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Preamble

Accreditation is a voluntary process that demonstrates a program provides quality couple, marriage, and family therapy professional (CMFTP) education. Accreditation is a public service that encourages programs to continue their own self-evaluation and development; and indicates that programs are meeting established standards and their own stated objectives. It involves assessing a program’s compliance with specified educational standards developed by a consensus of CMFTPs. Once accreditation is granted, it provides a credential to the public that indicates a program is committed to maintaining educational quality consistent with established standards.

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredits master’s degree programs, doctoral degree programs, and post-degree programs. The process of accreditation involves a self-evaluation report from the program, an on-site peer evaluation and an evaluation by the COAMFTE. The self-evaluation process is continuous and is a requirement for continued maintenance of accreditation. Programs are encouraged to be creative and strive for innovation above and beyond the standards.

The COAMFTE is a member of the Association of Specialized Professional Accreditors (ASPA), and is recognized by the Council for Higher Education Accreditation (CHEA).

The COAMFTE is vested with the authority to modify the standards in order to meet evolving educational practices and the changing needs of those CMFTPs it serves. In doing so, the COAMFTE will advise all programs of changes with sufficient time to implement such changes. Programs are exempt from those standards that would require them to violate the local and national laws.

The COAMFTE’s Purpose

The purpose of the COAMFTE is to ensure excellence in the education of CMFTPs. This education is founded on a relational/systemic philosophy and serves the clinical needs of community members in a diverse, ever changing globally connected society.

The COAMFTE’s purpose guides the development and revision of accreditation standards. The functions of the COAMFTE are fivefold.

First, the COAMFTE establishes and maintains professional standards in the education and training of CMFTPs. Although accreditation standards established by the COAMFTE have historically targeted the training of couple, marriage, and family therapists (CMFTs) who typically practiced within therapy settings, contemporary programs educate a broader array of professionals. Today’s graduates share a common perspective but
engage in a range of professional roles including practitioner, educator, trainer, supervisor, researcher, and consultant (among others). Thus, the Version 12 Accreditation Standards captures the current professional climate and has a broader focus on the training of CMFTPs.

Second, the COAMFTE is committed to establishing and maintaining professional standards that support diversity and inclusion within MFT programs, and ensuring through accreditation excellence in multiculturally/ internationally informed education. The COAMFTE seeks to enhance the diversity within the faculty and the student body in terms of race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration status, and/or language, with regard for the rights of religiously affiliated institutions. The COAMFTE seeks to have standards that create an inclusive teaching/learning environment that incorporates educational practices reflective of this broad spectrum of diverse faculty and students.

Third, the COAMFTE accredits and ensures excellence in educational programs that educate CMFTPs who are relationally/systemically, multi-culturally/internationally and ethically informed. CMFTPs have a relational/systemic philosophy that respects diversity, incorporates an understanding of the effects of larger sociocultural factors on experience and is committed to non-discrimination and social responsibility. Based on this view, CMFT is a set of professional practices that includes assessment, diagnosis, consultation, and treatment of individual or relational concerns and DSM and ICD diagnoses. This relational/systemic philosophy is applicable to a wide variety of circumstances including individual, couple, family, group and community problems. It applies to all living systems; not only to persons who are in significant, coupled relationships or who have a conventional family. CMFTPs work with individuals as well as couples, families, organizations, and groups with a variety of mental and physical health issues and diagnoses. CMFTPs use the AAMFT Code of Ethics as a professional code of conduct, and local and national laws as standards for guiding practice and professional endeavors.

Fourth, the COAMFTE provides leadership and advocates for change in the larger practice and regulatory communities in defining competent CMFTPs. The COAMFTE is committed to developing standards based on multiple-stakeholders involvement and perspectives, and in doing so promoting educational standards endorsed by the community of CMFTPs.

Finally, the COAMFTE promotes consistency of qualifications and competency of CMFTPs to the public. For students, accreditation provides a reasonable basis for the evaluation and selection of educational programs and assurance that they receive an education consistent with agreed upon standards by a community of CMFTPs. For the public, accreditation provides a reasonable basis for the evaluation of potential
employees and a safeguard for the protection of clients, research subjects, supervisees, and so on.

Outcome-Based Education Philosophy

The COAMFTE is committed to an **outcome-based education** philosophy where the focus is on the assessment of **program outcomes** (empirical measures of student achievement at the student and program level) rather than on the assessment of inputs (such as coursework and resources available to students). The primary focus of assessment is evaluating program’s **goals** and **outcomes** based solely on specific measures of student competency. To ensure excellence in programs, accreditation may include a combination of **input-based standards** and **outcome-based standards**.

Excellence in Programs

**CMFTP education programs** aspire to attain the following qualities and outcomes:

- Graduates demonstrate competence as **CMFTPs** through measured **outcomes** that: are derived from each program’s **mission** and **goals**, and include demonstrated ethical and **multiculturally/internationally informed** practice. Programs share a commitment to preparing students who are competent to work with clients whose diverse identities include but are not limited to their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration status, or language.

- Graduates develop a **couple, marriage, and family professional identity (CMFTPI)**. This identity includes adopting the **AAMFT Code of Ethics** as a guide for professional conduct, and may include, for example, utilizing the **Principles of Couple, Marriage, and Family Therapy Professionals (PCMFTPs)**, membership in relationally-focused organizations, and/or demonstrating relational identities in their work and/or other environments.

- Graduates, if applicable to the context and mission of the program, seek to be **Licensed/Provisionally Licensed/Registered** as a **MFT** and an **AAMFT Pre-Clinical Fellow** (and eventually an **AAMFT Clinical Fellow**).

- Graduates contribute to the profession of couple, marriage and family therapy (CMFT).

- Graduates are employed in many contexts (e.g., community agencies, private practices, medical settings, universities, various educational and governmental institutions, military/veterans settings, and so on) and in many capacities (e.g., clinicians, administrators, researchers, teachers, supervisors, and so on). Graduates creatively apply CMFTP education to these contexts.
Faculty in CMFTP education programs share the following characteristics:

- The **faculty** demonstrates competence through measured program **outcomes** that: are derived from each program’s **mission** and **goals**, and include demonstrated ethical and **multiculturally/internationally informed** practice. Faculty members share a commitment to being knowledgeable and competent to work with students who are diverse in terms of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories.

- The **core faculty**, identifiable faculty members with primary instructional responsibility of the CMFTP education curriculum, demonstrate competence as CMFTP. They identify professionally primarily as CMFTP. This includes adopting the **AAMFT Code of Ethics** as a guide for professional conduct, and may additionally include, for example, utilizing the **PCMFTPs**, membership in relationally-focused organizations, and/or demonstrating relational identities in their work and/or other environments.

- Core faculty members, if applicable to the context and program’s **mission**, are **licensed or registered as a MFT** and are an **AAMFT Clinical Fellow** and **AAMFT Approved Supervisor**.

- Core faculty members contribute to the profession through various ways: scholarship, teaching, supervision, practice, and/or service.

- Programs utilize additional **faculty** whose training and/or expertise is appropriate for courses/material taught and who demonstrate understanding of the relational orientation of the profession as needed. Additional faculty members teach effectively and support the program’s **mission, goals, and outcomes**.

**Guiding Principles For Accredited Programs**

COAMFTE accredited education programs aspire to the following guiding principles:

- A commitment to an **inclusive and diverse learning environment** that is **transparent**, considers student input, and provides educational opportunities for a broad spectrum of students.

- A commitment to treating all students with respect, equity, and appreciation regardless of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual
practices, nation of origin or other relevant social categories, immigration status, and language.

- A focus on providing educational experiences congruent with the program’s mission, goals, and outcomes (for example, doctoral degree programs might include specific training in teaching while post-degree programs might focus on the development of advanced relational clinical skills and master’s degree programs might promote a specific clinical model or practice context).

- Adequate and appropriate learning resource access so that students can acquire the requisite skills, knowledge, ethical awareness and multicultural competency to be professionally prepared to practice as CMFTPs.

- A commitment to upholding contemporary standards in outcome-based education that emphasizes the assessment of competencies and ongoing self-evaluation and program improvement.

- A commitment to clinical training that includes significant face-to-face contact with individuals, couples, families, and other systems, with relationally-oriented clinical supervision, that includes significant use of observable data.

- A commitment to relational research congruent with the program’s mission, goals, and outcomes (for example, doctoral degree programs might focus on doing specialized research in a particular area while post-degree programs and master’s degree programs might focus on being informed consumers of research to improve services).

- Incorporation of a relational foundation, as reflected in the PCMFTPs, within the curriculum, program organization/structure, and educational process. The PCMFTP include: the AAMFT Code of Ethics, the AAMFT Core Competencies and the AMFTRB Examination Domains, Task Statements, and Knowledge Statements.

- A comprehensive and significant focus and content in relational/systemic philosophy, multiculturally/internationally informed education, ethics and ethical practice, and CMFTP knowledge, theories and research.

- A commitment to multiculturally/internationally informed education that includes an understanding of how larger social processes lead to systemic inequality and disadvantage for diverse, marginalized, and/or underserved communities and the responsibility of CMFTPs in addressing and intervening in these systems when working with systemically disadvantaged diverse, marginalized, and/or underserved communities.
The Role of Master’s Degree, Doctoral Degree and Post-Degree Programs

Each of the types of CMFTP education programs aspire to the following:

- **Master’s degree programs** are committed to providing the foundation for clinical practice in varying community settings such as agencies and medical settings, as well as for independent practice. Graduates will have the competency to work with varying populations from a relational/systemic philosophy and be multiculturally/internationally informed. Master’s degree programs provide a curriculum that satisfies the educational and practice regulatory requirements for entry-level practice in the state or province in which the program resides. They may also prepare students for further education in post-degree or doctoral degree programs.

- **Doctoral degree programs** are committed to providing students with an advanced research foundation and advanced training beyond that of master’s degree programs. Advanced training includes such areas as supervision, consultation, teaching, advanced clinical theory, advanced clinical practice/innovation, program development, leadership, policy, as well as other areas selected by the program. Graduates will have the competency to advance the profession in roles such as researchers, educators, supervisors, policy makers, administrators, and/or clinical innovators and theoreticians. Doctoral degree programs ensure that their graduates have previously met the educational and practice regulatory requirements for entry-level practice in the state or province in which the program resides, or they provide mechanisms to do so.

- **Post-degree programs** are committed to providing either a foundation for CMFTP clinical practice for those with a mental health degree other than a CMFT degree, or providing additional training in advanced clinical practice/innovation and advancement of theory, research and grant writing, teaching and supervision, and/or program development and administration for CMFTPs. Graduates will have the competency to practice in community settings such as those of master’s degree program graduates and to work with varying populations from a relational/systemic philosophy, and be multiculturally/internationally informed, and may be competent in a specialized area of advanced practice. Post-degree programs ensure that their graduates have previously met the educational and practice regulatory standards for entry-level practice in the state or province in which the program resides, or they provide mechanisms to do so.
Eligibility for Accreditation

Each eligibility criterion describes a structural expectation that is a required foundational aspect of an accredited program. The standards in the next five sections build upon this foundation. Programs should review these input-based standards before pursuing accreditation to ensure they have them in place before proceeding further in the process.

Eligibility Criteria
Programs demonstrate that they have each of the following key prerequisites in place to be eligible for accreditation and to continue on with the process of demonstrating compliance with standards I-V.

Eligibility Criterion A: Program Identity as Educating CMFTPs
The program is clearly identifiable as training CMFTPs who have a relational/systemic philosophy, and aremulticulturally/internationally informed and ethically competent. The program’s mission, goals, and outcomes, and curriculum substantially reflect the PCMFTPs.

Eligibility Criterion B: Faculty Identity as CMFTPS
Core faculty members identify as CMFTPs:

- The majority of core faculty members demonstrate competence as CMFTPs and identify professionally primarily as CMFTPs. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may include utilizing, for example, the PCMFTPs, membership in relationally-focused organizations (including AAMFT), degree from an accredited program, and/or demonstrating relational identities in their work and/or other environments.

- The majority of core faculty members are licensed/provisionally licensed/registered as MFTs and are an AAMFT Clinical Fellow and an AAMFT Approved Supervisor or AAMFT Supervisor Candidate, if applicable to the context and mission of the program. In any program, the majority of faculty members will be AAMFT Approved Supervisors.

- Core faculty members contribute to the profession through various ways: scholarship, teaching, supervision, practice, and/or service.

Eligibility Criterion C: Program Leadership
The program has a Program Director or an individual designated with ultimate program responsibilities who satisfies the following criteria:

- In master’s degree programs, the Program Director, or whoever has or shares ultimate program responsibilities, will be an AAMFT Approved Supervisor or an AAMFT Supervision Candidate with supervision experience and training. A program director that is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of being assigned this role.
• In doctoral degree programs, AAMFT Approved Supervisor status is not required for program directors as long as there are sufficient AAMFT Approved Supervisors on the core faculty (consistent with the program's mission, goals, and outcomes).
• In post-degree programs offering the foundational curriculum, the Program Director, or whoever has or shares ultimate program responsibilities, will be an AAMFT Approved Supervisor or AAMFT Supervision Candidate with supervision experience and training. A program director that is an AAMFT Supervision Candidate must become an AAMFT Approved Supervisor within three years of being assigned this role.
• The Program Director is qualified and vested with responsibility for oversight of the curriculum, clinical training program, facilities, services, and the maintenance and enhancement of the program’s quality.
• The program is directed throughout the year (12 months).
• The Program Director must be one of the core faculty.
• The Program Director must be licensed/provisionally licensed/registered as a MFT for programs offering the foundational curriculum and foundational practice component. In programs offering the advanced curriculum and advanced practice component there must be a designated faculty member who is licensed/provisionally licensed/registered as a MFT and has responsibility for providing leadership to the program in this area.

Eligibility Criterion D: Institutional Accreditation/Oversight

Master’s degree programs and doctoral degree programs reside in educational institutions that are accredited by the recognized regional accrediting authority. Canadian programs reside in institutions publicly recognized by the Association of Universities and Colleges of Canada (AUCC) as members in good standing. Post-degree programs are chartered or otherwise state licensed/enabled to offer educational certificates and have a board of governance to ensure the integrity of the program.

Eligibility Criterion E: Evidence of Program Implementation

Programs applying for initial accreditation demonstrate program implementation and must have supporting data.

• Masters degree programs or post degree programs applying for initial accreditation must have graduates, and data related to the student/graduate achievements.
• Doctoral degree programs applying for initial accreditation must have students who have completed the advanced curriculum and the advanced practice component, and data related to student achievements.

Eligibility Criterion F: Accuracy and Program Transparency in Publications

Published and/or promotional materials accurately reflect the program to students and the public.
• Published information includes but is not limited to: descriptions of the program’s mission, goals, and outcomes; student/graduate achievement; description of the faculty, students, supervisors and related educators; accreditation/approval status; academic calendar; degree completion requirements; tuition and fees; and faculty roles in teaching, scholarship, service, and practice congruent with the program’s mission, goals, and outcomes.

Eligibility Criterion G: Establishment and Accessibility of Policies

The Program has published and accessible policies readily available to applicants, students and the faculty.

• Published and accessible policies include but are not limited to policies on recruitment, admission, codes of conduct with a published disciplinary process, retention, complaints and grievances, remediation and dismissal, grading/assessment, verification of authenticity for student work, and anti-discrimination.

• Programs with a distance education component have policies addressing the portability of their degree, publish information on minimum technology requirements, have mechanisms in place to ensure the authenticity of student work, and have in place technical training for students, faculty members and supervisors.

• Anti-discrimination policies shall explicitly prohibit discrimination on the basis of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religion and spirituality and/or national origin with regard to the recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, faculty, supervisors or other relevant educators and/or staff.

However, programs with a religious affiliation or purpose that have policies that are directly related to their religious affiliation or purpose and that contradict the aforementioned anti-discrimination policy requirements are permissible provided they are published and accessible policies and available publicly to applicants, students, faculty members, supervisors and any other relevant educators and/or staff prior to any affiliation with or enrollment in the program.

Programs with a religious affiliation or purpose must have a published disciplinary process related to their code of conduct. But in no circumstance may programs remove a student or faculty member solely on the basis of identifying with a group, class or category in the above aforementioned anti-discrimination policy requirements (e.g., LGBTQ) provided he or she is otherwise in compliance with the institution’s code of behavioral conduct.
Eligibility Criterion H: Diversity Program Composition

The program strives for a diverse student body and faculty including instructors, supervisors, other relevant educators, staff, etc.

- The program has demonstrated systematic efforts and has an ongoing comprehensive strategy in place to attract and retain a diverse student body and faculty.
- The program publishes material regarding the diversity composition of the faculty and the student body unless proscribed by law.
Accreditation Standards

Programs must demonstrate compliance with each of the Accreditation Standards, Key Element by Key Element.

Standard I: Outcome-Based Education

Programs demonstrate a commitment to an outcome-based education philosophy by identifying the program’s mission, goals, and outcomes along with their plan for assessing them. The framework described by the program to meet the key elements in this section is used in Standard V when programs report their assessment data and how it has been used to improve the program.

Key Element I-A: Outcome-Based Education Framework

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

- A description of the program’s mission, and how it fits with the larger institutional setting of the program.
- Specific program’s goals (which describe broad targeted learning outcomes and concepts) clearly derived from the program’s mission and that promote the development of CMFTPs (including knowledge, practice, diversity, research and ethics competencies).
- Targeted outcomes for each program goal (these are measurable program level outcomes, student learning outcomes and student/graduate achievements linked to each specific targeted program goals).
- The program demonstrates a commitment to diversity and inclusion by having specific program goals and outcomes that address multiculturally/internationally informed education.
- Specific assessment measures for operationalizing these elements, including targets and benchmarks. Measurement includes assessment of students’ academic and professional competencies by the faculty appropriate to the program’s mission, goals, and outcomes. The plan should include assessment measurements of graduates’ achievements appropriate to the targeted program outcomes.
- The assessment plan should include information from communities of interest.

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

The program has an overall assessment plan that includes:

- Mechanisms in place for evaluating/reviewing the program outcomes.
- Mechanisms in place for evaluating student support services, curriculum and teaching/learning practices, and fiscal and physical resources; technological resources; and instructional and clinical resources to determine sufficiency for attainment of targeted program outcomes.
• An assessment timeline that addresses when, from whom, and how data is collected for elements of the **outcome-based education** framework and a description of how data will be analyzed and the findings used for program improvement (feedback loop), including specific description of how the program will review and revise their **outcome-based education** framework and assessment plan.

**Key Element I-C: Curriculum and Teaching/Learning Practices**

• A description of the logical sequencing of the curriculum and practice components including rationale for how the program’s **goals** and **outcomes** fit within the program offered (e.g., where goals and outcomes are addressed and assessed within the curriculum).

• A description of key **teaching/learning practices** used to accomplish program **goals** and program **outcomes**.

• A description of processes and procedures to ensure and monitor student progress and completion of requirements.

• A description of governance processes and procedures for designing, approving, implementing, reviewing, and changing the curriculum.

**Key Element I-D: Stakeholders**

The program identifies **communities of interest** and describes how they inform the program’s **mission, goals, and outcomes**. **Communities of interest** include, but are not limited to, students, administrators, faculty, supervisors, consumers, graduates, potential employers, germane regulatory bodies and **diverse, marginalized, and/or underserved** groups within these communities.

**Standard II: Commitment To Diversity And Inclusion**

Programs demonstrate their commitment throughout the program to **diversity and inclusion**. Programs provide **multiculturally/internationally informed** education of **CMFTPs** that includes: 1) an educational approach regarding the teaching of ideas and professional practices for **CMFTPs** that address a range of **diversity**, including (but not limited to) race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration or language, 2) a safe, respectful and appreciative learning climate, 3) student experiences with **diverse, marginalized, and/or underserved communities**, and 4) self-reflection and attention by **faculty** and students to the ethical and social responsibility of **CMFTPs** to **diverse, marginalized, and/or underserved communities**.

**Key Element II-A: Multiculturally/Internationally Informed Teaching Approach**

The program has a **multiculturally/internationally informed** teaching approach that includes an overarching philosophy, definition of diversity, curriculum elements, practice component elements and **teaching/learning practices** consistent with the
program’s **mission**, specific **diversity** program **goals**, and specific targeted **diversity** program **outcomes** as required in the fifth bullet in I-A.

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

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

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

The program demonstrates student **experience** in CMFTP practice with **diverse, marginalized, and/or underserved communities**. Experiences may include 1) professional activities (such as therapy, research, supervision, consultation, teaching, and so on) with **diverse, marginalized and/or underserved communities**, and/or 2) other types of activities (such as projects, service, interviews, workshops, and so on) as long as the program can demonstrate that the activity is directly related to **CMFTP** practice and students are in interaction with members of these communities.

**Key Element II-D: Self-Reflection and Social/Ethical Responsibility**

The program demonstrates that **core faculty** members, supervisors and students engage in on-going self-reflective activities designed to increase awareness of personal values and contemporary social issues that affect **CMFTP** practice, including the effects of power, privilege, and oppression, and the social/ethical responsibility of **CMFTPs**.

**Standard III: Infrastructure and Environmental Supports**

Environmental supports refer to a variety of resources including funding, technology, material resources, and personnel that create an environment for program effectiveness.

**Key Element III-A: Fiscal and Physical Resources**

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

**Key Element III-B: Technological Resources**

The program demonstrates that **technological resources** are secure and sufficient to achieve the program’s **mission, goals, and outcomes**. These resources are reviewed, revised and support program effectiveness.

**Key Element III-C: Instructional and Clinical Resources**

The program demonstrates that **instructional and clinical resources** (e.g., space, personnel, materials) are sufficient to enable the program to meet the program’s **mission, goals, and outcomes**. These resources are reviewed, revised, and support program effectiveness.
Key Element III-D: Academic Resources and Student Support Services

The program demonstrates that academic resources (e.g., library, advising) and student support services (e.g., access to counseling, financial advising) are accessible to students and sufficient to achieve the program’s mission, goals, and outcomes. These resources are reviewed, revised and support program effectiveness.

Key Element III-E: Faculty Qualifications & Responsibilities

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

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

Key Element III-F: Faculty Sufficiency

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

- The program must have at least two core faculty members with sufficient expertise who are knowledgeable and involved in ongoing program development, delivery, and evaluation required to achieve the program’s mission, goals, and outcomes. One of the requirements for core faculty can be met by the Program Director.
- The program is permitted to use multiple adjuncts, part-time, or full-time faculty as documented in III-E.
- The program must demonstrate there are linking mechanisms connecting all faculty members with the program.

Key Element III-G: Governance of Program

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

- The program must describe decision-making processes and procedures at the program and institutional levels regarding the operation of the program that support program effectiveness.
Key Element III-H: Supervisor Qualifications & Responsibilities
Supervisors must be AAMFT Approved Supervisors or meet the supervisor equivalency definition as defined in the glossary. Supervisor roles, as distinguished from teaching faculty, are identified clearly and are congruent with program’s mission, goals, and outcomes.

- Supervisors are academically, professionally, and experientially qualified to achieve the program’s mission, goals, and outcomes. The qualifications must be identified in documented descriptions of roles and responsibilities.

Key Element III-I: Supervisor Sufficiency
Supervisors must be sufficient in number with a supervisor-student ratio that permits the achievement of the program’s mission, goals, and outcomes and makes certain student educational needs are met. Supervisory resources are reviewed, revised and support program effectiveness.

- The program must demonstrate there are linking mechanisms connecting all supervisors with the program.

Key Element III-J: Faculty License and Supervisor Status
Faculty members have relevant licenses and supervisory designations including:

- The majority of the core faculty must be currently licensed or registered as MFTs.
- The majority of the core faculty members must be AAMFT Approved Supervisors, or meet the supervisor equivalency definition as defined in the glossary.
- Non-clinical core faculty must demonstrate qualifications through academic degrees and experience.

Key Element III-K: Faculty Multicultural/Internationally Informed Qualifications
The program demonstrates that core faculty and community supervisors have specific training to support the program’s achievement of its multiculturally/internationally informed education approach identified in Key Element II-A, and seek continuing training in multicultural/internationally informed education. The following activities may constitute continuing training: academic courses, workshops, publications, research, clinical practice or consultation with diverse, marginalized, and/or underserved communities.

Standard IV: Curriculum
All accredited programs will have a curriculum and a practice component consistent with the program’s mission, goals, and outcomes. The purpose of the foundational curriculum with its accompanying foundational practice component is to prepare students to practice as CMFTPs. The advanced curriculum with its advanced practice component and emphasis on research builds on the foundational curriculum. The type of program along with the
program’s **mission, goals, and outcomes** determines specific requirements regarding implementation of the curriculum and the **practice component**.

### Key Element IV-A: Foundational and Advanced Curricula

#### Foundational Curriculum

The **foundational curriculum** covers the knowledge and skill required to practice as a CMFTP by covering the curricular areas below.

- **Master’s degree programs** must demonstrate that they offer course work that covers all the areas that make up the **foundational curriculum**.
- **Doctoral degree programs** must demonstrate that they offer course work and/or that students have completed course work, in all the areas contained in the **foundational curriculum** or that students demonstrate competence in those areas.
- **Post-degree programs** must demonstrate that they offer course work and/or that students have completed course work in all the areas contained in the **foundational curriculum**, or that students demonstrate competence in those areas.
- Specific required areas that must be addressed are indicated; other areas are suggested and should be selected if appropriate to the program’s **mission, goals, and outcomes** as well as the program’s local context.
- Programs may combine more than one of these **foundational curriculum** areas into a single course, as they build their curriculum in ways that are congruent with the program’s **mission, goals, and outcomes**.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program’s **mission, goals, and outcomes**. Programs may include another layer of requirements based on a specialization or emphasis (e.g., faith-based orientation, licensure laws, specialized certification, and so on) as long as there is a clear rationale and **relational/systemic philosophy** in the majority of the program.
- Minimum semester/quarter credits or equivalent clock hours are established for all nine curricular areas. In addition, a minimum total number of semester/quarter credits or equivalent clock hours are established for Areas 1 through 5 (as a group). Programs may choose what combination of additional area 1 through 5 semester/quarter credits or equivalent clock hours beyond the individual area minimums will be taught to reach the minimum total consistent with their program’s **mission, goals, and outcomes**.
- Programs must require students to develop and/or present an integrative/capstone experience before completion of their degree program as part of the foundational curriculum. Programs must decide how to meet this requirement must be in keeping with the program’s **mission, goals, and outcomes**. Examples include: a theory of change/therapy theory presentation/paper, a thesis, a therapy portfolio or a capstone course.
**CURRICULAR AREA 1: Foundations of Relational/Systemic Practice, Theories & Models**  
(minimum of 3 semester/4 quarter credits or 45 clock hours)  
This area addresses the foundations and critical epistemological issues of CMFTPs. It includes the historical development of the systemic perspective and contemporary conceptual foundations of CMFTPs, and early and contemporary models of CMFT, including evidence based practice and the psychosocial perspective.

**CURRICULAR AREA 2: Clinical Treatment with Couples, Families & Children & Crisis Intervention**  
(minimum of 3 semester/4 quarter credits or 45 clock hours)  
This area addresses treatment approaches specifically designed for use with a wide range of diverse couples, families, and children, including sex therapy, same sex couples, young children, adolescents, interfaith couples, crisis intervention and elderly.

**CURRICULAR AREA 3: Contemporary Issues**  
(minimum of 1 semester/1.33 quarter credits or 15 clock hours)  
This area addresses emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of CMFTP knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program’s mission, goals, and outcomes.

**CURRICULAR AREA 4: Community Intersections & Collaboration**  
(minimum of 1 semester/1.33 quarter credits or 15 clock hours)  
This area addresses practice within defined contexts (e.g., medical settings, schools, military settings, private practice) and/or nontraditional CMFT professional practice using therapeutic competencies congruent with the program’s mission, goals, and outcomes (e.g., community advocacy, psycho-educational groups). It also addresses multidisciplinary collaboration.

**CURRICULAR AREA 5: Diverse, Multicultural/International &/or Underserved Communities**  
(minimum of 3 semester/4 quarter credits or 45 clock hours)  
This area addresses the infusion of diversity, power, privilege and oppression as they relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including LGBTQ affirmative practices.

**MINIMUM TOTAL SEMESTER/QUARTER CREDITS OR EQUIVALENT CLOCK HOURS FOR AREAS 1 through 5:** 21 semester/28 quarter credits or 315 clock hours

**CURRICULAR AREA 6: Bio-psychosocial Health & Development Across the Life Span**  
(minimum of 3 semester/4 quarter credits or 45 clock hours)
This area addresses individual and family development, human sexuality and biopsychosocial health across the lifespan.

**CURRICULAR AREA 7: Systemic/Relational Assessment & Mental Health Diagnoses**
(minimum of 3 semester/4 quarter credits or 45 clock hours)
This area addresses, from a relational/systemic philosophy, traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence and therapy for individuals, couples, and families managing acute chronic medical conditions.

**CURRICULAR AREA 8: Research & Evaluation**
(minimum of 3 semester/4 quarter credits or 45 clock hours)
This area addresses research evidence related to CMFTP practice, becoming an informed consumer of research, research and evaluation methods. If the program’s mission, goals, and outcomes include preparing students for doctoral degree programs it must include an increased emphasis on research.

**CURRICULAR AREA 9: Professional Identity, Law, Ethics & Social Responsibility**
(minimum of 3 semester/4 quarter credits or 45 clock hours)
This area addresses the development of a CMFTPI and socialization, ethics in CMFTP practice including the AAMFT Code of Ethics and legal responsibilities.

**Advanced Curriculum**
The advanced curriculum builds upon the foundational curriculum by advancing knowledge and skill by covering the curricular areas below.

- **Doctoral degree programs** demonstrate they offer course work in all the areas that make up the advanced curriculum.
- **Post-degree programs** may offer components of the advanced curriculum.
- Each of the curricular areas must be covered by the program (with minimum #s of semester/quarter credits or clock hours noted). Within each area, the balance of content should be appropriate to the program’s mission, goals, and outcomes as well as the program’s local context.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program’s mission, goals, and outcomes.

**CURRICULAR AREA 1: Advanced Research**
(minimum of 15 semester/20 quarter credits or 255 clock hours)
This area addresses advanced research that is a comprehensive critique and execution of CMFT qualitative and quantitative research, including research methodology, statistics, computer analysis and interpretation, grant writing, program evaluation, and/or evidence-based practices.

**CURRICULAR AREA 2: Advanced Systemic Clinical Theory**
(minimum of 6 semester/8 quarter credits or 90 clock hours)
This area builds on the foundational curriculum and addresses the expansion of current relational/systemic theory or the development of new theory.

CURRICULAR AREA 3: Advanced Systemic Applications to Contemporary Challenges (minimum of 6 semester/8 quarter credits or 90 clock hours)
This area addresses the development of leading-edge professionals who develop relational/systemic innovations. This includes application to controversial moral and advanced ethical dilemmas, international, cross-cultural, and multicultural issues in CMFTP roles, responsibilities, and practices, and applications to other contemporary problems. This area also includes a focus on family policy and/or family law.

CURRICULAR AREA 4: Foundations of Systemic Supervision, Consultation, & Leadership (minimum of 6 semester/8 quarter credits or 90 clock hours)
This area addresses the foundations of relational/systemic supervision and CMFT consultation including theories and research, cultural competency, practices, evaluation, ethics and professional issues, and personal philosophy. This area also addresses administrative competencies including program development and policy, leadership roles and evaluation of CMFT educational and service oriented institutions and agencies.

CURRICULAR AREA 5: Foundations of Teaching (minimum of 3 semester/4 quarter credits or 45 clock hours)
This area addresses the foundations of teaching CMFTPs, including educational/learning theories, principles of course development and design, philosophy of teaching, pedagogical approaches to teaching and learning, evaluation of teaching and learning,

Key Element IV-B: Foundational and Advanced Practice Components
The program must demonstrate they offer a practice component with appropriate placement in the curriculum, duration, focus and intensity consistent with their program’s mission, goals and outcomes.

Foundational Practice Component
- Master’s degree programs and post-degree programs that teach the foundational curriculum offer the foundational practice component (practicum and/or internship).
- Includes a minimum of 500 face-to-face clinical contact hours with individuals, couples, families and other systems, 250 of which must be relational. The 500 hours must occur over a minimum of 9 consecutive months.
- The program demonstrates a commitment to relational/systemic-oriented supervision (i.e., individual and group supervision) provided at the rate of at least one supervision hour for every five clinical contact hours (including a minimum of 50 hours of supervision utilizing observable data) in every week that a student practices. Supervision may utilize digital technology in which participants are not in the same location. The majority of supervision must be
face-to-face (not all digital). Students must have a minimum of two different supervisors, each supervising the student for at least three consecutive months.

- Programs have agreements with practice sites that outline the institutions’, the practice sites’ and the students’ responsibilities.

The Advanced Practice Component

- **Doctoral degree programs** that teach the advanced curriculum offer the advanced practice component (practicum or internship). The advanced doctoral degree practice component must be a minimum of 9 months, and the program must demonstrate appropriate and adequate mentoring of students during the experience.

- The **doctoral degree programs advanced practice component** includes experiences in research and in two or more of the following: advanced research and grant-writing, teaching, supervision, consultation, advanced clinical theory, clinical practice/innovation, program development, leadership, or policy. In addition, programs may offer experiences in presenting, and professional writing. **Doctoral degree programs** demonstrate that students complete an internship in one or more of the advanced practice components noted above.

- **Post-graduate programs** that teach the advanced curriculum offer the advanced practice component (practicum or internship). The advanced doctoral degree practice component must be a minimum of 6 months, and the program must demonstrate appropriate and adequate mentoring of students during the experience.

- The **advanced practice component** for post-degree programs includes experiences in one or more of the following: advanced theory, advanced clinical practice/innovation, advanced research, teaching, supervision, consultation, program development, leadership, or policy. In addition, programs may offer experiences in presenting and professional writing.

Key Element IV-C: Program and Regulatory Alignment

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

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

The program demonstrates that it considers the needs and expectations of identified communities of interest in developing and revising its’ curriculum and practice components.
Standard V: Program Effectiveness and Improvement

Programs report the results of their outcome-based education assessment plan in the Key Elements below. This requires programs to discuss the actual program outcomes and how these have led to program improvement and future plans for improvement.

Key Element V-A: Demonstrated Student/Graduate Achievement
The program provides aggregated data on regularly collected student/graduate achievements.

Key Element V-B: Demonstrated Achievement of Program Goals
The program describes how data was analyzed and provides aggregated data that demonstrates achievement of each program outcome based on targets and benchmarks provided in the program’s outcome-based education framework—data from actual program outcomes demonstrate that the program is meeting goals.

Key Element V-C: Demonstrated Achievement of Faculty Effectiveness
The program must demonstrate faculty effectiveness in achieving the program’s mission, goals, and outcomes.
- The program provides aggregated data that demonstrates the Program Director provides leadership enabling the program to achieve its program’s mission, goals, and outcomes.
- The program provides aggregated data that demonstrates the performance and achievements of faculty that support attainment of the program’s mission, goals, and outcomes.

Key Element V-D: Demonstrated Program Improvement
The program demonstrates how evidence have been used to foster program improvement and identifies plans for future improvement based on the evidence. Evidence includes but is not limited to findings regarding program goals and outcomes, communities of interest and student/graduate achievements, and evaluations (as described in assessment plan) of academic and student support services, curriculum and teaching/learning practices, and fiscal and physical resources, technological resources, instructional and clinical resources, academic resources and student support resources. Data should demonstrate if the program is meeting its goals and outcomes, especially specified targets and benchmarks and if not, what plans the program has for meeting or modifying its goals.

Key Element V-E: Complaints and Grievances
The program provides evidence that it complies with its published policies regarding complaints and grievances within the program (and institutionally, if applicable) and uses data to foster program improvement.
Maintenance Of Accreditation

Each maintenance criterion describes a standard accredited programs must meet to demonstrate ongoing compliance with accreditation. Programs are encouraged to review these criteria once they have been awarded accreditation so they can prepare adequately to comply with the standards.

Maintenance Criterion
Programs must demonstrate ongoing compliance with the following Maintenance of Accreditation Criteria.

Maintenance Criterion A: Ongoing Fiscal and Physical Resources
The program provides evidence annually of financial viability and verifies that fiscal and physical resources, technological resources, instructional and clinical resources, academic resources, and student support services remain sufficient to enable the program to achieve its outcome-based education framework.

Maintenance Criterion B: Ongoing Evidence of Student/Graduate Achievements
The program must report annually on student/graduated achievements collected in Accreditation Standard I, Key Element I-C.

Maintenance Criterion C: Substantive Changes
The program must request approval from the COAMFTE for any substantive changes in the program.

Maintenance Criterion D: Ongoing Evidence of Program Compliance with Accreditation Standards
The program must report annually any changes to the program that affect compliance with Version 12.0 Accreditation Standards.
Glossary

**Academic Resources** are tools or services available to students to assist them in satisfying the requirements of the program. Examples include but are not limited to library facilities, assistance, and actual resources; financial aid offices, student counseling services, grievance offices.

**Actual Program Outcomes** are the conclusive end results regarding the program’s stated outcomes that a program derives after an analysis of the program’s outcome data.

**Advanced Curriculum** builds on the foundational curriculum advancing knowledge and skill in the curricular areas described, and includes content required for advanced knowledge and expertise for CMFTPs at the doctoral level.

**Advanced Practice Component** is the phase of doctoral or post-degree education that includes advanced clinical experience and training as well as advanced practical experience in other areas relevant to the program’s mission, such as research, teaching, supervision, advanced clinical theory building, etc.

**AAMFT Approved Supervisor** is an individual who has satisfied all of the academic, clinical requirements, and supervisory training requirements set by the AAMFT to be designated an AAMFT Approved Supervisor.

**AAMFT Clinical Fellow** is an individual who has met the requirements set forth by the AAMFT to become a Clinical Fellow. This membership level is the credentialed level of membership of the AAMFT.

**AAMFT Core Competencies** are the domains of knowledge and requisite skills that comprise the practice of couple, marriage and family therapists. They are minimum competencies established by the AAMFT.

**AAMFT Code of Ethics** is the document of professional conduct published by the AAMFT.

**AAMFT Pre-Clinical Fellow** is an individual who has a master’s or doctoral degree in MFT from a regionally accredited educational institution, or an equivalent course of study, and is completing the post–degree supervised clinical hours toward licensure for independent practice.

**AAMFT Supervision Candidate** is an individual who has contracted with an AAMFT Approved Supervisor and is working towards meeting the criteria to become an AAMFT Approved Supervisor.
**AMFTRB Examination Domains, Task Statements, and Knowledge Statements** describe the domains, tasks, and knowledge (i.e., areas of content and specific activities) the national MFT licensing examination is based upon and is published by the American Marriage and Family Therapy Regulatory Board (AMFTRB).

**Assessment Plan** is the program’s stated course of action for systematically measuring all elements of the outcome-based education framework in order to improve student learning. The plan is a summary document that includes operationalized program outcomes, assessment methods and processes (how data will be gathered and aggregated), expected outcomes (targets and benchmarks for each outcome), specific plans for the use of the data for program improvement, and an Assessment Timeline.

**Assessment Timeline** details when each component of the Assessment Plan will be administered or implemented, as well as details for when and how aggregated data will be fed back into the program for revision of the Assessment Plan.

**Association of Universities and Colleges of Canada (AUCC)** is to promote the interest of public and private higher education and university research. The AUCC participates in the development of public policy to find solutions to economic and social challenges faced in Canada.

**Broad Spectrum of Students** refers to a wide range of variables that identify a student such as educational level, type of degree, individual, and personal characteristics.

**Clinical Contact Hours** are defined as face-to-face (therapist and client) therapeutic meetings in the same 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 minutes therapy session must be counted as 45 minutes, not one hour or as a contact hour.

**Codes of Conduct** are shared statements regarding a commitment to ethical, legal and professional beliefs, values, and behavior that serve as foundational standards for making decisions and taking action.

**Communities of Interest** are stakeholders of the program that include but are not limited to students, administrators, faculty, supervisors, consumers, graduates, germane regulatory bodies, and diverse/marginalized/underserved groups within these communities.
Community Supervisors are individuals who are appropriately credentialed and who partner with the program to clinically supervise students in the program. Community supervisors engage in regular communication with the program, have input into the program’s outcomes and are aware of the program’s outcomes that pertain to them.

Complaints and Grievances are the concerns expressed by students regarding their treatment within a program. COAMFTE requires all educational programs to maintain a written record of all formal student complaints and grievances. The documentation should consist of the written complaints or grievances, program action and resolution.

Core Faculty Members are identifiable faculty members with primary assignment to the program and instructional responsibility of the CMFT curriculum. Other faculty members may augment and expand the students' educational experiences.

Couples are defined as two partners who request treatment for their intimate relationship.

Couple, Marriage, and Family Therapy Professional (CMFTP) Education refers to the training of CMFTPs in a master’s degree program, doctoral program, and/or post-degree program.

Couple, Marriage, and Family Therapy Professional (CMFTP) is an individual who applies CMFT knowledge, research, and skills in a professional role such as practitioner, educator, trainer, supervisor, researcher, and consultant (among others). Different program types (master’s, doctoral, post degree programs) may emphasize different roles according to their mission and goals.

Couple Marriage Family Therapy Professional Identity (CMFTPI) refers to a professional’s adoption of a relational/systemic perspective as a foundation for one’s roles, responsibilities, and endeavors. It is expressed in one’s attitudes, beliefs, values, and adopted standards of practice. Evidence of this identity may include adopting the AAMFT Code of Ethics as a guide for professional conduct, utilizing the AAMFT Core Competencies in one’s professional endeavors, membership in relationally/systemically-focused organizations, and/or demonstrating a relational/systemic identity in a professional context or other environments.

Distance Education Component means education that uses one or more of the technologies listed below to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include: a) the internet; b) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, wireless communications devices; c) audio conferencing; or d) video cassettes, DVDs, and CD-
ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in items a) through c).

**Diversity** is defined as a program’s commitment to: a) include the representation of multiple groups in the student body, supervisors, and faculty with regard to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories; and b) ensure issues of diversity are central to all aspect of the training environment.

**Diverse, Marginalized, and /or Underserved Communities** refers to groups from non-majority populations that have historically been discriminated against and underrepresented due to their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other social categories, immigration status, and/or language.

**Doctoral Degree Program** is an academic unit(s) that administers the education and training of students obtaining a PhD, DMFT, and PsyD. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

**Faculty** refers to those involved in the instruction of the program including but not limited to core faculty members, supervisors, adjunct faculty members and community supervisors, and any other faculty members involved in the program.

**Families** are defined as two or more related individuals (blood or non-blood kin) who request treatment.

**Fiscal and Physical Resources** are the monetary, personnel, and space needed to operate and implement the program. Fiscal Resources include revenue streams and operating budgets that sustain program stability and function. Physical Resources include administrative and instructional space. Examples of physical space include but are not limited to a training clinic, research labs, smart classrooms, audiovisual equipment, computers, etc.

**Foundational Curriculum** covers the knowledge and skills required to practice as a CMFTP. The foundational curriculum is based upon coursework addressing nine specified domains incorporating a systemic/relational foundation as reflected in the PCMFTPs.

**Foundational Practice Component** is the practicum and/or internship phase of the program associated with the foundational curriculum, and is the practical experience phase. The foundational practice component requires a minimum number of therapy
hours and a specified ratio of relationally/systemically-oriented individual and group clinical supervision to therapy hours completed.

**Goals** describe broad learning outcomes and concepts (what you want students to acquire in terms of knowledge and skills) expressed in general terms.

**Group supervision** consists of one supervisor and six or fewer students. Regardless of the number of supervisors present, a group cannot exceed six students to qualify for group supervision. For example, eight students and two supervisors are not appropriate because the number of students exceeds six.

**Inclusion** refers to a commitment by programs to incorporate various perspectives with accompanying strategies and structures for acknowledging, respecting, and honoring differences.

**Inclusive and Diverse Learning Environment** refers to an overall atmosphere within the program (including classroom, supervision, research, and other relevant settings) that is sensitive to the needs of diverse, marginalized, and or underserved communities and promotes an open, safe, and respectful exchange of a diversity of views and opinions.

**Individual supervision** is defined as one supervisor with one or two supervisees.

**Input-Based Standards** are those predetermined requirements, which an accrediting body develops and sets forth as expected of programs. Input- based standards are prescriptive in nature and address specific structural, administrative, and programmatic aspects that programs must have.

**Instructional and Clinical Resources** are tools or services, which assist faculty in successfully teaching the curriculum and practice component. Clinical Resources are tools or services, which assist faculty or supervisors in successfully providing all aspects of clinical training. These include but are not limited to a clinic, clientele, technological resources, administrative assistance, and staff. Instructional resources are tools or services that assist faculty in optimally teaching their courses. These include but are not limited to library assistance, library sources, computer access, teaching assistants and technological resources.

**Key Element** is a subset of a COAMFTE accreditation standard and an essential feature that defines the minimum requirement of that standard.

**LGBTQ Affirmative Practices** involves practices that encourage a positive and supportive view of lesbian, gay, bisexual, transgender identities and an appreciation of the discrimination that LGBTQ person’s experience as a result of living in a heterosexual society.
Licensed/Provisionally Licensed/Registered as a Marriage and Family Therapist (MFT) refers to the various levels of credentialing that may exist as part of local regulation and may be obtained by a CMFTP. Licensed designates a MFT who is qualified for independent practice. Provisionally Licensed is a pre-licensure credential that allows a clinician to pursue the post-graduation clinical and supervisory requirements for the MFT license. Registered Marriage and Family Therapists are clinicians who meet practice standards set by the Registry of Marriage and Family Therapy in Canada.

Linking Mechanisms includes defined activities, processes and roles that align and connect communities of interest, faculty members, students and supervisors to the achievement of the programs’ educational outcomes.

Master’s Degree Program is an academic unit(s) that administers the education and training of students obtaining a masters-degree. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

Mentoring is an academic endeavor of a more experienced faculty or advanced student accompanying, supporting and guiding a less experienced student in all areas necessary for program completion, professional development, as well as acculturation into the field of CMFT. Mentoring involves a multidimensional and increasingly collaborative relationship between the mentor and mentee requiring optimal communication and can be a formal or informal process.

Mission is a description of a program’s aims, fundamental purpose, and/or philosophical stance that guides the program’s educational goals, objectives, and activities. The audience of the mission includes the program’s stakeholders.

Multiculturally/Internationally Informed refers to a) educational practices that represent a commitment to local and global diversity and b) includes an understanding of how larger social processes lead to systemic inequality and disadvantage for diverse and marginalized communities and the responsibility/role of CMFTPs in addressing and intervening in these systems when working with diverse and marginalized groups. Each program has a multiculturally/internationally informed education framework that is an overall guiding philosophy indicating how the program will carry out their commitment to multicultural/international education throughout all aspects of the program including the curriculum, the practice component, and organizational structure.

Multidisciplinary Collaboration occurs when a diverse group of professionals is tasked to work together on a project or in a department, and do so with a commitment to co-constructing the outcome.
Non-Clinical Core Faculty are additional faculty whose training and/or expertise is appropriate for courses/material taught and who demonstrate understanding of the relational orientation of the profession, as needed.

Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.)

Outcomes are empirical measures of student achievement at the student and program level. Objectives are the specific skills, values, and attitudes students should exhibit and the student/graduate achievements (i.e., graduation, licensure, employment, publications, and so on) that reflect the broader program goals. They are in measureable form, data is collected on them, and results used to improve the quality of the program. Measures may include both direct and indirect assessment methods, and measurement of cognitive (what you want your students/graduates to know), behavioral (what you want your students/graduates to be able to do), affective (what you want your students/graduates to think or care about) objectives. The program will provide data demonstrating that it has accomplished the overall program mission.

Outcome-Based Education is where the focus is on the assessment of program outcomes (empirical measures of student achievement at the student and program level) rather than on the assessment of inputs (such as coursework and resources available to students). The primary focus of assessment is evaluating a program’s goals and outcomes based solely on specific measures of student competency. To ensure excellence in programs, accreditation may include a combination of input and outcome-based standards.

Outcome-Based Standards are those predetermined requirements, which an accrediting body develops and sets forth as expected of programs. Outcome-based standards are expected goals or outcomes, which refer to the attainment of specific required skills by students or mastery of content.

Post-degree Programs are academic or free standing training programs designed to provide foundational or advanced training for CMFTP or for those with a minimum of master level mental health or related degree.

Practice Component is the practicum and/or internship that provides relevant experience and training for students. Accredited programs will offer at least one practice component. The two possible practice components are: a) the foundational practice component and b) the advanced practice component.

Principles of Couple, Marriage and Family Therapy Professionals include, the AAMFT Core Competencies, the AAMFT Code of Ethics, the AMFTRB examination domains, task statements, and knowledge statements.
**Program Director** is a core faculty member with the primary responsibilities to provide oversight to the overall operations of the education and practice components in the program. The Program Director must be licensed or registered as a MFT for programs offering the foundational curriculum and foundational practice component.

**Program outcome** refers to empirical measures of student achievements indicating that graduates are achieving program goals. Programs answer the question: how will you know that you have accomplished the mission of the program?

**Published and Accessible Policies** are written documents in print or electronic format, which describe an institution or programs requirements and procedures and are readily available to applicants, students, faculty, supervisors and other public stakeholders for information and comment.

**Regulatory Requirements** are the licensing laws of the state or province in which the program resides. Contact information for all states that have MFT regulations can be found on the AMFTRB website at [www.amftrb.org](http://www.amftrb.org) and the Registry for Canadian Marriage and Family Therapy (RMFT) website at [www.marriageandfamily.ca](http://www.marriageandfamily.ca).

**Relational/Systemic Philosophy** is a framework for how CMFTP’s view the world. This perspective focuses on patterns of interaction between individuals that organizes relationship dynamics with an emphasis on what is happening rather than why it is happening.

**Student/Graduate Achievements** are accomplishments of students/graduates as a result of attending the educational program. Accomplishments include indicators such as employment in clinical, academic, supervision, training and/or research settings, involvement in professional activities such as serving on boards, membership in AAMFT or other community service; contributions to the profession via publications, conference/workshop presentations; or other indicators.

**Student Support Services** include services available to students that facilitate and support a student’s ability to successfully achieve the program’s educational goals. Examples of student support services include but are not limited to The Office of Disability, Counseling Services, Academic Advisement, Financial Aid Office, Office of Diversity and International Services, etc.

**Supervision** is distinguishable from psychotherapy or teaching, and focuses on the development of competencies and professional growth of the supervisee. Supervision may utilize secured digital technology in which participants are not in the same location. The majority of supervision must be face-to-face. The program utilizes a 50 minutes
supervision hour. A 45 minute supervision session must be counted as 45 minutes, not one hour or a contact hour.

**Supervisor Equivalency** is demonstrated by programs meeting one of the following two criteria: 1) A program may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor Candidate. A person can be an AAMFT Supervisor Candidate for up to 5 years. 2) A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor Candidate as equivalent to an AAMFT Approved Supervisor for purposes of supervision, if the program documents that the equivalent supervisor has: (a) Demonstrated education and experience in systemic/relational therapy may be met by i) designation as a Clinical Fellow, or ii) meeting the requirements for Clinical Fellow status (see Clinical Fellow Evaluative Requirements on AAMFT website); (b) A valid/state or provincial license/registration in some mental health profession; (c) demonstrated 5 years of professional work experience in CMFT; and (d) demonstrated education and experience in systemic/relational supervision. Supervision education may be demonstrated by completing 30 hours of coursework or continuing education in CMFT supervision. Supervision experience can be demonstrated by at least 3 years of experience supervising CMFTPs, and 36 hours of supervised supervision.

**Student Learning Outcomes (SLOs)** are concise statements describing what the program wants students to know (knowledge) and be able to do (skills). SLOs describe what students in a particular program will master (e.g. utilize major theoretical approaches to conceptualize client cases).

**Substantive Changes** are those changes to the program described in the COAMFTE Accreditation Manual.

**Targets and Benchmarks** refer to the reference point by which performance is measured. It is the indicator of what can and is being achieved. The term benchmarking refers to an ongoing and systemic process of the actual activity of establishing benchmarks and 'best' practices. Targets are specified levels of performance for a measure (indicator) at a pre-determined point in time (achieve target X by Y [date]).

**Teaching/Learning Practices** are policies and ways of helping students to learn the material outlined by the program in the curriculum and practice component requirements. These include didactic and experiential work in courses, examinations, papers and other projects, supervision, and student-initiated learning activities.

**Technological Resources** are used to deliver instruction to students and/or facilitate and support a program’s data analysis and collection processes. The technologies may include: a) The internet; b) One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, wireless communications devices; c) Audio conferencing; d) Video cassettes, DVDs, and
CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in a through c or software and learning management systems.