digital technology in which participants are not in the same location. The majority of supervision must be with both participants physically present. A 45-minute supervision session must be counted as 45 minutes, not as one hour or a contact hour” (COAMFTE Version 12 Standards). The program utilizes a 50-minute supervision hour.

Site Selection

The Olson MFT Clinic continues to grow each year, and you are required to be available 6 hours each week, of which 4 hours need to include one weeknight and/or Saturday hours. Students are encouraged to also provide clinical services in Practicum at an off-campus clinical facility. The Program Director and Clinical Director may guide in selecting Practicum sites; however, **it is the student's responsibility to secure a site**. Selecting the most appropriate site is essential for gaining the most benefit. You may wish to visit some of the sites early in your program to gain information about potential placements for the future.

Students can commit to their offsite for the entire twelve months of practicum. This gives the sites greater benefits from the training opportunities they are providing and allows them to plan more effectively. However, sometimes students choose to start an offsite later in their practicum experience. If interns encounter difficulties or a lack of fit with the site, arrangements can be made with the Program Director and Clinical Director to change sites. Students must inform the Clinical Director of any decisions involving changes to the student's practicum site arrangement.

MFT practicum sites must meet accreditation requirements for supervision and type of client contact available for students. After students have identified sites of potential interest, they should call or email the contact person for the practicum site to find out if the site is accepting interns at that time. If the site is accepting interns, students should follow the site's application process. This process will likely include the submission of a resume and an interview. Students should approach this process as a job interview (e.g., dress professionally; arrive on time, a follow-up interview with a – thank you note, etc.).

If a student wishes to complete his or her practicum requirements at a site other than those recognized by the program, they should work closely with the MFT Program Director and Clinical Director to develop a practicum site and ensure that the practicum meets all program requirements.

Evaluation in Practicum

MFT practicum courses are graded on a pass/fail scale. Students are evaluated based on engagement and participation in supervision experiences, demonstrated professional and personal growth, demonstration of clinical competence, and their timely accumulation of client contact hours. Students will also produce a Clinical Demonstration and Position Paper in the last practicum course before graduation.

Students who do not complete the required number of client contact hours will be given an IP (in progress) grade until the hours are completed. Depending on the number of hours remaining, students may have to register for another term of Practicum ([Table 5](#)) or complete their hours within a prescribed period of time and then get a change of grade. In order to have the IP removed and the grade changed to a Pass, students must schedule a meeting with the supervisor who assigned the IP grade. Students should bring a grade change form and documentation of fulfillment of course requirements to the MFT Program Director. **Any grade other than a passing grade in Practicum III will result in a student not being able to graduate in August.**

Students will receive ongoing feedback from supervisors throughout their practicum experiences. Supervisor feedback is intended to be constructive and facilitate students' professional and personal development. At the end of each 15-week block of practicum, an evaluation of trainee's developing clinical competence is completed by the on-campus supervisor utilizing the Trainee Evaluation Form (see appendix) and by the off-campus supervisor (if applicable) on paper ([Appendix G](#)). These evaluations are intended to provide students with feedback about their developing clinical competence, which facilitates the formulation of goals within the next supervision course. Students provide feedback about their on-campus supervision experience at the end of each practicum block ([Appendix H](#)). Students with an off-campus practicum will also complete an evaluation of their off-campus supervisor and site. Additionally, students are required to complete a Practicum Clinical Experience Summary form for client contact and supervision at the Olson MFT Clinic, as well as at any off-campus placements (if applicable, [Appendix I](#)).

Continued Enrollment in Practicum

A Satisfactory evaluation in MF 692 – MFT Practicum III, signifies completion of all internship requirements for the MFT Master's program. Students who have not completed all requirements will receive an IP (in progress) grade for MF 692 and be required to register and pay for additional practicum credits based on the cut-off points in [Table 5](#).

Table 6: Registration Schedule for Practicum Enrollment after 3rd Practicum

Client Contact Remaining	Register for Course	Credit Hours
100 or more	MF 703, MFT Practicum IV	3
99-50	MF 702, MFT Practicum IV	2
49-30	MF 701, MFT Practicum IV	1
<29	No Course - December Graduation	0

Chapter 6: MFT Program/Graduate Policies and University Resources

Masters: Formal Graduate Student Evaluation and Feedback

At the end of the first year (the end of Pre-Practicum) students will have submitted all required materials and requested permission for proceeding to second-year status and clinical work. This review of candidacy material happens in August. This serves as the first formal review period.

During the second year, the MFT faculty evaluates the progress of students at the end of practicum I, practicum II, and practicum III. To allow the faculty to consider important contextualizing information, students should keep their supervisor and program director apprised of any problems that might be impacting their performance in the program. Most students receive satisfactory evaluations as they progress in their program. Students who receive *marginal* or *unsatisfactory* evaluations are given specific feedback as to why they received the evaluation and requirements for remedying the deficiency—generally as part of their TEF evaluation with their practicum supervisor.

Students who have concerns regarding their evaluation can discuss it with their supervisor or the program director. It is important to note that students who receive more than one unsatisfactory or marginal evaluation may be dismissed from the Program. The program reserves the right to dismiss a student at any point outside this structure if concerns are deemed potentially harmful and/or dangerous to the student and/or clients and best outcome for the safety of the student or clients.

The following descriptions of what satisfactory progress, marginal progress, or unsatisfactory progress might look like in the program is provided as a helpful reference for students:

Satisfactory:

- Satisfactory program participation and involvement
- Completing coursework on the timetable consistent with your program of study (full-time vs part-time)
- Passing core courses with B- (80%) or higher
- Satisfactory Clinical Development and Case Conceptualization (Assessed using CC, TP & CA rubrics in relevant courses, TEF and faculty, supervisors/clinical director reports)
- Satisfactory management and timeliness of Clinical Paperwork (including notes, treatment planning, terminations/closing cases, case management, scheduling, documenting, etc.) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Satisfactory and professional adherence to Clinic Policies (mandatory reporting, HIPPA, social media, etc). (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Satisfactory Professional and Ethical Behaviors (adhere to the AAMFT Code of Ethics and all other professional standards; professionalism policies outlined in the Olson & Program handbooks) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)

- Satisfactory Self of the Therapist progress (assessed by Trainee Evaluation Form (TEF) and faculty, supervisor's, clinical director report)
- Satisfactory development of Professional Marriage and Family Therapy Principles Core Competencies. (Assessed in coursework, final project rubrics, TEF, and faculty, staff, supervisors/clinical director reports).
- Appropriate and professional communication with program faculty and staff/ and clients/ and fellow students
- Satisfactory contact and interaction with clinical supervisor(s)
- Progress towards completing thesis (applicable), clinical demonstration, and portfolio

Marginal:

- Lack of program participation and involvement
- Lack of progress in completing coursework/attendance concerns
- A grade below a "B-" in any course
- Inadequate and/or difficulty Clinical Development and Case Conceptualization (Assessed using CC, TP & CA rubrics in relevant courses, TEF and faculty, supervisors/clinical director reports)
- Inadequate and/or difficulty with management and timeliness of Clinical Paperwork (including notes, treatment planning, terminations/closing cases, case management, scheduling, documenting, etc.) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Inadequate and/or difficulty with professional adherence to Clinic Policies (mandatory reporting, HIPPA, social media, etc-All policies outlined in the Olson Manual). (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Inadequate and/or difficulty with Professional and Ethical Behaviors (adhere to the AAMFT Code of Ethics and all other professional standards; professionalism policies outlined in the Olson & Program handbooks) (Assessed by TEF and faculty, staff, supervisors/clinical director reports)
- Inadequate and/or difficulty Self of the Therapist progress (assessed by Trainee Evaluation Form (TEF) and faculty, supervisor's, clinical director report)
- Inadequate and/or difficulty with the development of Professional Marriage and Family Therapy Principles Core Competencies. (Assessed in coursework, final project rubrics, TEF, and faculty, staff, supervisors/clinical director reports)
- Minimal contact with clinical supervisors (on and off-site)
- Minimal contact with (thesis, project) chair and committee members
- Poor performance in student employee positions
- Concerns about being unreliable, unprepared, unprofessional or unethical
- Thesis project Proposal not approved
- Little progress toward completing thesis, clinical demonstration or portfolio
- Poor communication/emails with program faculty and staff/ clients /fellow students (not responding within 24 hours, etc.)
- Other specific faculty concerns

Unsatisfactory:

- All points in marginal rating can become unsatisfactory depending on the severity of the problem
- Serious difficulty with coursework/attendance
- Failure to resolve any problems or fulfill any requirements indicated in a previous review/remediation plan
- A grade of “B-” in any two courses in one semester or a “C” in any core course.
- Non-passing grade in any practicum
- Violations of ethical or professional behavior
- Other specific faculty concerns

Termination of Graduate Status

Termination of graduate status may result if a student:

1. Fails to fulfill the university’s minimum registration requirement.
2. Requests to withdraw (with the intent to pursue a degree at another university, for personal reasons, or in response to program recommendation).
3. Is remediated due to marginal or unsatisfactory progress in the program and is unable or unwilling to comply with conditions for continuance outlined by the program.
4. Fails to make what the program or the university deem to be satisfactory progress toward a graduate degree.
5. Is deemed by the faculty to be unable to fulfill the requirements and responsibilities needed to provide competent and ethical care for individuals, families, and couples as a licensed Marriage and Family Therapist.

Program Completion

A student must successfully complete all of their course work, achieve the required clinical hours, and have a passing graduation audit in order to graduate.

Technology Requirements

The courses within the MFT program require use of the internet as well as databases such as KASA, Valt, and Brightspace as modalities for coursework and clinic paperwork. KASA and Valt are the case management software and clinic recording system that are used for clinic purposes, both meeting requirements to be HIPPA compliant. Brightspace is the learning management system that is used for coursework within the program. Students in the MFT program will be expected to use KASA, Valt, and Brightspace throughout their time in the program and thus are provided access to two computer labs at the Graduate Center for such purposes. The MFT program also provides students with access to Zoom to allow for video communication as needed.

Technology Training

Training is offered to all students in the MFT program through coursework and faculty. KASA and Valt trainings are provided to students specifically during Pre-Practicum as those sites are used to access client data. Access to additional technology training is available through Mount Mercy University's Library resources for workshops or one-on-one training.

Chapter 7: Student Support Opportunities

To help facilitate the professional growth of our student, we provide several opportunities for our student to contribute to the program.

Student Representation & Student Governance

Two student representatives from each cohort are elected from each cohort at the start of each academic year. The program graduate assistant oversees the election and cannot be a student representative. At least once each semester, the student representatives are required to utilize a formal mechanism of collecting feedback for faculty that is available to all students in their cohort (e.g., anonymous survey; cohort town hall). The student representatives are then responsible for sharing this feedback in a Student Representative Faculty Meeting, which is held each semester. Faculty summarize the feedback they receive and provide their response to it; they share a Faculty response document via email to all students and staff in the program. Student representatives are also encouraged to attend faculty meeting to share feedback at any other point that they believe it would be useful.

Financially Supported Opportunities

These are generally available but are dependent from year to year.

Clinic Administrative Assistant Work Study: A student who is eligible for federally granted work-study position, helps with administration of clinic tasks. This position works directly with the Program and Clinical Directors and is up to 20 hours a week.

Graduate Assistantships: Up to two graduate assistant students help both the Program and Clinical Directors in facilitating the functioning of the program and the clinic. Graduate assistants are responsible for many projects including the financials of the clinic, setting up the new students, running program and clinic events, annual accreditation, alumni and employee surveys, and many more special projects that aid in the functioning of the program and clinic. Graduate Assistants will receive tuition forgiveness up to 18 hours per contract year (including summers) and a stipend. The assistantship is limited to 20 hours a week and can last up to 3 years. When a GA position becomes available, students (1st or 2nd year) are invited to apply.

The Don Damsteegt MFT Scholarship is a \$1,000 one-time tuition award, given by an emeritus Mount Mercy psychology professor who continually sought to engage and enrich students' understanding of human function and ability. He intends to continue to inspire and build students' knowledge with this financial support.

Eligibility Criteria:

- This scholarship is presented to a Mount Mercy University second year Master's student in Marriage and Family Therapy;
- From Iowa;
- Enrolled full time;
- In good academic and "satisfactory" program standing; and
- A student who demonstrates economic hardship.

Those who are a single parent, distant commuter students, or minority identities, etc., are encouraged to apply.

Master's in Marriage & Family Therapy (MFT) Book Scholarship

The Master's in MFT Book Scholarship is funded annually by a graduate of Mount Mercy's MFT master's program. The amount of this award designated for books will be determined annually when the contribution is received from the donor.

Eligibility Criteria:

- Students in underserved populations who are enrolled in Mount Mercy University's MFT master's program are invited to apply.
- Approximately two awards will be made per class, per year.
- Applicants should be: enrolled full time, in good academic and "satisfactory" program standing.
- The award is renewable for a second year for students who continue to meet the eligibility requirements.

Travel Award Opportunities

To continue to support the opportunities for professional development for our student we have allotted funds to help support our student to attend and/or present at professional conferences and other academic events.

We can offer up to \$700 to students who have been accepted to present a poster, forum, workshop, etc. at a professional conference. This money is meant to support students in their travel and registration expenses. We have a designated amount of money that can be spent each year toward supporting MFT students' professional scholarship. So, we may not be able to award money to every student who submits a funding application. Additional details regarding how money will be awarded are presented below.

- Because presenting at a professional conference can be a Portfolio item for PhD students, PhD students will be given priority when awarding travel support. In other words, a masters student(s) could be awarded with travel funding, but faculty would first confirm (prior to awarding them with funds) that doctoral students won't be qualifying for all of the available funds.
- While we will happily support travel and registration costs to present at local professional conferences, we will prioritize supporting travel to national or international conferences, where applicable. In other words, if we have more requests for funding than we have money for, we will award money to students who have been accepted to present at

national or international conferences before awarding money to students who will be presenting at state or smaller conferences.

- Students should submit their application for funding once they have received confirmation of acceptance from the conference.
- More than one student could be presenting the same poster, forum, workshop, etc. Each student could be awarded (separately) up to \$700 to support their travel and registration expenses.
- Multiple students may travel to the same conference.
- Students will submit their funding application to the program coordinator. The application will be reviewed by the faculty and students will be notified what dollar amount they are being awarded.
- Students will need to pay for expenses out-of-pocket and then the costs will be reimbursed by the university. When awarded, the university's reimbursement form will be shared with you.
- A student may only be awarded once each academic year (August – August). A student could be awarded funding in consecutive years.
- Program funds can go toward covering conference registration costs, travel costs (e.g., plane tickets), lodging, and fees associated with the presentation (e.g., poster printing, if applicable). Food costs will not be reimbursed by the program.
- The application must contain the following information. It can be in any format (body of the email with attachments, a word document with attachments, a pdf, etc.). It should be sent to the program coordinator and the program director.
 - Name of the conference you plan to attend, the dates of the conference, and the location of the conference
 - A copy of the conference proposal submission(s) that was accepted
 - Verification that your proposal was accepted and that you will be presenting at the conference (e.g., copy of email saying that your proposal was accepted)
 - An estimate of how much the conference registration fee will be (almost all conferences have a student rate that is vastly reduced)
 - An estimate of how much travel to the conference will be
 - An estimate of how much you will spend on lodging for the conference
 - An estimate of any other related costs that are relevant to your application (e.g., the cost of printing your poster). The program will not be reimbursing for food or drink.
- When students present at the actual conference, they are required to use the university logo on their poster or slides and must identify themselves as MMU students as part of their presentation. They should also wear MMU colors or pins on the day they present, if possible. Students are asked to send pictures of themselves presenting at the conference to the program's social media manager so we can publicize your achievement.
- Reimbursements process through the University at large and can take up to a month to receive once received.

Chapter 8: Policies, Governance, and Grievance

Policies & Resources

Academic Center for Excellence

ACE offers services that support student academic endeavors. Services such as testing accommodations and access to computer software, as well as help with mastering statistics and writing assistance are available at ACE. Services are personalized, flexible and designed to complement and support academic performance. ACE offers day and evening hours, with weekend appointments available upon request. Students who show unsatisfactory progress in writing in the first two courses will be referred to ACE for follow-up services. Progress toward improved writing for those referred to the ACE will be reviewed in the May Faculty Retreat. A wide spectrum of MMU students use the Academic Center for Excellence, but all have one goal in common: to bring their skills to a new level of excellence. Please call for an appointment as needed.

Academic Honesty

First and foremost, students are expected to abide by the University's academic honesty policy, as outlined in the Graduate Academic Integrity Policy:

- Mount Mercy University values integrity and honesty in all aspects of academics and campus life. As part of the academic mission, the University provides definitions for which all students are responsible to know. Specific procedures for handling alleged incidents of academic dishonesty and misconduct are available in the complete Academic Integrity Policy, which is printed in the [Good Book](#) on the university website. All MFT program students are responsible for reviewing and understanding these policies.

Students who wish to examine the definition of plagiarism further may find the following websites helpful:

- Research Resources: www.plagiarism.org
- Avoiding Plagiarism: <http://owl.english.purdue.edu/owl/resource/589/01>
- Fair Use of Copyrighted Material: www.utsystem.edu/ogc/intellectualproperty/copypol2.htm

Academic Writing Guidelines

Written communication is vital in our modern society, and students' success in their educational endeavors will be substantially facilitated by their abilities to communicate clearly in their written assignments. Students will be expected to follow APA guidelines for all assignments. This section of the handbook is intended to provide a brief review of critical elements expected in professional writing for the program, as well as to highlight resources available to students.

Admissions

The MFT program facilitates admission of non-traditional students by accepting applications year round, having no entrance exam, and requiring no specific undergraduate coursework. Students' admission applications are considered complete after the Graduate Admissions office has received and processed the applications, transcripts, two professional letters of reference (three letters for the doctoral program), and a group or personal interview has been conducted by the Program Director and core faculty. After the students' application materials are complete they are reviewed by the Program Director, core faculty and Graduate Programs representatives to determine admission status.

Anti-Discrimination

The MFT program works to support the university's efforts to promote diversity, and in accordance with the policy outlined in the [Mount Mercy University Student Handbook](#) the MFT program prohibits discrimination on the basis of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religion and spiritual beliefs and/or affiliation, and/or national origin with regard to the recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, faculty, and supervisors or other relevant educators and/or staff.

Busse Library and Services for Graduate Students

Mount Mercy University graduate students are invited to build a working relationship with Busse Library's professional staff as they work towards completing required coursework and independent research endeavors. Busse Library offers WorldCat (its catalog) and a wide range of periodical databases reflecting peer reviewed literature. Access, to these resources and other library support services, is available 24/7 through the campus learning management system (Brightspace). To reach these opportunities, select **Library** from the main platform navigation or a course's top menu. MFT graduate students and faculty will find course specific guides and a program research guide among library support opportunities. Students and faculty use their Mount Mercy system credentials (login/password) to access research databases and other electronic resources.

Library services uniquely supporting graduate students include assistance with literature searches, clarification of article citations, consultations for APA Style needs, as well as locating articles and books within the local collection. When materials must be requested from other institutions, the library provides interlibrary loan services – at no cost – to graduate students. Articles are delivered electronically; books must be processed and are available at the main campus library for pick-up and return.

Interlibrary loan deadlines, for material returns, apply in all cases and may differ from standard library due dates. Communication, with the library team, may be required for delays. In the event a student fails to reply to library messages or creates an unreasonable delay in returning books obtained via interlibrary loan, the student will be charged for the cost of each book (typically \$100-\$150). Compliance with interlibrary loan standards is expected; problem situations may result in the revocation of book borrowing privileges from other institutions.

In support of graduate students, the library offers resources for the manuscript creation process, as well as opportunities to consult with professional staff regarding APA standards. Projects must meet all formal APA guidelines and document formatting needs before being published.

APA Style

Due to the widespread utilization of APA Style in publications across Marriage and Family Therapy professional literature, the MFT Program requires that students apply APA style within all written assignments completed as a part of program requirements. Students' utilization of APA style prepares them for professional writing across their careers and develops their abilities to be informed consumers of professional literature. Students are required to purchase the latest edition of the Publication Manual of the American Psychological Association, for sale in the University Bookstore or through online booksellers. It is important to note that, although students frequently reference the APA Publication Manual for instructions on documenting sources, APA Style is much more than a referencing guide. The initial chapters of the Manual include valuable writing tips related to avoiding bias in writing, as well as enhancing the clarity of one's writing. A number of websites have also been devoted to helping students learn APA style, and may be helpful for students as a supplement to the APA Publication Manual.

- Mount Mercy library web page <https://www.mtmercy.edu/citation-assistance>
- The Online Writing Lab of Purdue University:
<http://owl.english.purdue.edu/owl/resource/560/01/>

Correspondence from the Program and the University

Intermittent correspondence is necessary to keep students informed of changes in academic/departmental policies and procedures, as well as other information pertinent to student affairs. Such information may include changes in dates/time of courses or instructions for registration. All University correspondence will come to your Mount Mercy email address. It is imperative that you check this email address frequently. Please change your contact information on MyMountMercy if it changes.

Data Collection

Each year in the spring and summer the MFT program conducts a number of surveys to gather data that can be used to aid in decision making during the August Faculty Retreat. Students are surveyed to determine their satisfaction with the program, faculty, university services, etc. Alumni and employers are asked to report information concerning satisfaction with training, national licensing examination pass rates, licensure rates, employment, and employer satisfaction. Data is gathered by sending invitations through Survey Monkey to all students, alumni, and employers for whom contact information is available. Before the retreat, the faculty also contacts the registrar's office to determine graduation rates.

Portability of Degree

Although Iowa only requires 300 hours, some states require as many as 500-700 clinical hours to become eligible for a temporary license. Accordingly, if you plan to move to another state after graduation, be sure to look up their licensure requirements and plan accordingly. Portability of degree is first introduced through the program handbook, which all students are required to read prior to beginning courses. During Prepracticum course, students are required to complete an assignment that directs them to the directory of licensure boards found on the www.amftrb.org

website to explore and educate students on the portability of their degree. This provides them a resource for contacting licensure boards in other jurisdictions to inquire if the coursework, along with their master's coursework, will meet the educational requirements for licensure in that jurisdiction.

Recruitment

The Marriage and Family Therapy Program at Mount Mercy University utilizes a targeted recruitment strategy to find highly qualified and motivated individuals to enter the program. Although students of all educational backgrounds are welcome, the MFT program was developed with non-traditional, working-adult students in mind. To accommodate those who may be interested, the MFT program conducts two information sessions per year in the evening after regular business hours. The MFT program also uses a combination of social media and paid advertising in the Midwest region to attract new students.

Remediation and Program Separation

It is the job of faculty to not only educate, train, and supervise MFT students, but also to serve as the gatekeepers to preserve and protect the integrity of the profession. The responsibility to hold a high standard for those who will enter the field is taken seriously by faculty of the MFT program. When concerns are raised about a student therapist's ability or professionalism, remediation may be necessary, and the process will be initiated by the MFT program faculty. In such cases the MFT program faculty will convene and discuss the circumstances and determine an appropriate course of action. The outcome of this discussion may be probation, suspension, or dismissal from the program. As noted in Chapter 2, the Program reserves the right to exit anyone from the program at any time. Should probation be the decided course of action, a plan will be developed with the student for improved performance, along with benchmarks that the student must meet. Students may appeal the decision of the MFT program faculty using the graduate program's grievance procedures.

Retention

The MFT program wants success for each of the students who enter the program and works to facilitate graduation and program completion. The program fully avails itself of the services offered by the University. As stated on the University's Faculty and Staff Resources webpage "The Director of Retention is available to assist students in many key ways: a) Explore and address factors affecting their academic performance or progress and assist them in accessing campus resources and planning for future success; b) connect with academic and support resources and stay engaged in their college experience; c) communicate effectively with their instructors; d) sort out factors that contribute to them considering leaving MMU and assist them in gathering information and identifying and evaluating their options; and e) make recommendations for addressing barriers they face that may impede upon their academic success such as poor grades, difficulty finding motivation, class attendance issues, etc."

Student Membership in Professional Organizations

All students are expected to become actively involved in the professional organization(s) most closely associated with their interests and program of study. MFT students are required to join the American Association for Marriage and Family Therapy (AAMFT), the organization that acts as advocates for special interests of their members. It is in students' best interest that their

professional organizations be strong, purposeful, and effective in order to advocate for members, the profession, and public interests. Faculty members encourage students to become active, contributing members within their professional organizations.

Faculty and Student Governance

The MFT faculty provides governance through specific responsibilities assigned to the various members of the faculty. Each faculty member is required to fulfill the basic responsibilities of an MFT faculty. However, there are also two administrative positions within the program, the Program Director and Clinical Director. Both full-time and adjunct faculty are responsible for delivering instructional content, completing student assessments, and facilitating student progression through the program. The full-time faculty meet weekly to provide oversight to the processes and procedures related to curriculum delivery. The meetings also serve as an opportunity for faculty at large to discuss/address concerns regarding students when/if the situation may arise.

Student governance is valued in the MFT program and provides a means for student's opinions and voices to be heard by the faculty. Two student representatives from each cohort are elected at the start of each academic year. The program graduate assistant oversees the election and cannot be a student representative. At least once each semester, the student representatives are required to utilize a formal mechanism of collecting feedback for faculty that is available to all students in their cohort (e.g., anonymous survey; cohort town hall). The student representatives are then responsible for sharing this feedback in a Student Representative Faculty Meeting, which is held each semester. Faculty summarize the feedback they receive and provide their response to it; they share a Faculty response document via email to all students and staff in the program. Student representatives are also encouraged to attend faculty meeting to share feedback at any other point that they believe it would be useful.

While enrolled in the MFT program, students are encouraged to see these student representatives as a resource for providing feedback to faculty regarding program policies and procedures. Student representatives are encouraged to represent the MFT program in Family TEAM, under the direction of the Family TEAM student/associate representative.

Emotional Climate of Safety, Respect, and Appreciation

Faculty are deeply committed to ensuring that the program provides a safe and respectful emotional climate wherein students become effective MFTs. As such, we seek feedback on our program's emotional climate through multiple different mechanisms. The principal method through which we assess our program's emotional climate is the emotional climate survey. This survey is distributed via email as a Qualtrics link each Spring to all current students in the program. Results are reviewed in faculty meeting(s). During these meeting(s), faculty generate a Faculty Climate Survey Response that is distributed via email to all current students. The survey results and the faculty's response document are also shared with the provost's office. In addition to assessing the program emotional climate through the emotional climate survey, we also assess

the program's emotional climate via student representative meetings with faculty and the alumni survey.

Graduate Student Grievance Procedure

Grievances may arise in the following areas or situations:

1. Allegations of inadequate supervision or instruction which the student feels hindered in their ability to function adequately.
2. Disagreement with an evaluation of classroom or clinical performance.
3. Disagreement with faculty's decision regarding discontinuation of progression in the program(s) in question.
4. Disagreement with faculty or administration decision in other categories that would delay or prohibit progression in the program(s).
5. Disagreements with Mount Mercy administrators and/or Mount Mercy administrative staff members.

Required Steps before Initiating a Formal Grievance

1. Within 15 working days of the alleged injustice the student may initiate a conference with the involved person or persons to determine if they can resolve the problem(s) at this level. If the student decides not to initiate such a conference, they may not initiate a formal grievance.
2. A response from the involved faculty/administrative personnel to the student must be given within 5 working days.
3. If the student considers the response unacceptable and inconsistent with the alleged injustice, the student is to inform the involved faculty and/or Mount Mercy administrative staff member(s) within five working days that the response is considered unjust.
4. Then, if the student chooses, the student may initiate a grievance conference with the Program Director to whom the faculty/administrative personnel involved is responsible. A response to the student from the Program Director is due within 5 working days of the latter's receipt of the student's request for a grievance conference.

Formal Grievance Procedure

1. The formal written "Statement of Grievance" is to be submitted to the Provost within 10 working days following the student's grievance conference with the Program Director. The student may select an uninvolved faculty member to assist him/her in working through the steps of the grievance procedure.
2. The formal "Statement of Grievance" must include:
 - a. the date(s), time(s) of day, and setting relevant to the alleged injustice.
 - b. names of the person or persons involved.
 - c. the nature of the problem and alleged injustice.

- d. a narrative, objective description of events relevant to grievance.
 - e. the student's previous attempts to resolve the problem and the specific results of those attempts.
 - f. objective assessment(s) with documentation concerning specific aspects of the alleged, initial injustice and subsequent responses from involved faculty member(s) and/or administrative personnel.
3. Within 5 working days following step 1 of the formal grievance procedure, the Provost has the responsibility to convene a committee that will hear both sides. This committee shall consist of persons representing the following categories:
- a. Provost, or her representative serves, with no vote, as chair of the grievance committee. All other members shall vote.
 - b. One full-time Mount Mercy graduate faculty selected by the student.*
 - c. One full-time Mount Mercy graduate faculty member selected by involved faculty or administrative staff member.*
 - d. One graduate student representative, selected by the student, from the same class, specialty, or major field as the student.
 - e. The Program Director to be replaced by the department chairperson if the Program Director is the involved faculty member.
 - f. Mount Mercy's Equal Opportunity Officer representative, if different from all of the above.
4. Student shall receive the written recommendation of the committee, postmarked no later than 3 working days after the final meeting of the committee. Copies of the recommendation shall also be sent to the involved faculty member and the Program Director.
5. The committee chairperson shall also send the committee's recommendation to the President, who shall report in writing, normally within 5 working days, the decision to the committee the parties concerned. The President's decision is final.

****Note: The student and the involved other individual have the responsibility for informing the Provost of the name of each person selected by each of them within 1 working day of the student's distribution of the Statement of Grievance.***

Appendix A: Requirements and Process to Become a Licensed Marriage and Family Therapist (LMFT) in Iowa

The LMFT license in the State of Iowa is administered by the Board of Behavioral Science, Bureau of Professional Licensure (hereinafter, the Board), which operates within the Iowa

Department of Public Health. To obtain the LMFT designation, individuals must submit an application, pay an application fee, pass the licensure exam, and document post-graduate clinical experience. **The MFT Program strongly encourages students to complete the LMFT licensure process, and strives to ensure that students are adequately prepared to succeed in their pursuit of the LMFT designation by adhering to the AAMFT Educational Guidelines.**

The following are links to the Iowa law regarding licensure, intended to aid students' understanding of the steps and requirements for each step. However, students should contact the LMFT Board directly with any questions, and maintain regular contact with the Board as they complete the process. The Board's webpage (below) includes specific information about requirements, policies, and procedures. Students should review this information carefully prior to initiating the licensure process.

Contact information for the Board of Behavioral Science Bureau of Professional Licensure:

321 E. 12th Street

Des Moines, IA 50319-0075

515-281-0254

Fax 515-281-3121

Webpage: <http://www.idph.state.ia.us/licensure/BehavioralScience.aspx>

Laws and Rules related to marital and family therapy:

<https://idph.iowa.gov/Licensure/Iowa-Board-of-Behavioral-Science/Laws-and-Rules>

Portability of Degree

Although Iowa only requires 300 hours, some states require as many as 500 clinical hours to become eligible for a temporary license. Accordingly, if you plan to move to another state after graduation, be sure to look up their licensure requirements and plan accordingly. Portability of degree is first introduced through the program handbook, which all students are required to read prior to beginning courses. During the Prepracticum course, students are required to complete an assignment that directs them to the directory of licensure boards found on the www.amftrb.org website to explore and educate students on the portability of their degree. This provides them a resource for contacting licensure boards in other jurisdictions to inquire if the coursework, along with their master's coursework, will meet the educational requirements for licensure in that jurisdiction.

Appendix B: Core Competencies of AAMFT

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of marriage and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family

therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess. **The MFT program utilizes the AAMFT Core Competencies as the basis for assessment of Student Learning Outcomes. The competencies associated with each course are listed at the beginning and end of each course syllabus.**

Creating competencies for MFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: Mental Health: A Report of the Surgeon General; the President's New Freedom Commission on Mental Health's Achieving the Promise: Transforming Mental Health Care in America; and the Institute of Medicine's Crossing the Quality Chasm. The AAMFT mapped the competencies to critical elements of these reports, including IOM's 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person- Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable. The committee also considered how social, political, historical, and economic forces affect individual and relational problems and decisions about seeking and obtaining treatment.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 128 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of MFT.

The core competencies are organized around 6 primary domains and 5 sub-domains. The primary domains are:

1. **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
2. **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
3. **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
4. **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
5. **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
6. **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional.

Although not expressly written for each competency, the stem “Marriage and family therapists should begin” each. Additionally, the term client is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term family is used generically to refer to all people identified by clients as part of their family system, this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.

Domain 1. Admission to Treatment

1.1. Conceptual skills

- 1.1.1. Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.
- 1.1.2. Understand theories and techniques of individual, marital, family, and group psychotherapy.
- 1.1.3. Understand the mental health care delivery system and its impact on the services provided.
- 1.1.4. Understand the risks and benefits of individual, couple, family, and group psychotherapy.

1.2. Perceptual skills

- 1.2.1. Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context).
- 1.2.2. Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).
- 1.2.3. Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
- 1.2.4. Consider cultural and socioeconomic factors in mental health service delivery.

1.3. Executive skills

- 1.3.1. Gather and review intake information.
- 1.3.2. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
- 1.3.3. Facilitate therapeutic involvement of all necessary participants in treatment.
- 1.3.4. Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
- 1.3.5. Obtain consent to treatment from all responsible persons.
- 1.3.6. Establish and maintain appropriate and productive therapeutic alliances with the clients.
- 1.3.7. Solicit and use client feedback throughout the therapeutic process.
- 1.3.8. Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients’ care, and payers.
- 1.3.9. Manage session interactions with individuals, couples, families, and groups.

1.3.10. Develop a workable therapeutic contract/plan with clients.

1.4. Evaluative skills

1.4.1. Evaluate case for appropriateness for treatment within professional scope of practice and competence.

1.4.2. Evaluate intake policies and procedures for completeness and contextual relevance.

1.5. Professional skills

1.5.1. Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).

1.5.2. Collaborate effectively with clients and other professionals.

1.5.3. Complete case documentation in a timely manner and in accordance with relevant laws and policies.

1.5.4. Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

1.5.5. Draft documents required for treatment, including informed consent, release of information, and intake forms.

Domain 2. Clinical Assessment and Diagnosis

2.1. Conceptual skills

2.1.1. Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); co-morbidities related to health and illness; substance use disorders and treatment; diversity; and power, privilege, and oppression.

2.1.2. Understand the major mental health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.

2.1.3. Understand the clinical needs and implications of persons who suffer from co-occurring disorders (e.g., substance abuse and mental health).

2.1.4. Comprehend individual, couple, and family assessment instruments appropriate to presenting problem and practice setting.

2.1.5. Understand the current models for assessment and diagnosis of mental health and substance use disorders.

2.1.6. Understand the current models for assessment and diagnosis of relational functioning.

2.1.7. Understand the limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.

2.1.8. Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.

2.2. Perceptual skills

2.2.1. Determine the person or system that is the focus of treatment (i.e., who is the client?).

2.2.2. Assess each clients' engagement in the change process.

2.2.3. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and

interactions with client to guide the assessment process.

2.2.4. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.

2.2.5. Consider the influence of treatment on extra-therapeutic relationships.

2.2.6. Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.

2.3. Executive skills

2.3.1. Diagnose and assess client problems systemically and contextually.

2.3.2. Engage with multiple persons and manage multiple levels of information throughout the therapeutic process.

2.3.3. Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.

2.3.4. Apply effective and systemic interviewing techniques and strategies.

2.3.5. Administer and interpret results of assessment instruments.

2.3.6. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.

2.3.7. Assess family history and dynamics using a genogram or other assessment instruments.

2.3.8. Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.

2.3.9. Make accurate behavioral and relational health diagnoses.

2.3.10. Identify clients' strengths, resilience, and resources.

2.3.11. Elucidate presenting problem from the perspective of each member of the therapeutic system.

2.3.12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes.

2.4. Evaluative skills

2.4.1. Evaluate assessment methods for relevance to clients' needs.

2.4.2. Assess ability to view issues and therapeutic processes systemically.

2.4.3. Evaluate the accuracy of behavioral health and relational diagnoses.

2.4.4. Assess the therapist-client agreement of therapeutic goals and diagnosis.

2.5. Professional skills

2.5.1. Utilize consultation and supervision effectively.

Domain 3. Treatment Planning and Case Management

3.1. Conceptual skills

3.1.1. Know which models, modalities, and/or techniques are most effective for the presenting problem.

3.1.2. Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.

3.1.3. Understand the effects that psychotropic and other medications have on clients and the treatment process.

3.1.4. Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).

3.2. Perceptual skills

3.2.1. Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.

3.3. Executive skills

3.3.1. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.

3.3.2. Prioritize treatment goals.

3.3.3. Develop a clear plan of how sessions will be conducted.

3.3.4. Structure treatment to meet clients' needs and to facilitate systemic change.

3.3.5. Manage progression of therapy toward treatment goals.

3.3.6. Manage risks, crises, and emergencies.

3.3.7. Work collaboratively with other stakeholders, including family members and professionals not present.

3.3.8. Assist clients in obtaining needed care while navigating complex systems of care.

3.3.9. Develop termination and aftercare plans.

3.4. Evaluative skills

3.4.1. Evaluate progress of sessions toward treatment goals.

3.4.2. Recognize when treatment goals and plan require modification.

3.4.3. Evaluate level of risks, management of risks, crises, and emergencies.

3.4.4. Assess session process for compliance with policies and procedures of practice setting.

3.4.5. Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.

3.5. Professional skills

3.5.1. Advocate for clients in obtaining quality care, appropriate resources, and services in their community.

3.5.2. Participate in case-related forensic and legal processes.

3.5.3. Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.

3.5.4. Utilize time management skills in therapy sessions and other professional meetings.

Domain 4. Therapeutic Interventions

4.1. Conceptual skills

- 4.1.1. Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies.
- 4.1.2. Recognize strengths, limitations, and contraindications of specific therapy models.
- 4.1.3. Understand the risk of harm associated with models that incorporate assumptions of family dysfunction or pathogenesis.

4.2. Perceptual skills

- 4.2.1. Recognize how different techniques may impact the treatment process.
- 4.2.2. Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.

4.3. Executive skills

- 4.3.1. Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis.
- 4.3.2. Match treatment modalities and techniques to clients' needs, goals, and values.
- 4.3.3. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
- 4.3.4. Reframe problems and recursive interaction patterns.
- 4.3.5. Generate relational questions and reflexive comments in the therapy room.
- 4.3.6. Engage each family member in the treatment process as appropriate.
- 4.3.7. Facilitate clients developing and integrating solutions to problems.
- 4.3.8. Defuse intense and chaotic situations to enhance the safety of all participants.
- 4.3.9. Empower clients to establish effective familial organization, familial structures, and relationships with larger systems.
- 4.3.10. Provide psychoeducation to families whose members have serious mental illness or other disorders.
- 4.3.11. Modify interventions that are not working to better fit treatment goals.
- 4.3.12. Move to constructive termination when treatment goals have been accomplished.
- 4.3.13. Integrate supervisor/team communications into treatment.

4.4. Evaluative skills

- 4.4.1. Evaluate interventions for consistency, congruency with model of therapy and theory of change, and goals of the treatment plan.
- 4.4.2. Evaluate ability to deliver interventions effectively.
- 4.4.3. Evaluate treatment outcomes as treatment progresses.
- 4.4.4. Evaluate clients' reactions or responses to interventions.
- 4.4.5. Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
- 4.4.6. Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation) and their impact on effective intervention and clinical

outcomes.

4.5. Professional skills

4.5.1. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).

4.5.2. Set appropriate boundaries and manage issues of triangulation.

4.5.3. Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

Domain 5. Legal Issues, Ethics, and Standards

5.1. Conceptual skills

5.1.1. Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.

5.1.2. Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.

5.1.3. Know policies and procedures of the practice setting.

5.1.4. Understand the process of making an ethical decision.

5.2. Perceptual skills

5.2.1. Recognize situations in which ethics, laws, professional liability, and standards of practice apply.

5.2.2. Recognize ethical dilemmas in practice setting.

5.2.3. Recognize when a legal consultation is necessary.

5.2.4. Recognize when clinical supervision or consultation is necessary.

5.3. Executive skills

5.3.1. Monitor issues related to ethics, laws, regulations, and professional standards.

5.3.2. Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.

5.3.3. Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.

5.3.4. Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence.

5.3.5. Take appropriate action when ethical and legal dilemmas emerge.

5.3.6. Report information to appropriate authorities as required by law.

5.3.7. Practice within defined scope of practice and competence.

5.3.8. Obtain knowledge of advances and theory regarding effective clinical practice.

5.3.9. Obtain license(s) and specialty credentials.

5.3.10. Implement a personal program to maintain professional competence.

5.4. Evaluative skills

- 5.4.1. Evaluate activities related to ethics, legal issues, and practice standards.
- 5.4.2. Monitor personal issues and problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.

5.5. Professional skills

- 5.5.1. Maintain client records with timely and accurate notes.
- 5.5.2. Consult with peers and/or supervisors if personal issues threaten to adversely impact clinical work.
- 5.5.3. Pursue professional development through self supervision, collegial consultation, professional reading, and continuing educational activities.
- 5.5.4. Request third party reimbursement only for covered services.

Domain 6. Research and Program Evaluation

6.1. Conceptual skills

- 6.1.1. Know the extant MFT literature, research, and evidence-based practice.
- 6.1.2. Understand research and program evaluation methodologies relevant to MFT and mental health services.
- 6.1.3. Understand the application of quantitative and qualitative methods of inquiry in the practice of MFT.
- 6.1.4. Understand the legal and ethical issues involved in the conduct of clinical research and program evaluation.

6.2. Perceptual skill

- 6.2.1. Recognize opportunities for therapists and clients to participate in clinical research.

6.3. Executive skills

- 6.3.1. Read current MFT and other professional literature.
- 6.3.2. Use current MFT and other research to inform clinical practice.
- 6.3.3. Critique professional research and assess the quality of research studies and program evaluation in the literature.
- 6.3.4. Determine the effectiveness of clinical practice and techniques.

6.4. Evaluative skills

- 6.4.1. Evaluate knowledge of current clinical literature and its application.

6.5. Professional skills

- 6.5.1. Contribute to the development of new knowledge.

Appendix C: Suggested Schedules of Courses

List of Course Offerings in 2026-2027

Year One	Year Two
Block 1-3, Aug-Dec, 2026: Fall Semester	Block 1-3, Aug-Dec, 2026: Fall Semester
	MF 590 (.1V, .1W, .1X, .1Y) Practicum in MFT I**
Block 1-2, Aug-Nov, 2026 Fall Semester	Block 1-2, Aug-Nov, 2026 Fall Semester
MF 503.1T Family Systems (T)	MF 582.1T Models of Couples Therapy (T)
MF 640.1T Research Methods (W)	MF 630.1T Trauma, Violence, & Addiction (M)
	PhD Elective^:
	MF805.1T Neurophysiological Essentials (M from 1-5 pm)*
Block 3, Nov-Dec, 2026 Fall Semester	Block 3, Nov-Dec, 2026 Fall Semester
MF 569.3Z Ethical and Professional Issues in MFT (M/W)	MF 550.3Z Systemic Sex Therapy (T/R)
	PhD elective^:
	MF841.3Z Neuroscience and Emotion Regulation* (M from 1-5)
	MF820.3Z Communication Processes in Couples (W from 1-5)
Block 4-6, Jan-May, 2027 Spring Semester	Block 4-6, Jan-May, 2027 Spring Semester
	MF 690 (.5V, .5W, .5X, .5Y) Practicum II**
Block 4-5, Jan-April, 2027 Spring Semester	Block 4-5, Jan-April, 2027 Spring Semester
MF 518 Models of MFT (T)	MF 524 Human Development and the Family (T)
MF 602 The Cross-Cultural Family (R)	MF 571 Introduction to Play Therapy and Family Therapy (M)
	MF 605 Neuroscience for MFT (M)
	PhD elective^:
	MF 822 Attachment and Differentiation in Couples Therapy (M from 1-5 pm)
Block 6, April-May, 2027 Spring Semester	Block 6, April-May, 2027 Spring Semester
MF 545 Micro-counseling (2 sections, both are taught M/W)	MF 695 Thesis Direction (for those doing a thesis only)
Regarding MF760.7Z, this is the only PhD level course you may take in your 1 st year without special approval from faculty	PhD electives^:
	MF 760 Gender Affirming Couple and Family Therapy (R from 5:30 – 9:30 pm)
	MF 750 Professional & Community Leadership (R from 10 am – 2 pm)
	MF 847 Advanced Medical Family Therapy (T from 10 am – 2 pm)++
Block 7-9, May-Aug, 2027 Summer Semester	Block 7-9, May-Aug, 2027 Summer Semester
MF 546 Pre-Practicum (T from 7 – 9:30 pm)	MF 692 (.8v, .8W, .8X, .8Y) Practicum III**
Block 7-8 May-July, 2027 Spring Semester	Block 7-8 April-May, 2027 Spring Semester
MF 626 Psychopathology and the Family (M)	MF 665 Applications of Play Therapy (R)***
	PhD Elective^:
	MF 823 Couples in Crisis (W from 10 am – 2 pm)

Block 9 July-Aug, 2027 Summer Semester	Block 9 July-Aug, 2027 Summer Semester
MF 671 Therapeutic Methods with Parents & Children (M/W)	MF655 Spirituality & the Family (R)

- MF 605 Neuroscience for MFT is not being taught in 2027-2028 school year; thus, 1st year students should take it this year if it is an elective they wish to complete
- MF 647: Medical Family Therapy will not be offered in the 2026-2027 school year; it is scheduled to be taught in 2027-2028 school year. If 1st year students wish to take this course, they will do so in their 2nd year
- *Electives are italicized*, a student MUST have four to graduate.
- **Practicum courses run for 15 weeks and are continuous for the entire year.
- ^ Pending Instructor and Program Director approval, masters students may take up to 9 credit hours of electives from the doctoral program's elective courses. There are several options within the advanced couples; leadership; and neuroscience and medical family therapy tracks that are available. These are PhD-level courses; there will not be masters level remediation for the course work. As they are PhD level courses, they will be billed the tuition at the doctoral rate.
- * MF 605 Neuroscience for MFT is a prerequisite
- ++MF 647 Medical Family Therapy is a prerequisite

Appendix D: M.A. MFT Program Thesis Requirements

The thesis option in the Mount Mercy Marriage and Family Therapy (MFT) Program is intended to be an opportunity for students to gain experience in planning and conducting research. Gaining research experience is particularly important for students who are interested in pursuing a doctoral degree after completion of the MFT Master's Program. Students who are interested in completing a thesis should make this decision early and begin the process of selecting a thesis advisor during the first year of the program. **Students will register for MF 695 – Thesis Direction in the spring of the second year of the program.** What follows is intended to cover the responsibilities of students and faculty in the thesis process, as well as some general guidelines for completing the thesis and producing a final copy in a timely manner.

Thesis Format/Structure

The thesis should be completed using the manuscript structure outlined below. Students should discuss any variations in formatting with the thesis advisor before deviating from the structure. Templates for unique pages (e.g., Acceptance Page) may be made available upon request. The entire thesis should demonstrate perfect APA Style from the most recent edition. Students will need to purchase a copy of the APA Style manual and become familiar with the conventions contained therein.

Pages/Sections:

- Title Page
- Acceptance Page
- Copyright Page (optional)
- Acknowledgements Page (optional)
- Abstract
- Table of Contents
- Introduction/Literature Review
- Methods
- Results
- Discussion
- References
- Appendices
- Tables and Figures

Student Tasks and Responsibilities

Note: Failure to meet the deadlines outlines here will result in a student not being able to graduate on time or in the student being advised to drop thesis and taking another elective.

- Identify a thesis advisor from among the core MFT Program faculty and obtain agreement from that individual to serve as your advisor. (This must be completed before the beginning of Block 5 in the first year.)
- Determine additional member of the thesis committee with input from the thesis advisor and receive approval of a general thesis topic. (To be completed before Block 6 of the first year.)
- Register for MF 695 – Thesis Direction. This course should be taken during the spring semester of the second year.
- Have all research products (e.g., topic paper, IRB application, research proposal) reviewed by at least two peers before submitting to the thesis advisor.
- Submit the topic paper (template available upon request) to the thesis advisor and receive approval to continue forward with the proposed research problem. (Must be approved by the first day of Block 8 in the first year.)
- Submit an annotated bibliography with at least 50 references related to the approved topic to the thesis advisor. (Must be submitted by August 1 at the end of the first year.)
- Submit a research proposal to the thesis advisor for approval. (By end of Block 2 of second year.)
- Complete the Institutional Review Board process and receive approval to execute the proposed research. (Application must be submitted before end of Block 3, second year.)
- Maintain adequate communication with thesis student and committee member throughout the thesis process.
- Gather any necessary data and process the results. (IRB approval must be obtained before the first day of Block 4 in the second year; data collection must begin immediately thereafter.)
- Write a draft of the completed thesis for review by the thesis advisor. Incorporate any feedback from the thesis advisor into final draft. (Draft must be completed by the first day of Block 7, second year.)
- Provide copies of the final draft to the second committee member and receive feedback.
- Successfully complete an oral defense of the final draft. (Should be held during Block 8/9, second year.)
- Incorporate any additional feedback into final thesis copy.
- Obtain all necessary signatures for the approval page.
- Present a bound copy of the thesis to the thesis advisor. (Must be completed before end of Block 9, second year.)

Committee Composition

The thesis committee will consist of two professors, at least one of which must be a member of the core faculty of the MFT Program and will serve as thesis advisor. The thesis advisor will be expected to work closely with the thesis student throughout the thesis process and provide relevant advice and guidance. The second member of the committee may be another MFT Program core faculty member, a faculty member from another program at Mount Mercy University, or another individual from the professional community who holds at least a

doctorate level degree. Students are responsible for selecting committee members and asking those individuals if they would be willing to serve as committee members.

Thesis Advisor Tasks and Responsibilities

- Provide guidance about the thesis process and assist the student in completing the thesis requirements.
- Award credit for the completion of MF 695 – Thesis Direction upon successful completion by the student.
- Work with the student in the selection of a topic appropriate for a thesis.
- Help the student to select a second committee member that will aid in the completion of the thesis.
- Work with the student to set up reasonable goals and deadlines for thesis tasks and completion.
- Review and approve the research proposal.
- Assist the thesis student in completing the Institutional Review Board requirements.
- Provide feedback on written products within **15-20 working days**.
- Approve distribution of thesis draft to second committee member.
- Provide final approval of completed thesis, participate in oral defense, and assist thesis student in obtaining signatures for the approval page.
- Accept final copy of the bound thesis from the student.

Committee Member Tasks and Responsibilities

- The second committee member will be responsible for providing feedback on thesis drafts and sitting on the oral defense of the thesis.
- As with the thesis advisor, the committee member should provide feedback on all written products within **15-20 working days**.

Unable to Complete on Time or Failure to Complete

A student who is unable to complete the Thesis in time for their scheduled graduation will be required to pay a continuation fee and their graduation will be delayed until the Thesis is successfully completed. Any student who chooses the thesis option and fails to complete the thesis will not be able to graduate without additional coursework. In such cases, the student will need to complete the elective that was forgone in favor of the thesis option. Once the elective course has been completed the student will become eligible for graduation, assuming that all other course work has been completed satisfactorily.

Appendix E: Program Wellness and Wellbeing Policies

Maintaining One's Mental, Emotional and Physical Wellness

The program is committed to cultivating an environment in which students/student therapists are held to the same expectations that they will be held to by the state of Iowa and by the code of ethics, upon gaining temporary/permanent licensure. Chapter 33 Grounds for Discipline in Iowa Law Code states the following regarding mental wellness:

e. Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.

Similar, the AAMFT Code of Ethics states 3.12 (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances

Mental and Emotional Wellness Policy

As you are in a professional training program, students are expected to consistently monitor their own mental and emotional health and take appropriate steps to mitigate any mental and emotional health concerns that may inhibit them from properly engaging in professionalism in the classroom or performing their clinical and ethical duties in the Olson MFT Clinic and at offsite placement. If we as a faculty and/or supervisors see you struggling we will talk with you and explore possible solutions when necessary. If we as a faculty see that after such conversations you are not taking appropriate actions to manage your wellness, we may need to intervene with a remediation plan.

Physical Wellness and Sick Policy

Similar to mental and emotional health, physical health is also critical to maintain the health and wellness of the program at large, your cohort colleagues, Olson MFT Clinic staff, and the clients and vulnerable community members we serve in this profession, as well as your own need for rest and recovery. Students who are feeling physically unwell, ill or sick are asked to not come to classes or the Olson MFT clinic and/or offsite placement. You will need to reach out to you instructors and/or supervisors on what needs to happen for class and client time while you are out. If it becomes a long-term illness/sickness that affects your ability to fully participate in classes and/or clinical practice the program will intervene, which could be remediation and/or dismissal. Student are asked to be symptoms free for a minimum of 24 hours before returning to class and/or clinical practice. Students who are asymptomatic but are in living arrangement with sick or ill individuals, should also not attend class and/or clinical practice until confirmation by a physician that it is not contagious or the individuals are symptom free for at least 24 hours.

Substance Use/Abuse Policy

As you are in a professional training program, students are expected to consistently demonstrate professional behavior, which also includes abstaining from substance use while in class or while providing therapy services. We are committed to cultivating an environment in which student therapists are held to the same expectations that they will be held to by the state of Iowa upon gaining temporary/permanent licensure. Chapter 33 Grounds for Discipline in Iowa Law Code states the following regarding substance use/abuse:

33.2(7) Habitual intoxication or addiction to the use of drugs. a. The inability of a licensee to practice with reasonable skill and safety by reason of the excessive use of alcohol on a continuing basis. b. The excessive use of drugs which may impair a licensee's ability to practice with reasonable skill or safety.

For this reason, we instill the following policy

Students/therapist are prohibited from unlawfully consuming, possessing or using controlled substances while in class, before coming to class, or during/before therapy session. In addition, students/therapists may not be under the influence of any controlled substance, such as drugs or alcohol, while on campus, while working at the Olson MFT Clinic or any clinical placement, or while engaged in any Olson Clinic or clinical placement business. Prescription or over-the-counter medications, taken as prescribed, are an exception. Anyone violating this policy may be subject to disciplinary action, up to and including dismissal from the program.

Self-Care Policy

Self-Care is a critical part of this program and profession, and your mental, emotional and physical health. It is required that students/student therapists practice strong and diligent self-care practices while in this program. "Self-Care is a discipline, not an indulgence." Self-Care at its base is often "boring" and a daily dedication. The MFT Program expects you to maintain your mental and physical health including but is not limited to: -Monitoring your mental, emotional and physical health continually -Seeking therapy services should your mental and/or emotional health be struggling -Engaging in pro-active self-care and boundary setting in your life

Self-Care includes, but is not limited to:

- Emotional- Helps you connect, process and reflect on your full emotional range. Examples: Seeing a Therapist; Journaling and/or Gratitude practice; art and creative processes; leisure activities and hobbies; get outside; boundary setting; etc.
- Practical- Tasks and everyday core aspects of life in order to prevent future stress Examples: Creating a Schedule; creating a Budget; Taking Daily Medication as directed; make appointments; do laundry; etc.

- Physical- Looking after your physical wellbeing and health Example: Move in ways that feel good; go to the doctor; sleep 7-9 hours a night and good sleep hygiene; go outside once a day; stay hydrated and gentle nutrition; etc.
- Mental- Stimulate your mind Example: Mindfulness, self-compassion and acceptance; entertainment for joy and learning (not doom scrolling); get outside; etc.
- Social- Nurture and Deepen the relationships and support people in your life Examples: Date night with partner; call your support people weekly; child centered fun time; time without the kiddos; coffee or game night with friend; time with pets; etc.
- Spiritual- Deepens sense of meaning, understanding, compassion, and connection outside yourself Examples: Mindfulness, Gratitude, Reflection and intention setting; get outside; Use creative processes (food, art, music, dance, gentle movement); Prayer; Attend Religious services and events; etc.

Self of Therapist Policy

Self of the Therapist work is an essential practice that asks our supervisors, faculty, student therapists to each complete introspective work into themselves. A therapist is a human being with their own set of emotions, values, biases, traumas, experiences that can impact the therapeutic alliance and/or relationship. We as a program have integrated Self of Therapist work into our courses, because this work is what we believe makes competent and skillful therapists. Self of Therapist work is not easy and can be challenging at times, but this work is key to your development as a therapist.

The MFT Program expects you to engage with Self of Therapist work for your professional development and creation of the therapeutic relationship. According to Michael Lambert Common Factors Theory, the therapeutic alliance and/or relationship is responsible for 30% of the success of therapeutic goals (1986). We as systemic therapists believe that the relationship with the client is the most important variable in the process of change. The therapeutic relationship is not something that is easily created or maintained. At any points the therapeutic relationship can experience strain or fracture. As the therapeutic relationship is the focus of treatment, it is important to reflect on the changes happening within the therapist/client relationship as well as the internal changes within the therapist (Bachelor & Horvath, 1998). Self of Therapist work is used to help therapist process their own internal issues that may distract from having a healthy relationship with your clients.

There are several dangers to the therapist when creating therapeutic relationships. Compassion fatigue as described by Figley (2002) is a type of burnout experienced by therapists when engaging in some form of empathic engagement with clients, with no care given to the emotional toll placed on the therapist. Sigmund Freud developed conceptions of transference and countertransference (Nichols, 2017). Transference being occurrence in which the person transfers feelings for other onto the therapist (Nichols, 2017). Countertransference is an occurrence where the therapist transfers emotions to a person in therapy (Nichols, 2017). Nested/Embedded emotions as defined by Sue & Sue (2018) are unacknowledged emotions

regarding one's thoughts about race, culture, gender, and other variables of culture. Compassion Fatigue, Transference and Countertransference, Nest/Embedded emotions are a few of the many dangers to the therapist's self of therapist. When therapists are not in control of their reactions or emotions, they may be more of a hindrance to the therapist process rather than an instrument of change.

An important part of being a therapist is acknowledging that we are human and bringing ourselves into the therapy room. Strategies to check in with Self of Therapist, but not limited to: embracing your emotions and processing them, continuous introspection, communication with your supervisors, processing with your own therapist, continued education on self of therapist work, engagement in self-care, etc (Shamoon et al., 2017).

Appendix F: Practicum Forms

OFFSITE PRACTICUM APPLICATION

The form needs to be completed for each student therapist, regardless of a new or established placement. This is an application; it does not guarantee acceptance of placement until signed by Clinical Director.

Agency Name: _____

Address: _____

To apply, the student needs to contact:

Name: _____ Title: _____

Phone: _____ Email: _____

The Agency requires a _____ month commitment and a minimum of _____ hours per week.

Student Therapist will provide services to:

- € Children (under 8)
- € Couples
- € Families
- € Groups
- € Individual Adults
- € Older Adults (65 +)
- € Youth/Adolescents (8-17)
- € Other: please specify: _____

Student Therapist will:

- € Do Co-therapy (licensed professional)
- € See Client on their own
- € Provide Group Therapy
- € Provide School Based Therapy
- € Provide In-Home Therapy
- € See Inpatient/Residential Clients
- € Other: please specify: _____

Agency's Specializations/Modalities:

(play therapy, couples therapy, etc.; IFS, EFT, CBT, etc.; EMDR, Trauma, infidelity, LGBT+, etc.)

Supervision

The On-Site Supervisor will provide the Student therapist with at least 1 hour of supervision for every 5 hours of direct client contact or a minimum of 1 hour per week. At least 1 hour of supervision will be individual (no more than two student therapists and one supervisor). Supervisor MUST be a licensed mental health provider

Who will be providing the student therapist with on-site supervision:

Supervisor Name: _____

Supervisors Title: _____

Supervisors Phone: _____ Email: _____

License (Type, #, State): _____

Date License acquired: _____

Date of Expiration: _____

Supervisors Specializations/Modalities:

(play therapy, couples therapy, etc.; IFS, EFT, CBT, etc.; EMDR, Trauma, infidelity, LGBT+,)

Please indicate which of the following options applies to the proposed supervisor:

_____ **1: AAMFT-approved supervisor** (we will need a copy of the AAMFT-approved supervisor certificate)

_____ **2: Behavioral Science Supervisor approved by the Iowa Department of Public Health**, this can include LMFTs, LMHCs, and LISW (we will need a screenshot from the online list of Behavioral Science Supervisors found here: <https://idph.iowa.gov/Licensure/Iowa-Board-of-Behavioral-Science/Behavioral-Science-Supervisors>)

_____ **3: the supervisor is not an approved supervisor but “is an LMFT with at least three years of clinical experience following full licensure.”** Offsite agency and supervisor agree that students are permitted and required to seek case consultation with their Mount Mercy University practicum supervisor about ALL off-site cases.

_____ **4: the supervisor is not an approved supervisor, does not meet at least three years of clinical experience following full licensure, but is a temporarily licensed or fully licensed MFT.** Offsite agency and supervisor agree that students are permitted and required to seek case consultation with their Mount Mercy University practicum supervisor about ALL off-site cases.

Options 3 or 4 require special approval; please indicate why you are seeking an exception based on the following criteria (e.g., expertise in presenting concern or population; location of services; other reason):

Statement of Exception Request: _____

If approved: Exception Approval Signature from Clinical Director: _____ **Date:**

Signatures

Student Therapist: _____ Date: _____

Off-Site Supervisor: _____ Date: _____

If not the same person as Offsite supervisor:

Agency/Site Representative: _____ Date: _____

MMU Clinical Director: _____ Date: _____

OFFSITE PRACTICUM MATERIALS CHECKLIST**Forms Needed:**

- ☐ **Offsite Application**
- ☐ **Offsite Agreement**
- ☐ **Offsite Grievance Policy**
- ☐ **Offsite Supervisor's Curriculum Vitae or Resume**
- ☐ **Offsite Supervisor's Supervision Documentation** (e.g., AAMFT-approved supervisor certificate)

For staff purposes only: Explanation of missing forms: _____

Form Auditor Signature: _____ Date: _____

OFFSITE PRACTICUM AGREEMENT

The Marriage and Family Therapy Program at Mount Mercy University and

(site/agency name) _____

agree to the following criteria for serving as an off-site Practicum for

(student

therapist) _____

UNIVERSITY RESPONSIBILITIES/CLINICAL DIRECTOR:

- The Clinical Director will ensure that the student therapist has met academic and pre-training requirements (liability insurance, etc) and is prepared for practicum.
- The Clinical Director will provide the Site Supervisor evaluation forms for use with the student therapist.
- The Clinical Director will provide the Student therapist with evaluation forms for the Site and the Off-site Supervisor.
- The Clinical Director will collect and verify the student therapist's client contact and supervision hours at the end of each practicum and overall program total.
- The Clinical Director or On-campus Supervisor will assign a grade (Pass/Fail) for each Practicum Block (MF 590, MF 690, MF 692, and MF 700 if needed).
- The University/Program will provide AAMFT-approved supervision or its equivalent in addition to on-site supervision.
- The Clinical Director will stay in communication with the off-site supervisor should any concern arise regarding student therapists.

STUDENT THERAPIST RESPONSIBILITIES:

- **The Student therapist will conduct at least _____ hours of direct client contact each week and perform other related duties as arranged with the Off-Site Supervisor for _____ months.**
- The Student therapist must register for Practicum credit (MF 590, MF 690, MF 692 & MF 700s if needed) while performing duties at the Site.
- The Student therapist will submit a report of number hours and type of client contact and number of hours of supervision, signed by the On-Site Supervisor at the end of each 15-week practicum block.
- If the onsite supervisor is not state approved for MFT supervision or an AAMFT approved supervisor, students are REQUIRED to case consult with their Mount Mercy practicum supervisor about ALL off-site cases.
- The Student therapist will complete an evaluation of the Site and the Off-Site Supervisor at the end of each Practicum Block and turn the evaluations into the Clinical Director.
- The Student therapist is responsible for seeing that all forms and evaluations required for a grade or graduation are turned into the Clinical Director by the assigned deadlines.
- The Student therapist is ultimately responsible for ensuring that all requirements for completion of the Practicum requirements have been met.
- The Student therapist is responsible for maintaining timely communication to both program Clinical Director and Program Supervisor, and Off-site supervisor.

PRACTICUM SITE RESPONSIBILITIES:

- The Off-Site Supervisor will be an AAMFT-approved supervisor, a Behavioral Science Supervisor approved by the Iowa Department of Public Health, or an LMFT/tMFT seeking an exception **Documentation of qualifications will be provided to the Clinical Director (See Application).**

- The Off-Site Supervisor will provide the Student therapist with a minimum of 1 hour of supervision a week for UP TO 5 client contact hours and one additional hour for every five client contact hours after that.
- At least 1 hour of supervision a week will be individual supervision (no more than two student therapists and one supervisor). Additional hours of supervision may be group, with groups not to exceed eight student therapists at any one time.
- The practicum site agrees that if the off-site supervisor is **not** state-approved for MFT supervision or an AAMFT-approved supervisor, students are permitted and required to case-consult with their Mount Mercy practicum supervisor about all off-site cases.
- The On-Site Supervisor or appointed administrator will provide the Student therapist and the Clinical Director a copy of the policies regarding grievance procedures and non-discrimination disclosures if available. **(Please Attach)**
- The On-Site Supervisor agrees to evaluate the Student therapist after each 15-week Block. A form will be provided by the Clinical Director for this purpose. Evaluations will be done in consultation with the Student therapist and will require the signature of both the On-Site Supervisor and the Student therapist before they are given to the Program.
- **The Supervisor/Site will immediately contact the MMU Clinical Director if they have/discover ethical or legal or therapy skill concerns of the student therapist.**
- The Site will provide Student therapists with a variety of opportunities to provide direct clinical therapeutic services to individuals, couples, and families. Student therapists may also participate in psychoeducational groups, play therapy, case consultation, collaboration with other health care providers and co-therapy, even though not all count as direct client contact.

**Pending Program Approval, Student Therapist may start offsite placement no earlier than:
Sept. 7th, 20__.**

This agreement will be in effect from the signature date and continue for one year, at which time the agreement will need to be evaluated and renewed. The agreement can be revised or terminated by either party with 30 days written notice. The Site agrees to give reasonable consideration to Student therapists and allowances made for their successful completion of contact hours.

Student Therapist: _____ Date: _____

Supervisor: _____ Date: _____

Agency/Site Representative: _____ Date: _____

MMU Clinical Director: _____ Date: _____

Appendix G: Trainee Evaluation Form

Practicum (circle one): Pre I II III Extend

Trainee Name: _____

Completed By: _____

Please rate the trainee (above) on each of the following items based on the scale below
(this is assessed from the expected level of competency at the end of the program), thus:

Pre-Practicum students are expected to be rated in the mostly 0-1 range; with the minimum average score above 0.
Practicum 1 students are expected to be rated mostly in the 1-2 range; with the minimum average score of 1 of 4.
Practicum 2 students are expected to be rated mostly in the 2-3 range; with the minimum average score of 2 of 4.
Practicum 3 students are expected to be rated mostly in the 3-4 range, with the minimum average score of 3 of 4.

Rating Scale

4=Outstanding: Strong mastery of skills and a thorough understanding of concepts

3=Mastered Basic Skills/Competent at Overall Level: Understanding of concepts/skills evident

2=Developing: Minor conceptual and skill errors; in the process of developing

1=Deficits: Significant remediation needed; deficits in knowledge/skills

0=Missing: skill/concept/knowledge is not present though it would be expected to be present

NA=Not Applicable: Unable to measure with given data (do not use to indicate deficit)

CEA	Clinical Experience & Application	<u>N/A</u>	<u>Missing</u>	<u>Deficits</u>	<u>Developing</u>	<u>At Level</u>	<u>Outstanding</u>
1.	Creates an atmosphere of acceptance and understanding.	N/A	0	1	2	3	4
2.	Attends to clients' emotional climate in order to build trust.	N/A	0	1	2	3	4
3.	Engages clients in the therapeutic process.	N/A	0	1	2	3	4
4.	Develops mutually agreeable goals for therapy.	N/A	0	1	2	3	4
5.	Determines boundaries, hierarchies, and patterns within families.	N/A	0	1	2	3	4
6.	Identifies psychosocial and environmental influences on each client.	N/A	0	1	2	3	4
7.	Coordinates therapy with relevant individuals/institutions.	N/A	0	1	2	3	4
8.	Facilitates therapeutic involvement of all necessary participants in treatment.	N/A	0	1	2	3	4
9.	Matches the needs of the client with an appropriate therapeutic approach.	N/A	0	1	2	3	4
10.	Assists the client in developing effective problem-solving abilities.	N/A	0	1	2	3	4
PPE	Clinic Policy, Professionalism & Ethics						
1.	A pre-session phone call is made after 48 hours from scheduling and session notes are done within 24 hours or adheres to offsite policy regarding timeliness	N/A	0	1	2	3	4
2.	Establishes a sequence of treatment processes in a treatment plan.	N/A	0	1	2	3	4
3.	Treatment Plans are done in 24 hours after the 3 rd session or offsite policy	N/A	0	1	2	3	4
4.	Evaluates clients' outcomes for the need to continue or terminate therapy.	N/A	0	1	2	3	4
5.	Client Satisfaction/Outcome Surveys are administered as directed by clinic policy	N/A	0	1	2	3	4

6.	Cases are terminated in an appropriate and timely manner as defined by Olson/Offsite Clinic Policy	N/A	0	1	2	3	4
7.	Student maintains open & timely lines of communication with faculty/staff-e.g. responds to email/messages in timely manner	N/A	0	1	2	3	4
8.	Integrates supervisor/team communications into treatment.	N/A	0	1	2	3	4
9.	The student demonstrates understanding/follows through on mandatory reporter laws	N/A	0	1	2	3	4
10	Recognizes when consultation with a colleague/supervisor is appropriate.	N/A	0	1	2	3	4
11	Assessment and documentation of Risk factors (IPV, Suicidality, drug use, etc.)	N/A	0	1	2	3	4
12	Can assess an adult client's behavior based on DSM-5 criteria	N/A	0	1	2	3	4
13	Can assess adolescent client's behavior based on DSM-5 criteria.	N/A	0	1	2	3	4
14	Can assess a child client's behavior based on DSM-5 criteria.	N/A	0	1	2	3	4
15	Adheres to the confidentiality set forth within the classroom setting.	N/A	0	1	2	3	4
16	Shows respect through behavior and communication.	N/A	0	1	2	3	4
17	Maintains professional boundaries.	N/A	0	1	2	3	4
18	Respects the ethical and moral values of the school and peers.	N/A	0	1	2	3	4
19	Demonstrates academic and professional integrity.	N/A	0	1	2	3	4
20	Represents Self and the Olson/Clinic in a professional and ethical manner	N/A	0	1	2	3	4
21	Follows all clinic policies as outlined in Olson Handbook or offsite policy	N/A	0	1	2	3	4
DP	Issues of Diversity & Power						

1.	Expresses respect for diversity through behavior & communication by treating others fair/equal.	N/A	0	1	2	3	4
2.	Student values and respects client's identified culture	N/A	0	1	2	3	4
3.	Student values and respects the client's identified gender	N/A	0	1	2	3	4
4.	Student values and respects the clients identified sexual orientation	N/A	0	1	2	3	4
5.	The student demonstrates knowledge about issues of power and diversity	N/A	0	1	2	3	4
6.	The student demonstrates knowledge about low-income clients	N/A	0	1	2	3	4
7.	The student demonstrates knowledge about the client's culture	N/A	0	1	2	3	4
8.	Student demonstrates knowledge about client's gender	N/A	0	1	2	3	4
9.	The student demonstrates knowledge about the client's sexual orientation	N/A	0	1	2	3	4
10	The student understands the current sociopolitical system and its importance	N/A	0	1	2	3	4
11	The student is aware of institutional barriers which might affect client's circumstances	N/A	0	1	2	3	4
12	Student attempts to perceive the presenting problem within the context of a client's diverse experiences, values, and lifestyle	N/A	0	1	2	3	4
13	The student is aware of their own values and how they might affect the client	N/A	0	1	2	3	4
14	Student demonstrates curiosity, sensitivity, and receptivity regarding client's expression of identity/cultural identity/diverse experience and identity expression.	N/A	0	1	2	3	4
SOT	Self-of-the-Therapist						

1.	Recognizes when personal biases may influence the therapeutic process.	N/A	0	1	2	3	4
2.	Responds appropriately to peer and staff feedback.	N/A	0	1	2	3	4
3.	Responds appropriately to faculty feedback (e.g. does not emotional withdraw or become reactive)	N/A	0	1	2	3	4
4.	Demonstrates insight into the interaction between personal experience and professional material and the influence of this interaction on academic and clinical functioning.	N/A	0	1	2	3	4
5.	Exhibits critical awareness of personal barriers and challenges to ethical and satisfactory academic and clinical functioning.	N/A	0	1	2	3	4
6.	Identifies and utilizes personal strengths and resources in academic and clinical settings.	N/A	0	1	2	3	4
7.	Demonstrates appropriate and ethical boundaries in relation to faculty, fellow students, and clients and critically examines barriers to this requirement.	N/A	0	1	2	3	4
8.	Demonstrates competency in the effective use of self-disclosure in clinical practice, including critical insight into the motivations behind the use of self-disclosure.	N/A	0	1	2	3	4
9.	Demonstrates the ability to identify personal worldview and values and the influence of one's worldview and values on academic and clinical functioning.	N/A	0	1	2	3	4
PTH	Preparation for Teletherapy Practice						
1	Consistently assessed for client/s identity, physical location, safety, and comfort in continuing the telehealth session.	N/A	0	1	2	3	4

2	Creates an environment of comfort and safety for client/s	N/A	0	1	2	3	4
3	Assists clients in understanding technologies involved in making telehealth services successful.	N/A	0	1	2	3	4
4	Discusses barriers to technology during informed consent and works collaboratively with client/s to work through barriers.	N/A	0	1	2	3	4
5	Acknowledge unique systemic or multicultural barriers to telehealth and works to strengthen rapport that may be lost due to distance.	N/A	0	1	2	3	4
6	Protects and maintains client/s confidentiality in all forms of communication while conducting telehealth services	N/A	0	1	2	3	4

Student Learning Outcomes (assessed only at final semester evaluation)

1	Students will demonstrate <u>knowledge</u> of and the ability to <u>practice</u> the major MFT models of therapy.	N/A	0	1	2	3	4
2	Students will demonstrate couple and family therapy skills and <u>knowledge</u> necessary to assess, diagnose, and treat mental health problems with <u>diverse</u> populations.	N/A	0	1	2	3	4
3	Students will demonstrate <u>knowledge</u> of, and critically evaluate, <u>research, ethical and practice</u> issues in the field of MFT.	N/A	0	1	2	3	4

* N/A are evaluated at semester average minimum requirement

Please provide explanation/rationale of any "NA" responses:

What do you believe are this trainee's strongest clinical skills?

On which skills do you think this trainee should most focus during supervision at this time?

Do you have specific concerns regarding this trainee's skills? If so, please describe them here.

Signatures indicate that trainee has been provided with a copy of this evaluation and allowed the opportunity to have all questions answered regarding the evaluation. The trainee's signature does NOT imply agreement with the evaluation.

Trainee Signature

Date

Evaluators Signature

Date

Appendix H: Supervisor Evaluation Form

Mount Mercy University Marriage and Family Therapy Program Supervisor Evaluation

Please complete the following form based on your experience with your supervisor/placement. The information shared on this form will be shared with the supervisor and/or placement in aggregate form only. Information that can identify an individual student will be redacted.

Student Name: _____

Placement (circle one): Olson MFT Clinic Offsite -name : _____

Supervisor: _____

Please make general comments about the strengths and weaknesses of the Clinic based on your experience in the areas listed below.

1. General practicum site environment:

2. Opportunities for development as a professional and direct client contact:

3. Quality of supervision offered:

4. Describe anything about the Placement or your activities there that you think can be improved:

5. Describe if and how you did or did not achieve your goals at this practicum site:

Please use the scale below to rate your experience at this placement in the following areas:

“Sufficient” is defined as adequate to meet the need to graduate. It is NOT asking about satisfaction or how much liked it- it is asking about meeting the goals to graduate with baseline competency as defined by COAMFTE accreditation standards.

- 1 = Less than Sufficient
- 2 = Sufficient
- 3 = More than Sufficient

	1	2	3
1. Interest of clinical staff in working with you.			
2. Interest of front desk staff in working with you.			
3. Cooperation with front desk staff, faculty, etc.			
4. Willingness of clients to work with a student therapist.			
5. Directions and instructions were provided adequately about site expectations.			
6. Adequate space was available for conducting sessions with clients.			
7. Hours of individual counseling experience available.			
8. Hours of relational hours available.			
9. Hours of co-therapy/team therapy available.			
10. Hours of Telehealth therapy available			
11. Technology was secure and confidential for telehealth services			
12. Degree to which student is considered a valued member of the clinic.			
13. Amount of feedback available to the student about performance.			
14. Diversity of opportunities to gain related job experience.			
15. Availability of supervision when questions arise.			

16. Degree to which the clinic demonstrates professionalism.			
16. Overall rating of the clinic.			

The space below may be used to expand on any of the rating made above:

Please use the scale below to rate your experience with the supervisor in the following areas:

“Sufficient” is defined as adequate to meet the need to graduate. It is NOT asking about satisfaction or how much liked it- it is asking about meeting the goals to graduate with baseline competency as defined by COAMFTE accreditation standards.

- 1 = Less than Sufficient
- 2 = Sufficient
- 3 = More than Sufficient

	1	2	3
1. Has clear knowledge and skill in providing therapy.			
2. Communicates expectations clearly.			
3. Demonstrates a willingness to support student individuality.			
4. Provides adequate positive and constructive feedback.			
5. Is respectful of the student’s contributions to case work.			
6. Models standards of professionalism in student interactions.			
7. Upholds ethical standards consistent with the field.			
8. Is available for consultation and feedback.			
9. Is timely in communication and response time.			
10. Uses effective means of mentoring students.			
11. Consistently holds weekly structured supervision.			
12. Encourages more student independence over time.			
13. Willing to hear student feedback about supervision.			
14. Provides an opportunity to case review in group setting.			
15. Provides an opportunity to case review in an individual setting.			
16. Encourages growth in student’s preferred approach.			

17. Offers helpful feedback during live supervision.			
18. Provides a climate of safety for diverse, underserved and/or marginalized people/students			
19. Is helpful, calm and supportive during times of client crisis			
20. Demonstrates importance and support of Self-of-The-Therapist growth.			
21. Is systemic minded and helps students conceptualize and treat from a systemic framework.			
22. Supportive and Effective supervision for nuances of telehealth therapy			

Appendix I: Practicum Hour Log

APPENDIX L: PRACTICUM HOUR LOG PRACTICUM CLINICAL EXPERIENCE SUMMARY (HOUR LOG)

Practicum Number (I, II, or III) _____

Therapist Name: _____

Site Name (One form per site) _____

Beginning/End Dates: _____

MODE OF DELIVERY	UNIT IN THERAPY			
	Individual	Couple	Family	TOTAL
Individual Student Therapist				
Co-Therapy				
% of TOTAL				TOTAL
Relational Hours Total				
Telehealth Hours (out of Total Hrs)				
Student Signature: _____				

of Unique MMU Students Seen: _____
Olson

of Hours for MMU Students done: _____
Olson

Hours MMU Faculty/Staff/Family: _____

Hours Veteran/Family: _____

Therapy Hours

Clinical Contact Hours are defined as therapist and client therapeutic meetings in the same physical location. Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family, but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours.

Individual Clinical Hours are defined as a therapist working with one individual in the therapy room.

Couple or Family Clinical Hours are defined as a therapist working with two or more people in the room who define themselves as a couple or family. When the two or more people do not define themselves as a couple or family, the therapist consults with the supervisor to determine which category the therapy best fits for reporting purposes.

Supervision Hours

Individual Supervision is defined as one or two students meeting with a supervisor to review clinical work.

Group Supervision is defined as three to eight students meetings with a supervisor to review clinical work.

Observable Data is defined as review of audio or video recordings, or watching a session as it occurs.

Case Report is defined as receiving supervision on cases without the use of observable data.

MODE OF SUPERVISION	TYPE OF SUPERVISION		
	Observable	Case Report	TOTAL
Individual			
Group			
TOTAL			
Supervisor Signature: _____			

FOR CLINICAL DIRECTOR USE ONLY	
Running Totals Therapy:	Running Totals Supervision:
Individual _____	Individual Observable _____
Couple _____	Individual Case Report _____
Family _____	Group Observable _____
TOTAL: _____	Group Case Report _____
Relational Hours: _____	TOTAL: _____
Relational Percent: _____	Observable Data: _____
Co-Therapy Hours: _____	Ratio Supervision to Therapy: 1: _____
Telehealth Hours: _____	

NOTE: To graduate from the program students must:

- Completed a minimum of 300 clinical contact hours, of which at least 100 hours must be relational (i.e., couple or family therapy). **
- At least 50 hours must be done as the only therapist in the session.
- At least 50 hours must be done in- person (not telehealth) sessions **
- Additionally, students must have at least 100 hours of supervision, of which 50 must be based on observable data. **
- The ratio of supervision to therapy must not exceed 1:5 hours. Supervision hours and clinical hours are calculated separately. **

** Changes may be granted in time of CoVid-19

Appendix J: Personal Growth and Professionalism Evaluation

	All Courses	<u>N/A</u>	<u>Missing</u>	<u>Deficits</u>	<u>Developing</u>	<u>At Level</u>	<u>Outstanding</u>
1	<u>Professionalism:</u> • Demonstrates academic and professional integrity. • Maintains professional boundaries. • Adheres to the confidentiality set forth within the classroom setting. • Demonstrates management, organization, and planning skills in the academic setting. • Demonstrates respect when discussing potential clients.	N/A	0	1	2	3	4
2	<u>Emotional Regulation:</u> • Responds appropriately to peer, faculty, and staff feedback. • Respects the ethical and moral values of the school and peers. • The student is aware of their own values and how they might affect the academic setting. • Demonstrates appropriate and ethical boundaries in relation to faculty, peers, and staff and critically examines barriers to this requirement (no triangulation). • Demonstrates non-reactivity with personally challenging materials and relationships within the academic setting. • Identifies and utilizes personal strengths and resources in academic settings.	N/A	0	1	2	3	4
3	<u>Communication:</u> • Responds in a timely manner to faculty and staff. • Demonstrates openness to feedback, does not emotionally withdraw (ex: not responding to emails; no longer engaging in classroom). • Demonstrates utilization of all sources of support- student reps., student committee, peer, staff, faculty. • Proactive in addressing concerns questions and personal struggles.	N/A	0	1	2	3	4

	Shows respect through behavior and communication to faculty, staff, guest speakers, and peers.						
	<u>Course Specific:</u>	<u>N/A</u>	<u>Missing</u>	<u>Deficits</u>	<u>Developin g</u>	<u>At Level</u>	<u>Outstanding</u>
4		N/A	0	1	2	3	4
5		N/A	0	1	2	3	4
6		N/A	0	1	2	3	4

If any factors are scored below a “3-At Level” please describe the reason for the score:

If any factor is scored below a “3-At Level” student and faculty are required to meet and discuss the concern(s).

I, (student print name) _____ verify that I have met with (faculty print name) _____, on (date) _____ @ (time) _____ to discuss the concerns presented on this evaluation. I verify I have asked my questions and understand the concern(s) presented. This does not mean I agree with the evaluation, but that was made aware of the concerns and had the opportunity to ask question(s) regarding the concern(s). I understand the concern(s) are part of my formal evaluation process at the end of the first year and will be discussed with the whole of the MFT faculty body.

(student sign) _____ Date _____

(faculty sign) _____ Date _____

Policy and Procedures Acknowledgement Form

All therapists must sign and return a copy of this document to the Program Director no later than seven days following the receipt of this manual. The signed form will be placed in the student's file and will serve as a record of acknowledgment of the following:

_____ **(initial)** I acknowledge that I have received notification that the MFT Program Handbook is located on the MMU Website (and is available upon request). I also understand that additional supporting materials relating to the policies and procedures are found therein.

_____ **(initial)** I understand that the MFT Program Handbook describes important information about the MFT Program, and **I have read** the entire manual. I agree to abide by all policies and procedures contained and referenced in the manual. If I have any questions about MFT Program's policies and procedures, or about other issues regarding my responsibilities, I will consult the Program Director.

_____ **(initial)** I understand that it is my responsibility to notify my Program Director if I do not have access to the Internet. A printed copy of the Program Handbook will be provided to me.

_____ **(initial)** I understand and agree that it is the job of faculty to not only educate, train, and supervise MFT students, but also to serve as the gatekeepers to preserve and protect the integrity of the profession. The responsibility to hold a high standard for those who will enter the field is taken seriously by faculty of the MFT program. When concerns are raised about a student therapist's ability or professionalism, remediation may be necessary, and the process will be initiated by the MFT program faculty. In such cases, the MFT program faculty will convene and discuss the circumstances and determine an appropriate course of action. The outcome of this discussion may be probation, suspension, or dismissal from the program. **Program reserves the right to exit anyone from the program at any time.** Should probation be the decided course of action, a plan will be developed with the student for improved performance, along with benchmarks that the student must meet. Students may appeal the decision of the MFT program faculty using the graduate program's grievance procedures.

_____ **(initial)** I understand that MFT licensing requirement vary state by state, and that it is my responsibility to research and understand what the regulations and requirements are in the state I choose to pursue licensure. I understand the MMU MFT program standards aim to fulfill the requirements for licensure in the state of Iowa, and may be different than any other states requirements. I understand that completion of the MMU MFT program does not guarantee licensure in any state, and completion of all steps for licensure are my responsibility.

_____ **(initial)** I grant permission to the Mount Mercy University Marriage and Family Therapy program to take photos/videos of me and utilize these for the purposes of publication, promotion, illustration, and/or advertising of the program.

_____ **(initial)** I understand that the contents of the MFT Program Handbook are subject to changes in existing and applicable state and federal laws and regulations as well as changes by the clinic to the policies.

(Student Therapist's Name-Printed – name must be legible)

(Student Therapist's Signature)

(Date)