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July 19, 2021

Andrew P. Manion, Ph.D., President  
Edgewood College (MS)

Morgan Abraham, Program Director  
Marriage and Family Therapy Program

Dear Dr. Manion and Ms. Abraham:

The Executive Committee of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) has reviewed the Request for Reconsideration from of the COAMFTE's initial decision on May 17, 2021 to deny Renewal of Accreditation to the Marriage and Family Therapy (MS) program at Edgewood College.

After careful consideration in reviewing the Request for Reconsideration and supporting documents submitted by the program, the Executive Committee determined that the program did not provide new evidence for Key Elements III-B, III-C, III-D, III-H, III-I, IV-C and V-C demonstrating compliance with the COAMFTE Accreditation Standards Version 12. Accordingly, the Executive Committee's decision is to deny the program's Request for Reconsideration.

## **DENIAL OF REQUEST FOR RECONSIDERATION**

### **NEXT STEPS**

A program that is denied Reconsideration by the Executive Committee may request an Appeal by an independent Appeal Panel. The request must be submitted in writing, within fifteen (15) days of receipt of the Notice of Denial of Reconsideration. The COAMFTE Appeals Procedures are outlined below and available in the [COAMFTE Accreditation Manual: Policies and Procedures](#), pp. 25-26.

### **APPEALS PROCEDURES**

#### *Basis for Appeal*

A program may request an independent Appeal Panel to formally review an adverse decision of the Commission. The appeal procedure is available to a program when the Commission has:

a) affirmed its initial adverse decision following review of the Request for Reconsideration, or b) denied the program's Request for Reconsideration. A program may appeal the Commission's final decision to deny or revoke accreditation if the Commission: a) disregarded its standards, b) did not follow its stated procedures, or c) did not consider available evidence that was favorable to the program. The appeal shall be made on the record that was considered by the Commission at the time of its reconsideration decision. No new information may be introduced during the appeal (e.g., developments, plans, or improvements made after the Commission review and action).

The accreditation of a program prior to an adverse decision by the COAMFTE will continue until the appeal is decided.

#### *Filing of Notice of Appeal to COAMFTE*

A program desiring to appeal an adverse decision by the Commission must notify the chief accreditation officer of the intent to appeal. Written notification must take place within fifteen (15) days of receipt of the Commission's decision to: a) deny the Request for Reconsideration, or b) reaffirm the initial adverse decision following review of the Request for Reconsideration. If the program does not notify the Commission within fifteen (15) days, the right to appeal is waived, and the decision of the Commission is final.

#### *Documentation Required*

The program must state in writing the specific reasons for the appeal within thirty (30) days of the notice of intent to appeal. All supporting materials must accompany the statement.

#### *Selection of Appeal Panel*

The chair of the Commission will supply the program with a list of five (5) names of individuals eligible to serve on a three-person Appeal Panel. The members of the Appeal Panel will have a working knowledge about and experience with Commission accreditation policies and procedures. Persons who present a conflict of interest with the appellant program will not be selected to serve on the panel (see Conflict of Interest). Panel members must not: a) have served as site visitors to the appellant program, b) be current members of the COAMFTE, c) be employees of the AAMFT, or d) be a current member of the AAMFT Board.

The program must notify the chair of the Commission if it disapproves of any of the listed individuals with cause, and it may indicate a rank of preference. The program may not disapprove of more than two of the five people listed without cause. The three-member Appeal Panel will be appointed by the chair of the Commission from the list of names reviewed by the program. The Appeal Panel will select one of its members to be chair.

### *Appeal Panel Procedures*

The Commission staff, in consultation with the program and the Appeal Panel, shall establish the date, time, and location of the hearing. The hearing shall be held within forty-five (45) days after the Appeal Panel is appointed. The Program Director and the COAMFTE will be notified in writing thirty (30) days prior to the hearing date. The Appeal Panel will consider only the facts and information in the record at the time of the Commission's decision. Prior to the hearing, the Appeal Panel will receive: a) all materials in the record at the time of the COAMFTE's adverse decision, including the decision letter that was sent to the program; and b) the program's request for the appeal and all supporting materials provided by the program. The Appeal Panel has jurisdiction only over whether or not the COAMFTE has appropriately adhered to its policies, procedures, and standards. The panel will not address the merits of an established COAMFTE standard or procedure.

At the hearing, the chair of the COAMFTE and the appellant Program Director shall have the right to attend the hearing or send a designated representative to present a statement or argument in support of or in opposition to the appeal. In such a case, the appellant program shall be afforded a thirty (30) minute opportunity to be heard first. Then, the COAMFTE representative shall be afforded a thirty (30) minute opportunity to be heard. Finally, the appellant program shall be afforded fifteen (15) minutes to present a closing statement. The Appeal Panel may question the program and COAMFTE representatives regarding facts presented. The chief accreditation officer also will be present to answer questions from the panel.

### *Appeal Panel Decisions*

The Appeal Panel reaches its decisions in private by majority vote. The Appeal Panel may decide to: a) uphold the COAMFTE's decision, or b) remand to the Commission for reconsideration if the Appeal Panel determines that the Commission has violated its own policies, procedures, and/or standards.

The chair of the Appeal Panel shall advise the appellant program, the Chief Executive Officer of the institution, and the COAMFTE of its decision in writing within fifteen (15) days of the appeal hearing. This notification will contain the basis on which the decision was made.

If the Appeal Panel upholds the decision of the Commission, the action of the Appeal Panel is final. When a decision to deny or remove accreditation is final, the program, if accredited, is removed from the list of COAMFTE accredited programs. The program and all appropriate federal and state agencies will be notified at the same time and within thirty (30) days of the decision.

If the Appeal Panel remands the case to the Commission for further consideration, the matter shall be deemed to be finally disposed of when the Commission takes final action on remand, unless the Commission's action on remand is based upon grounds which have not been reviewed by the Appeal Panel. In that event, a program may make an appeal of the Commission's action on remand but must limit its appeal to those grounds that the Appeal Panel has not previously reviewed.

*Expenses of Appeal*

The program requesting an appeal will be assessed a standard fee to cover expenses for the appeal and will be responsible for travel expenses of its own representatives. The fee must be submitted with the program's request for appeal.

If a program desires to have an official transcript of the proceedings of the hearing, it will arrange and pay for a transcriber to be present. The program will supply one (1) copy of the transcript to the Commission at appellant's expense.

**A program denied accreditation that exhausts reconsideration and appeal rights must wait one (1) year before reapplying (COAMFTE Accreditation Manual: Policies and Procedures, p. 21).**

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

Sincerely,



Elizabeth Fawcett, PhD  
COAMFTE Chair



Jill Fogolin  
Director of Accreditation

May 17, 2021

Dr. William Hutter  
Marriage and Family Therapy Program  
Edgewood College (MS)

Dear Dr. Hutter:

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), at its April 23-24, 2021 meeting, reviewed the Marriage and Family Therapy (MS) program at Edgewood College for Renewal of Accreditation. This review included consideration of the program's Eligibility Criteria, Self-Study, COAMFTE's Self-Study Review Letter, Program's Additional Information, Site Visit Report, Program's Response to Site Visit Report, and any additional materials submitted by the program related to the program's renewal of accreditation (the accreditation record).

Based on this review, and as explained in more detail below, the Commission determined that the program does not meet the COAMFTE Accreditation Standards Version 12, as follows: Key Elements III-B, III-C, III-D, III-H, III-I, IV-C and V-C. Accordingly, the Commission voted to deny Renewal of Accreditation to the program.

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

## **STANDARD I: OUTCOME-BASED EDUCATION**

### **Key Element I-A: Outcome-Based Education Framework**

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

- *A description of the program's mission, and how it fits with the larger institutional setting of the program.*
- *Specific program goals (which describe broad aspirations for the program and for students/graduates of the program) are clearly derived from the program's mission and that promote the development of Marriage and Family Therapists (including knowledge, practice, diversity, research, and ethics competencies).*
- *Measurable Student Learning Outcomes (SLOs) for each program goal.*
- *Programs must include SLOs that measure student/graduate achievement appropriate to the program's mission and goals.*

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of a program mission, alignment to the larger institutional mission, program goals, and student learning outcomes, with identified measures and benchmarks for operationalizing the achievement of the learning outcomes.

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

*The program has an overall assessment plan that includes:*

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of a Cycle of Assessment with a plan and timeline for evaluating Student Learning Outcomes; graduate achievements; student support services; curriculum and teaching/learning practices; fiscal and physical resources; technological resources; and instructional and clinical resources with the aim of assessing sufficiency. The program identified Communities of Interest and how they are included in program evaluation.

**Key Element I-C: Communities of Interest**

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of identified Communities of Interest, and how formal and informal feedback is obtained from them, and how this data informs the program's mission, goals, and student learning outcomes.

**STANDARD II: COMMITMENT TO DIVERSITY AND INCLUSION**

**Key Element II-A: Multiculturally-informed Education Approach**

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

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of an overarching definition of diversity, a program goal, and curricular alignment to this Key Element, including teaching and learning practices consistent with the program mission.

**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 regarding the climate.*

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of systematic efforts to promote a climate of safety, respect, and appreciation, including mechanisms for ongoing program evaluation, as part of their Cycle of Assessment. The program also provided evidence of efforts to recruit and retain diverse students, faculty, and supervisors.

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

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

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of student experience with diverse, underserved, and marginalized communities via professional activities including direct therapeutic service and curricular activities.

**STANDARD III: INFRASTRUCTURE AND ENVIRONMENTAL SUPPORTS**

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

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence that fiscal and physical resources are sufficient to achieve the program's mission, program goals, and student learning outcomes. The program also provided evidence of a review process with the aim of program revision, in support of program effectiveness.

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

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

**Commission's Response:**

The program does not meet the requirements of this Key Element. The program provided evidence of policy and procedure specific to technological resources, as well as programmatic review and evaluation mechanisms in support of the academic and clinical delivery of the program. The program needs to provide evidence of a definition of sufficiency for technological resources, and how it supports the program mission, goals, student and graduate achievements.

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

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

**Commission's Response:**

The program does not meet the requirements of this Key Element. The program provided evidence of technical and clinical resources, including policy, procedure, and assessment, as part of its Cycle of Assessment, in support of its mission, goals, and student and graduate achievement. The program did not provide a definition of sufficiency or data of instructional and clinical resources that support program effectiveness.

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

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

#### **Commission's Response:**

The program does not meet the requirements of this Key Element. The program provided evidence of academic and student support services, including policy, procedure, and assessment, as part of its Cycle of Assessment, in support of its mission, goals, and student and graduate achievement. The program did not provide a definition of sufficiency or data of academic resources and student services that 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).*
- *The program must demonstrate that it has mechanisms for reviewing and evaluating faculty effectiveness in support of the program's mission, goals, and outcomes. Faculty evaluations include explicit links to the program's mission, goals, and outcomes.*

#### **Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence that faculty members are academically, professionally, and experientially qualified to achieve the program's mission, goals, and outcomes. The program provided evidence that core faculty members contribute to the profession through teaching, supervision, and scholarship. The program provided evidence of mechanisms for reviewing and evaluating faculty effectiveness in support of its mission, goals, student and graduate 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 as needed, and support program effectiveness.*

- *The program must have sufficient core faculty members who are knowledgeable and involved in ongoing program development, delivery, and evaluation required to achieve the program's mission, goals, and outcomes.*
- *The program must have a stated process for evaluation of ongoing sufficiency of faculty resources.*

- *The program must demonstrate there are sufficient faculty and effective linking mechanisms with feedback loops, such as regular coordination, meetings, and/or communication, to connect and involve all faculty members in the achievement of expected and actual Student Learning Outcomes of the program.*
- *The program is permitted to use a combination of full-time, part-time and/or multiple adjuncts.*

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of sufficient core faculty members, who are involved in ongoing program development, delivery, and evaluation in support of program mission, goals, and student and graduate achievement. The program provided evidence of a process for the ongoing evaluation of all faculty within its Cycle of Assessment.

**Key Element III-G: Governance of Program**

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

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of a defined roles for faculty and students in program governance, and how this supports the program mission, goals, and outcomes. The program is encouraged to clearly align their mission, program goals, and student learning outcomes to the governance roles of the Program Director, faculty, and students. The program is further encouraged to denote the faculty and/or student role in meeting minutes, to further support how data is collected and used in consideration of program revision.

**Key Element III-H: Supervisor Qualifications & Responsibilities**

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

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

**Commission's Response:**

The program does not meet the requirements of this Key Element. The program described its roles and responsibilities of supervisors. Further, the program provided evidence that supervisors hold the credential of either AAMFT Approved Supervisor or Candidate or meet the state licensure board requirement for equivalency. The program needs to provide evidence of credentials of all supervisors

who meet the supervisor equivalency definition that aligns with the COAMFTE Standards Version 12 glossary. Further, the program needs to provide evidence of how applicants and students are informed of the implications of supervisor equivalency on licensure and/or licensure portability.

**Key Element III-I: Supervisor Sufficiency**

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

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

**Commission's Response:**

The program does not meet the requirements of this Key Element. The program indicated that their definition of supervisor sufficiency is a supervisor to student ratio of 1:8. The program provided evidence of data collection, as part of overall program review and evaluation of this key element. The program needs to provide evidence of how their definition of sufficiency supports the achievement of its mission, goals, and outcomes.

**STANDARD IV: CURRICULUM**

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

*The program must provide:*

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of a logical sequence of curricular and practice components, and how the program goals and student learning outcomes align with the plan of study. The program provided a description of the teaching and learning practices employed in support of program goals and student learning outcomes, including

procedures for monitoring student matriculation, as well as a process and procedure for curricular review and revision.

#### **Key Element IV-B: Foundational and Advanced Curricula**

##### Foundational Curriculum

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

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

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

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

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

*This area facilitates students developing competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crisis intervention.*

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

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

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

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

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

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

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

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

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

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

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

*FCA 8: Contemporary Issues*

*This area facilitates students developing competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Couple or Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and outcomes. Programs are encouraged to innovate in this Foundational Curricular Area.*

*FCA 9: Community Intersections & Collaboration*

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of coursework which covers all foundational curricular areas, and a review process including formal and informal data collection, with the aim of curricular evaluation.

**Key Element IV-C: Foundational and Advanced Application Components**

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

*Foundational Practice Component*

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

- *The program demonstrates a commitment to relational/systemic-oriented supervision. Students must receive at least 100 hours of supervision and must receive supervision from an AAMFT Approved Supervisor or Supervisor Candidate for at least one hour each week in which they are seeing clients. Additional supervision may be provided by AAMFT Approved Supervisors, Supervisor Equivalents, or State Approved Supervisors. Supervision can be individual (one supervisor with one or two supervisees) or group (one supervisor and eight or fewer students) and must include a minimum of 50 hours of supervision utilizing observable data. Supervision may utilize digital technology in which participants are not in the same location as long as the majority of supervision is with supervisor and supervisee physically present in the same location and appropriate mechanisms/precautions are in place to ensure the confidentiality and security of the means of technology delivery.*
- *Programs have agreements with practice sites that outline the institutions', the practice sites' and the students' responsibilities, and published procedures in place for managing any difficulties with sites, supervisors, or students.*

**Commission's Response:**

The program does not meet the requirements of this Key Element. In their Self-Study, the program indicated that clinical requirements include a 12-month clinical practicum/internship, 300 direct client contact hours, and 120 (40%) relational hours. The program's Self-Study reports that they define relational client contact to include group therapy, but they do not clarify if this is group relational work or group individual work. Further, the program's definition of relational hours according to their program handbook states that "all client hours are considered relational hours regardless of number of clients present during the therapy session." The program's definition does not meet the requirements of relational hours according to the COAMFTE relational hours definition in Standards Version 12. The program needs to provide evidence that all students receive relational hours according to the term in COAMFTE Standards.

**Key Element IV-D: Program and Regulatory Alignment**

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of meeting the minimum educational and clinical requirements for clinical practice in the state in which the program is located. The program provided evidence of student awareness of licensure eligibility and portability upon entrance to the program. The program is encouraged to ensure applicants to the program are communicated information on licensure eligibility and portability.

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

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of defined Communities of Interest and their role in the program Cycle of Assessment.

**STANDARD V: PROGRAM EFFECTIVENESS AND IMPROVEMENT**

**Key Element V-A: Demonstrated Student/Graduate Achievement**

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of program mechanisms for formal and informal data collection and evaluation processes, in support of its mission, goals, and student and graduate achievement.

**Key Element V-B: Demonstrated Achievement of Program Goals**

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

**Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of achievement of program goals, and associated student and graduate achievements, based on program targets and benchmarks.

**Key Element V-C: Demonstrated Achievement of Faculty Effectiveness**

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

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

**Commission's Response:**

The program does not meet the requirements of this Key Element. The program identified program review and evaluation processes and procedures supporting faculty effectiveness aligned to program goals and student learning outcomes. The program provided evidence of student satisfaction with faculty effectiveness but did not provide evidence of a definition of effectiveness. The program needs to provide evidence of a definition of faculty effectiveness that is tied to its mission, goals and

outcomes. The program needs to provide evidence of Program Director evaluation that includes a definition of effectiveness which is explicitly tied to its mission, goals and outcomes.

#### **Key Element V-D: Demonstrated Program Improvement**

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

#### **Commission's Response:**

The program meets the requirements of this Key Element. The program provided evidence of a Cycle of Assessment including mechanisms for data collection and evaluation, including engagement of Communities of Interest, and evidence of program evaluation and revision in support of its goals, as well as student and graduate achievements.

### **DENIAL OF ACCREDITATION**

#### **NEXT STEPS**

A program denied accreditation may make a Request for Reconsideration within fifteen (15) days of receipt of the adverse decision. The COAMFTE policy on the Request for Reconsideration is outlined below and available in the [COAMFTE Accreditation Manual: Policies and Procedures](#), pp. 24-25.

#### **REQUEST FOR RECONSIDERATION**

A program may make a request for reconsideration, that is, ask the Commission to conduct a review of its adverse decision to deny or revoke accreditation. In doing so, the program seeks to provide evidence that: a) the Commission committed an error or violated its procedures, b) the Commission made an oversight in its decision-making process, or c) matters have arisen in the program since the on-site visit or the Commission's decision which might indicate current compliance with the standards. During the reconsideration procedure, the program retains its accreditation status.

#### *Filing of Request*

A Request for Reconsideration must be made before an appeal is filed (see Appeal Procedures).

The Request for Reconsideration must be submitted to the chief accreditation officer within fifteen (15) days of receipt of the adverse decision. It shall clearly state the program's reasons for seeking a reversal or modification of the COAMFTE's decision. If the program does not notify the Commission within fifteen (15) days, the right to the reconsideration is waived, and the decision of the Commission is final.

#### *Documentation*

The program must submit written documentation to support its contention that the COAMFTE should reverse its initial adverse decision. The information provided by the program must include a statement that discusses in detail the matters cited in the Request for Reconsideration. It should be accompanied by any documents that would support the program's statement.

The supporting documentation must be sent to the chief accreditation officer and received within thirty (30) days after filing the Request for Reconsideration. The information must be submitted electronically as one document in PDF format with bookmarks linking to individual components of the document. The information must be sent to [coa@aamft.org](mailto:coa@aamft.org). Files may not exceed 20 MBs.

#### *Review by the Executive Committee*

The Request for Reconsideration will be reviewed by the Executive Committee of the COAMFTE no later than the Commission's next scheduled meeting. Any member of the COAMFTE Executive Committee who has served as reviewer for the program may not participate in the Executive Committee's deliberations. The next most senior professional or public member will serve on the Committee for that particular program only. The Executive Committee may request additional data from the program. The program will be notified within thirty (30) days of the decision by the Executive Committee to approve or deny the Request for Reconsideration.

If the Executive Committee's decision is to approve the Request for Reconsideration, the program will be reviewed by the Commission no later than its next scheduled meeting. If the Executive Committee denies the request, the Program Director and Chief Executive Officer of the institution will be informed of the right to appeal.

Programs may request that oral testimony be given at the Commission meeting during which the Request for Reconsideration will be heard. The Executive Committee of the COAMFTE has the sole discretion to grant or deny oral testimony. The Executive Committee will notify the program of the decision within fifteen (15) days following the request for an oral hearing. If the request is granted, the program will be notified of the date, time, and location of the oral hearing as soon as it is scheduled. The COAMFTE does not cover any costs associated with oral testimony.

#### *Review by the Commission*

The Commission will consider the program's Request for Reconsideration, written statement, and all supporting documentation in rendering its decision by majority vote.

#### *Decision on Reconsideration*

Within thirty (30) days after the meeting in which the Request for Reconsideration is reviewed, the Program Director and the Chief Executive Officer of the institution will be notified of the COAMFTE's decision to affirm, modify, or reverse its initial decision. The Commission also may take other action, which it believes appropriate for remaining concerns. If the decision is to affirm the initial decision to deny, withhold, or revoke accreditation, notice of the right to appeal and procedures for doing so will be sent with the decision letter.

If the decision is to affirm the initial decision to deny, withhold, or revoke accreditation, notice of the right to appeal and procedures for doing so will be sent with the decision letter.

**A program denied accreditation that exhausts reconsideration and appeal rights must wait one (1) year before reapplying (COAMFTE Accreditation Manual: Policies and Procedures, p. 21).**

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

Sincerely,



Elizabeth Fawcett, PhD  
COAMFTE Chair



Jill Fogolin  
Director of Accreditation