University of Rochester

M.S. Degree in Marriage and Family Therapy
Graduate Student Handbook
2026 - 2027

University of Rochester
School of Medicine and Dentistry
Department of Psychiatry
Institute for the Family

University of Rochester

MS MFT Program Handbook
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University of Rochester

Welcome to the Family Therapy Training Program

As you begin your journey as a Marriage and Family Therapist, we welcome you into our Program, where emphasis is placed on biopsychosocial integration, along with strength-based and culturally attuned approaches to caring for individuals, couples, and families within their contexts. During your time with us, you will learn how this work connects with the practices of other health professionals and health care colleagues. We will help you develop your own reflective practice as you explore the therapist self you bring to this work, which will, in turn, shape your professional identity as an MFT.

As your faculty, we join you as learners too. The diversity of your experiences is rich in the potential to shape our learning environment, inform our conversations, and broaden our understanding of our deeply connected world. We look forward to your many contributions and invite you to be curious and open to your peers and colleagues along the way.

We hope you take full advantage of all that lies ahead in this program, and we are eager for the ways you will leave your mark on the University of Rochester's Family Therapy Training Program. Please know that our doors are always open for any questions, concerns, and issues.

Sincerely,

Kristin Koberstein, PhD, LMFT-D
Program Director

Welcome from the Dean

Let me be among the many to congratulate and welcome you to graduate school at the University of Rochester School of Medicine and Dentistry! Your orientation will introduce you to life as a University of Rochester School of Medicine and Dentistry graduate student. Throughout the fall, you will face many new challenges and decisions. We hope to make your transition to graduate school a smooth one and prepare you for the wealth of exciting opportunities that will come before you.

We welcome you to the University of Rochester School of Medicine and Dentistry.

Sincerely,

Richard Libby, PhD
Vice Provost and University Dean for Graduate Education and Postdoctoral Affairs
Office for Graduate Education and Postdoctoral Affairs

University of Rochester

Important Information

Family Therapy Training Program Contacts:

MS MFT Program Director, Kristin Koberstein: kristin_koberstein@urmc.rochester.edu
Office in Strong Family Therapy Services Clinic: 1-9075

MS MFT Administrator, Ezrine Taylor: mft@urmc.rochester.edu
Office with Department of Psychiatry Education Administrative Team: 2-9039

** Important MS MFT program and course materials are available on **Blackboard**. **

Graduate Education and Postdoctoral Affairs (GEPA):

Graduate Policies and Trainee Handbook: Students are encouraged to make themselves familiar with important policies in the GEPA handbook as well as the University Graduate Bulletin. If questions arise, please consult with the MS MFT Program Leadership.

myHub: In addition to regular seminars and workshops, individual consultations are available with the Life Sciences Writing Specialist and the Life Sciences Career Coach as well as an extensive library of resources for writing skills and professional development. myHub also offers learner life and wellness programming intended to offer support, positive interpersonal relationships, and learner wellness programs.

University Resources

Bursar's Office: Tuition, fees, and refunds are processed through the Bursar's Office. In addition, any matriculated and registered graduate student who is in good academic standing can request a non-need-based, interest- free loan of up to $600 for a maximum period of 60 days. If a student repays loans promptly, there is no limit to the number of times they may access this loan. Any Financial Aid received and applied to a student's account will repay the Short-Term Loan before a refund is requested.

Registrar's Office: This office oversees the registration process through UR Student, final registration materials, maintains and certifies graduate student records, issues diploma, facilitates transcripts, and certifies degree conferral for licensure forms post-graduation. The staff in the registrar's office are available to assist you with transcript requests as well as other registrar related questions.

University Health Services:
Full- Time students participate in the student health program, which covers primary care visits to the University Health Service (UHS), time- limited therapy at the University Counseling Center (UCC), and health promotion services. All visits to UHS are confidential and records are kept separate from the electronic health record (EHR) for patients that students will access during clinical practicum.

CARE Network:
The CARE Network enables members of the University community to express their concern about a person, incident, or issue by submitting one of the following reports online:

- CARE Referral
- Bias- Related Incident Report
- Community Concern Report

Make a referral or submit a report initiates a review process and/or coordinated response to involving the appropriate individuals, staff, and offices. **Concerns** that the CARE network addresses can be found on their website.

University Counseling Services:
The University Counseling Center (UCC) provides a broad range of services to University of Rochester students and their partners who pay the mandatory student health fee. Services include limited- time individual and couples therapy, group therapy, medication management, 24-hour crisis services, consultation and educational presentations. Therapists are licensed professionals and professionals in training from a variety of mental health disciplines. They employ many treatment approaches and draw upon a wide range of training and experiences in the field of psychotherapy. Therapy is available for a wide variety of problems that can include anxiety, depression, relationship difficulties, family problems, grief, school related problems, and general discomfort about what's happening in a person's life, among many other sorts of difficulties.

Technology (Tech Store, and URMC ISD Support)
All students will need, as a foundation, basic proficiency in using personal computers and word processing software. The administrative infrastructure of our courses is supported through Blackboard; all students will be enrolled upon admission, and can receive support either online or via our **Medical Center Library Resources**. In addition, we will provide training to students, supervisors, and other faculty in the **technologic systems required for Clinical Practice**.

Miner Library
Edward G. Miner Library is an academic health sciences library located onsite at the University of Rochester Medical Center. Students will receive an orientation to the Miner Library and resources for literature search, database services for reference management, as well as free access to a vast array of digital collections. There are also abundant spaces throughout the Miner Library for computer access and quiet study. Interlibrary loan service and document delivery services are free and the loan period for books is 3 months.

Rush Rhees Library
Rush Rhees Library is the main academic library of the University of Rochester in Rochester, New York. It is one of the most visible and recognizable landmarks on the university's River Campus. Students within the Medical School programs also have access to extensive resources, digitally as well as in person on River Campus.

Center for Excellence in Teaching & Learning
CETL supports students with services that promote academic success, including collaborative workshops and study groups, individual study skills support, a study skills course, and disability support. Students can also access writing and presentation supports through the **Writing, Speaking and Argument Program (WSAP - River Campus).**

International Student Services
The International Services Office (ISO) provides services to international students, scholars, employees, and other visitors to the University of Rochester, as well as the departments that host and support them. They are responsible for issuing visa documents, advising on relevant immigration matters, and meeting U.S. reporting requirements. The office also serves as an information resource to assist internationals in adjusting to the United States, the University, and the Rochester community. Explore this site for extensive resources on a wide range of topics and common questions from our international populations.

Disability Resources for Students
The University of Rochester offers a variety of disability services for students. These services aim to provide an inclusive experience and equal access to academic content and program requirements.

- For information on requesting classroom accommodation, please click here.
- For information on requesting housing or dining accommodation, please click here.
- For information on requesting on-campus transportation assistance, please click here
- For information on requesting parking accommodation, please click here to request accommodation that doesn't fall into the categories above.

Contact **University Intercessor and Director of Disability Compliance** via e-mail if your request for an accommodation has been denied or you believe you have improperly been given an alternative accommodation; you can request a review of the accommodation decision.

Other Student Resources

Security for any needs related to Public Safety, including escorts to parking lots or other services.

Parking services including other University shuttle and public transportation options.

Directions: Medical Center and Saunders Research Building Rooms(where our **classrooms** and conference rooms are located)

Dining/ Food Service Options throughout the medical center

University of Rochester River Campus Information
Maps for Finding Your Way / Parking Information - River Campus

University of Rochester

Family Therapy Training Program Mission

We prepare competent relational/systemic therapists (MFTs) to care for and promote biopsychosocial/whole health with people across diverse communities.

The Family Therapy Training Program commits to the following goals and Student Learning Outcomes:

Program Goal 1: Demonstrate knowledge of the MFT Profession:

- **SLO 1:** Students will demonstrate knowledge of the history, key systemic ideas, and theoretical approaches of the Marriage and Family Therapy profession.
- **SLO 2:** Students will demonstrate knowledge of MFT professional networks (national, state, and international).
- **SLO 3:** Students will demonstrate knowledge and skill as advocates for the MFT profession and relevant family/systems-oriented law and policies.

Program Goal 2: Demonstrate ability to provide culturally attuned, evidence-informed, ethical care to a broad diversity of patients and families as a self-reflective relational systemic clinician.

- **SLO 4:** Students will demonstrate culturally attuned care for a diverse caseload.
- **SLO 5:** Students will demonstrate evidence-informed assessment and treatment of individuals and relational systems.
- **SLO 6:** Students will demonstrate ethical practice aligned with the AAMFT Code of Ethics and pertinent regulatory bodies.
- **SLO 7:** Students will demonstrate self-reflective practices about their clinical work.
- **SLO 8:** Students will demonstrate biopsychosocial (whole health) and relational systemic clinical skills.
- **SLO 9:** Students will demonstrate collaborative skills with interdisciplinary colleagues.

Program Goal 3: Demonstrate lifelong learning practices.

- **SLO 10:** Students will establish a continuous individualized learning plan that is reflective of self-of- the-therapist growth, ongoing professional improvement, and effective, ethical, culturally attuned treatment for diverse populations.
- **SLO 11:** Students will demonstrate the ability to stay current with the evolving body of MFT knowledge as well as evidence-informed best practices to build foundational skills for maintaining professional competency post-graduation.

Additional details about the specific measures supporting our program goals and student learning outcomes can be viewed on our website and our Outcome-based education (OBE) Framework can be requested by email

Belonging at the University of Rochester

The Family Therapy Training Program at the University of Rochester values a learning environment in which the unique contributions of every individual are integral to the curriculum and clinical settings. The faculty, supervisors, staff, and students are committed to the University of Rochester's core values and mission to sustain a welcoming community of education, research, clinical care, and community involvement. Each person contributes to the collective learning environment and adds to our program where all can belong and thrive.

The program strives to create welcoming spaces in which a variety of perspectives are expressed. The program aspires to engage each member with mutual respect, acknowledge the ongoing, dynamic process of learning, and demonstrate courage in connecting with each other in meaningful relationships. The program enhances therapeutic care within families and communities through this reflective self-of-the-therapist growth and personal connections with each other.

Students come to the program with breadth and depth of lived experiences that represent their local, national, and international communities. The program aims to provide opportunities to explore the personal, family, and other experiences that have shaped them. Students train in settings with individuals, couples, and families whose life experiences, worldviews and values might be very different from their own. Faculty, supervisors, and students uphold the American Association of Marriage and Family Therapy Ethics Code for non-discrimination and the provision of quality care, while offering opportunities for students to explore their self-of-the-therapist growth.

In clinical training as an MFT, the ability to value, honor, and hold multiple perspectives is an essential skill. It is the responsibility of program leadership, faculty, supervisors, staff, and students to create a safe, welcoming, and optimal educational environment.

University of Rochester: An Inclusive Community:
At the University of Rochester, we're building a community where everyone feels seen, heard, and empowered. The Office of University Engagement and Enrichment is leading efforts to strengthen connection and belonging—on our campuses and beyond. We focus on creating an environment that embraces a wide range of perspectives and ideas, that enhances learning, encourages critical thinking, and invites and deepens civil discourse to drive innovation, curiosity, and excellence

University of Rochester

University of Rochester Resources

- The central repository for resources and policies: Office of University Engagement and Enrichment | University of Rochester

- Equal Opportunity @ Rochester: Support and Resources - Office of University Engagement and Enrichment - University of Rochester

- Financial Aid: In addition to routine loan advisement and processing, exit counseling is available to inform students about federal loan repayment programs. Please be advised that if you're planning to receive student loans (federal and private), you need to be enrolled at least part- time. At the School of Medicine and Dentistry, part-time status equals 6 credit hours. This rule is true regardless of the semester in question. Registering for 3 credits would make one ineligible for student loans.

- Making a complaint of harassment or discrimination: Support and Resources - Office of University Engagement and Enrichment - University of Rochester

M.S. Degree Curriculum and Program of Study

Curriculum:

The M.S. Program in Marriage and Family Therapy is a 60-credit-hour curriculum; full-time students complete typically in six semesters. The Program has accreditation from the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The curriculum is designed to prepare MFTs to work in the changing health and mental health environment providing culturally attuned care for diverse populations. In addition to the didactic coursework and Clinical Practicum, an independent study Masters Project must be completed as part of the core curriculum. Additionally, students develop an individualized portfolio of materials throughout their program of study and submit a Capstone Portfolio prior to program completion.

Each full-time student follows the established course sequence for their two-year program of study; part-time students should discuss adaptations to the proposed schedule to meet their individual needs and are required to complete the program in five years or less. Students are required to inform the MS MFT Program Director if there are any anticipated changes to their program of study. The program and the University registrar maintain a complete record of each student's program of study.

Satisfactory progress towards on-time completion is formally reviewed each semester prior to registering for the subsequent semester as well as mid-way through Clinical Practicum. Students who are completing Clinical Practicum submit weekly clinical hours via 'Time2Track' and receive regular reports of their progress. Any concerns related to meeting clinical competency standards or required clinical hours are reviewed regularly with supervisors at the end of each semester and may result in a delayed program completion or continuation of enrollment semester in order to finish clinical hours and demonstrate competencies.

Clinical Practicum Readiness

In preparation for beginning Clinical Practicum, students must successfully complete core didactic coursework and our program's Pre-Clinical Assessment Day, prior to registration for Clinical Practicum. Clinical Practicum consists of at least 500 hours of supervised direct clinical contact hours with individuals, couples, and families (see page 23: Clinical Practicum). For full-time students, this typically occurs over a 13-month period, and in two concurrent clinical site placements; part-time students typically complete one placement at a time.

Students on academic probation, after receiving one grade below B-, will be required to demonstrate abilities to manage concurrent academic responsibilities of didactic coursework and clinical practicum; adaptation in a student's program of study may be required, or a dismissal from the program may be considered.

University of Rochester

Typical Program of Study for Full-Time M.S. MFT Students

Year	Term	Course		Semester Credits	Total Credits
Year 1	Fall	PSI 539 Family Therapy Theory & Technique	3		
		PSI 541 Foundations of Clinical Practice	3		
		PSI 543 Psychopathology and Systems	3		
		PSI 545 Human Development across the Family Life Cycle	3	12	12
	Spring	PSI 542 Clinical Assessment in Family Therapy	3		
		PSI 548 Family Therapy Ethics & Professional Practice	3		
		PSI 564 Family Law, Policy & Social Services	3		
		PSI 574 Child Focused Family Therapy	3	12	24
	Summer	PSI 562 Family Therapy Practice	3		
		PSI 566 Couples Therapy	3		
		PSI 572 Family Therapy Research	3	9	33
Year 2	Fall	PSI 560 Narrative and Integrative approach to Fam. Therapy	3		
		PSI 588 Clinical Practicum	6	9	42
	Spring	PSI 570 Intersection of Race, Gender, Sexuality and Other Cultural Identities	3		
		PSI 584 Master Project	3		
		PSI 588 Clinical Practicum	6	12	54
	Summer	PSI 492 Medical Family Therapy Intensive	3		
		PSI 588 Clinical Practicum	6	9	60

Typical Program of Study for Part-Time M.S. MFT Students *

Year	Term	Course	Semester Credits	Total Credits
Year 1	Fall	PSI 539 Family Therapy Theory & Technique		
		PSI 541 Foundations of Clinical Practice	6	6
	Spring	PSI 542 Clinical Assessment in Family Therapy		
		PSI 548 Family Therapy Ethics & Professional Practice	6	12
	Summer	PSI 566 Couples Therapy		
		PSI 562 Family Therapy Practice	6	18
Year 2	Fall	PSI 543 Psychopathology and Systems		
		PSI 545 Human Development across the Family Life Cycle	6	24
	Spring	PSI 564 Family Law, Policy & Social Services		
		PSI 574 Child Focused Family Therapy	6	30
	Summer	PSI 587 Clinical Practicum		
		PSI 572 Family Therapy Research	6	36
Year 3	Fall	PSI 560 Narrative and Integrative approach to Fam. Therapy		
		PSI 584 Master Project	6	42
	Spring	PSI 570 Intersection of Race, Gender, Sexuality and Other Cultural Identities		
		PSI 588 Clinical Practicum	6	48
	Summer	PSI 492 Medical Family Therapy Intensive		
		PSI 588 Clinical Practicum	6	54
Year 4	Fall	PSI 588 Clinical Practicum	6	60

* Part Time Students in Year 4 complete the second practicum placement which spans Fall, Spring, and Summer Semesters but credits are distributed in variable ways. Part-time students should consult with the M.S. MFT Program Director before registering via UR Student each semester regarding individual changes to their program of study. Program must be completed in five years or less and typically takes 4 years

M.S. Degree in Marriage & Family Therapy – Course Descriptions

PSI 492 Medical Family Therapy Intensive:
This course is a week-long intensive designed to introduce students to the foundations of Medical Family Therapy through didactic presentations, small group learning and skills development. Presentations are focused on medical family therapy, models of collaboration, specific illnesses and their effect on families. Additionally, students take part in 12 hours of small group learning, focusing on family of origin experiences with illness and healthcare, as well as case and systems consultation. Students also engage in Skills Workshops that employ simulated role plays to focus on executive and professional skills development.

PSI 539 Family Therapy Theory and Technique:
This course provides an overview of the major theories and clinical approaches in Marriage and Family Therapy and complements the Foundations of Clinical Practice in Family Therapy (PSI 541) and Human Development Across the Family Life Cycle (PSI 545) courses. Students explore primary source materials as well as independently engage with current literature in the MFT field to find recent applications of the major theories.

PSI 541 Foundations of Clinical Practice in Family Therapy:
This course is an introduction to thoughtful clinical interviews and the artful use of the therapeutic system to promote change in individuals, families, and other systems. This course is preparation for the basic skills and concepts in clinical interviewing and the practice of family therapy. This course introduces concepts including relational assessment, the use of diagnosis informed treatment planning and wrap up and discharge planning.

PSI 542 Clinical Assessment in Family Therapy:
This course focuses on training students in the knowledge, skills, and attitudes around assessment in individual, couple, and family therapy. Readings, role plays, group activities, and assignments highlight the universality of assessment across types of presenting issues, as well as the content specific to a variety of clinical presentations and areas of concern. Students also focus on proper documentation from a systemic perspective, as well as on skills demonstration to prepare for Clinical Practicum. The main focus of the course is learning how to create diagnosis and assessment-based treatment planning to provide systemic care for diverse issues and populations.

PSI 543 Psychopathology and Systems:
This course reviews comprehensive biopsychosocial assessment and diagnosis of mental illness within a relational and systemic context. Students become familiar with DSM-5-TR as well as common screening measures. Students role-play clinical interviewing skills with individuals, couples, and families to learn the differences in individual and relationally informed assessment as well as the importance of cultural and contextual factors.

PSI 545 Human Development Across the Family Life Cycle:
This course is designed to be an introduction to (1) key concepts in human development paradigms with a special emphasis on the role of culture and the biopsychosocial model in understanding human development; (2) family life cycle theory and clinical applications; (3) lifespan development issues; (4) how one's own family of origin experiences influence clinical practice; and (5) relevant transgenerational theories, including those of Bowen, Boszormenyi-Nagy, Wynne, and Framo, and their clinical applications

PSI 548 Family Therapy Ethics and Professional Practice:
This course focuses on the AAMFT ethical code expectations, relevant legal guidelines and professional practice standards within the scope of MFT practice. Students review requirements for state licensure in New York or other states/provinces. Students also address personal issues related to the impact of values, worldview, and culture on the practice of family therapy and demonstrate skills to engage with professional literature in recognized MFT journals.

PSI 560 Narrative and Integrative Approaches to Family Therapy:
The course emphasizes an integrative review of major theories and approaches to family therapy with a focus on the application to current clinical work in practicum. Additionally, narrative practices are embodied through self-reflective writing, reading and group witnessing as well as the application of a class roleplay sustained through 6 weeks of in-class simulation.

PSI 562 Family Therapy Practice:
This course prepares students for beginning clinical practice by increasing their practical knowledge, skills, and clinical judgment. Throughout the semester students demonstrate competencies in: clinical practice administration including informed consent and how to communicate with patients outside of session; family therapy interventions across a number of common presenting problems, including depression and anxiety; clinical documentation in the electronic health record; and how to transfer and terminate patients.

PSI 564 Family Law, Policy, and Social Systems:
The course content provides an introduction to family law, legal contexts/procedures, and the social/family context within which these have evolved and exist in the present day. We will also explore the importance of, and how to engage in advocacy and policy outside the four walls of the therapy room to improve the lives of families we serve and maintain and grow our profession. Most students who take this course are in their first year in the MS MFT training program. This class is helpful for any professional who regularly interacts with families in their professional career and is likely to encounter life-changing events for the family, including but not limited to partnering, marriage, relationship dissolution and divorce, birth of a child, death of a loved one, engagement with larger social and legal systems.

PSI 566 Couples Therapy:
This course will present an introduction to couples and intimate relationship therapy. The major emphasis of the course will be the integration of self, theory, and practice. The course will review relevant theories for conceptualizing relationships, relationship satisfaction, conflict in relationships and the principal approaches to couple and relationship therapy. Unique aspects of assessment, diagnostic formulations, techniques, considerations with teletherapy, and treatment planning will be addressed by model/approach and evidenced based treatments. Case discussions will invite self-of-the-therapist reflection and awareness of the influence of multiple understandings of culture in the lives of the relationship. Students will have opportunities to develop an area of clinical expertise and become familiar with resources available in public literature.

PSI 570 Intersection of Race, Gender, Sexuality and Other Culture Identities in Clinical Practice:
This course develops a historical perspective on issues related to gender, race, and culture in family therapy. Students learn the role that gender identity, race, ethnicity, sexual orientation, economic status, language, ability status, and cultural beliefs play in family life and clinical practice. Students engage in a self-directed learning plan as well as the required reading and course activities.

PSI 572 Family Therapy Research:
This course is an introduction to quantitative and qualitative methods in family therapy research, where students learn to critically examine and utilize research findings in clinical practice. Following a scaffolding method for learning, students will develop research questions, gather appropriate literature, consume, and critique literature, and inform of their clinical practice with these skills. Students will also learn the basics of producing scholarly writing and leave this course with a foundation from which to continue to launch their Master's Projects.

PSI 574 Child-focused Family Therapy:
This course focuses on learning about child development within the relational family system, including an overview of both normal and abnormal development. Students learn how to work clinically with children in the context of family therapy including assessment and diagnosis as well as effective evidence-informed and culturally attuned treatment. Developmentally appropriate, empirically supported family interventions will be covered. Methods of collaboration and ways to access community support for children and their families will be taught. Students demonstrate their knowledge and skills through role plays, written case conceptualizations and treatment documentation. Students also complete the required NYS mandated reporter training for child protection.

PSI 584 Masters Project:
Students complete a Masters Project as part of the requirements towards graduation and are required to submit a paper upon completion of the project. The paper is based on an approved Masters Project proposal, with defined learning goals, and should reflect a high level of scholarly work based on APA formatted research. The project may include, but is not limited to: a case study consisting of an appropriate literature review, an extensive case report, and a case presentation or applied application. Students who plan to pursue doctoral studies are encouraged to work with mentors and the MS MFT Program Director in the Spring of their 1st year to prepare for a master's project that will demonstrate readiness for doctoral level scholarship.

PSI 583, 587 & 588 Clinical Practicum:
Clinical Practicum provides students with the opportunity to grow in clinical competence and professionalism as an MFT trainee. All students practice in the onsite Office of Mental Health regulated community mental health clinic, Strong Family Therapy Services, in addition to community placement. Students are typically placed at two clinical sites, but this will depend on site interviews, availability, and student readiness. Practicum students provide full episodes of care (engagement, assessment, treatment, and discharge planning) that are biopsychosocial, collaborative, and culturally appropriate. In addition, students receive weekly individual and group supervision in accordance with COAMFTE standards.

M.S. MFT Program Course Registrations

UR Student (Workday) is the University's primary student administration system and supports the processes associated with a student's progression from admission through graduation, including, student records, registration, course rosters, grading, advising, and transcripts. MS MFT students will register for their course work through UR Student. Communications from the Registrar's office and the Family Therapy Training Programs' administrative team will go out to students regarding timelines for registration before the start of each semester (Fall, Spring, Summer). Part-time students are encouraged to meet with the Program Director to choose appropriate coursework for their individual program of study.

Transfer of Course Credits:
Students may transfer up to 12 credits of appropriate graduate-level course work if they have received a grade of B or better in the course taken within the previous 5-year period. Prior to matriculating, students who wish to transfer credits should submit their request to the MS MFT Program Director, along with the course syllabi. The course instructor for the relevant course will review the syllabus content to determine if the prior course meets the core requirements. If approved by the course instructor, the MS MFT Program Director will submit the request to Graduate Education and Post-doctoral Affairs at the University of Rochester School of Medicine and Dentistry for review and approval, if granted.

Course Withdrawal / Refunds / Fees:
Refund schedules are as follows: 15 calendar days from the course section start date, students receive a 100% tuition refund; 25 calendar days from the course section start date, students receive a 75% tuition refund; 35 calendar days from the course section start date, students receive a 50% tuition refund. After 36th day from the course section start date, no tuition refund will be issued. For more information regarding withdrawal refunds/fees, please contact the **Bursars Office**.

Satisfactory Progress

Academic Progress
Students must demonstrate satisfactory progress toward completion of the degree. Performance will be reviewed each semester by the MS MFT Program Director. In collaboration with program mentors, course instructors and clinical supervisors if applicable, a course of action will be determined to support students in addressing the particular concerns. Students whose progress continues to be deemed unsatisfactory will be placed on probation in accordance with the policies of the Offices of Graduate Education & Postdoctoral Affairs. If satisfactory progress is not achieved after one semester in such probation, the student may be asked to leave the program.

Criteria for Satisfactory Progress

Maintain a B- or better in all MFT courses, including clinical practicum. Students may be given the opportunity to continue in the program if they receive a C grade in one course on the condition that they commit to a corrective course of action as specified by the instructor and MS MFT Program Director. Students who receive a second C grade in course work might be placed on academic probation or dismissed from the program. In these cases, GEPA will issue a letter to the student notifying them of the final determination.

Complete the core curriculum and develop an acceptable Program of Study in accordance with the Program expectations.

Continue to see clients every semester until completion of required direct clinical contact hours (500), program supervision (100 hours, 50 of which are live/observable) and all clinical competencies on the practicum evaluation have been met at the level of a 3 or above.

- Maintain appropriate client and supervision hours and submit necessary paperwork, documenting these hours while registered for Clinical Practicum.
- Receive satisfactory end-of-term supervisor reports on the Clinical Practicum Evaluation.
- Maintain registration at all times by registering for course work and/or Clinical Practicum.
- Conduct self in a manner consistent to the standards and expectations of the University of Rochester School of Medicine and Dentistry, the Offices of Graduate Education & Postdoctoral Affairs, the Department of Psychiatry, University of Rochester Medical Center, the clinical sites that students may be placed, and all relevant regulatory bodies.
- Conduct self in a manner consistent with standards established in the AAMFT Code of Ethical Principles.

Non-matriculated students who take courses in this Program prior to enrolling will not be granted credit for those courses toward their program of study if they:

- Did not maintain a B- grade, or
- Carried any incomplete(s) for those course(s).

All requirements for the M.S. Degree must be completed within a period of five years. If the degree is not obtained within this period, the student may petition the MS MFT Program Director and the Offices of Graduate Education & Postdoctoral Affairs for an extension of time or for reinstatement of credit for an outdated course, stating the rationale for currency of knowledge in the specific content.

Students who must leave the Program for personal or health reasons before completing degree requirements should file an Official Leave of Absence form, whether or not they intend to return. Students who are suspended from the Program for academic or disciplinary reasons will be officially withdrawn by the Offices of Graduate Education & Postdoctoral Affairs at the recommendation of the Program faculty, clinical supervisors, or site directors if applicable and the MS MFT Program Director. For further details about procedures and implications, review to University Policies **Here**.

Students who wish to request an exception to policies and procedures should file a petition with the MS MFT Program Director or relevant faculty stating their request and rationale. If a student believes that the faculty has treated her/him unfairly or inappropriately, s/he should first address the concern informally with the faculty and/or supervisor directly, and then follow the stated **grievance policy**, if the matter remains unresolved.

Grades

The Family Therapy Training Program adopts a grading format based on student knowledge, clinical skills, scholarship, and professionalism. Course specific grading procedures are provided in each syllabus and follow university policy.

A (excellent), A-, B+, B (good), B–, C (poor), and E (failure)

93-100%	*A (excellent)*
90-92%	*A-*
87-89%	*B+*
83-86%	*B (good)*
80-82%	*B-*
70-79%	*C (poor)*
<70%	*E*

Definitions

- **Knowledge:** refers to what a student should know to be competent in the MFT field. Each course specifies the required and essential theoretical, clinical, and practical knowledge that a student should demonstrate.
- **Clinical skills**: refers to what a student should be able to do as a mental health provider (family therapist). The criteria are based on acceptable clinical standards for optimal mental health care to individuals, couples, and families. Required clinical skills are specified in each course, Clinical Practicum, and supervision. Students are expected to demonstrate that they are prepared for Clinical Practicum. Clinical skills required for each phase of development are also specified. Clear guidelines for what students need to master and demonstrate are provided in all learning activities.
- **Scholarship:** refers to how a student reads, digests, organizes, synthesizes, presents (orally and in written form) in accordance to expected academic and clinical standards. These requirements are relevant to all learning activities.
- **Professionalism**: refers to how a student is expected to always behave and conduct him or herself as an individual, as a team member and as a community member specific to inter-disciplinary functions, the MFT profession, patients and families and the larger community. Each course specifies the ethical obligations students have towards this end.

First Grade Below B-

Upon receiving one grade below B- in any course (including clinical practicum): The student must meet with the program director for review, to evaluate any necessary supports, and to document a plan intended to enable the student to successfully complete the graduate program.

The program director will notify the Office for Graduate Education and Postdoctoral Affairs (GEPA) and provide a copy of the documented plan to be placed in the student's academic file. GEPA will issue a letter to the student notifying them that they have received an academic warning. The letter will be placed in the student's academic file with the improvement plan.

Upon receiving a second grade below B- in any course or research experience
The student must meet with the program director and the Office for Graduate Education and Postdoctoral Affairs to evaluate their standing in the graduate program.

A second grade below B- may result in disciplinary action such as being placed on academic probation or dismissal from the graduate program. GEPA will issue a letter to the students notifying them of the final determination. The letter will be placed in the student's academic file along with any associated documentation.

Absences

One class absence is permitted with the expectation that a makeup assignment will be completed. These details will be determined by the course instructor, see the course syllabus for more details. If a second absence occurs a meeting with the course instructor and program director may be requested.

Late Submission

Grade penalties for late submission of class assignments or exams will be determined by the course instructor. Most courses will not accept late work but refer to each class syllabus for instructors specific policiy

Quality of Written Expression

Among other course activities, students demonstrate clarity of thinking and professionalism through written assignments. Points will be deducted for typos, poor spelling and grammar. Graduate Office Writing resources and River Campus writing resources are available for graduate students.

Policy on Assignment of Incomplete Grades

A grade of incomplete (I) will be assigned when a student, due to serious illness or other life-changing circumstances, is unable to complete all course requirements within the prescribed period and receives the instructor's permission to complete certain requirements at a later date, not to extend beyond 60 days after the conclusion of the semester. The student who receives an incomplete grade is passing the course and has already completed a substantial quantity of the work required. An incomplete must be discussed between the student, instructor, and program director, prior to the end of the semester and cannot be requested retroactively

Before the end of the examination period of the semester during which the "incomplete" is to be given, the student will negotiate with the instructor a mutually acceptable method for completing the class work, and an Incomplete Grade Contract, signed by the student and the instructor outlining the agreed-upon method must be submitted to the Registrar. The final grade, once recorded by submission of a Supplemental Grade Change Notice, will be preceded by an "I" on the official transcript. For example, a grade of "A" will appear as "IA**".**

Continuation of Enrollment Option

For those students who are in good standing, but require one semester to complete Clinical Practicum, including meeting clinical competency standards for graduation, there is an option of enrollment continuation. Students must have completed all coursework and Masters Project satisfactorily, as well as demonstrate clear potential to complete the remaining clinical hours and competencies within one semester. This also depends on the ability of the practicum site or sites to keep the student at the location.

Requisite tuition and fees are applied. Full-time students requiring this extension to meet clinical hours and competency requirements should begin discussion about this option with MS MFT Program Director midway through the Spring semester of practicum. Clinical supervisors, mentors and program leadership collectively evaluate students' readiness for completion or need for extension of Clinical Practicum based upon Clinical Practicum evaluations and any established action plans at the conclusion of the Spring semester. This continuation of enrollment option is offered to students who are deemed capable of successfully completing all Clinical Practicum requirements, demonstrating competency within one semester. Students will be eligible for COE after successful completion of six full terms. Students must be in good academic standing with only clinical hours remaining and the full expectation that they will be able to meet competency requirements for graduation at the end of the COE period. Students must also have fully paid any previous balances due. Students will enroll in course PSI 899 and be charged $1,070/semester (current rate academic year 2026-27) in addition to mandatory health insurance fee.

Conferral Dates
The following are the degree conferral dates each academic year – August 31, October 3, December 31, March 6, and May 15.

Incomplete Practicum
In rare circumstances, a student may petition for consideration of an incomplete grade in the final semester of Clinical Practicum in order to finish a minimal number of clinical hours, presuming they otherwise meet all competency and professionalism standards for graduation. This must be discussed in advance with the program director and clinical supervisors.

Leave of Absence
A leave of absence for medical or personal reasons is granted according to the University LOA Student Guide and University Policy. The Leave of Absence Fee is $80 per term at the present time. Students on leave of absence are not required to pay health fees and do not retain their student status for purposes of loan deferment. Borrowers must have Financial Aid Office and/or Student Loan Office exit interviews before leaving campus.

Academic Integrity
The Program is committed to train competent MFT professionals and to provide the intellectual breadth needed for trainees to grow across the domains of clinical skills, professional development, and self-of-the-therapist. Therefore, any episode of academic misconduct, unethical practice, or unprofessional behavior is viewed as a serious academic and professional concern that warrants consideration of disciplinary action. Such disciplinary actions include everything from remedial activities through which the student demonstrates an understanding of appropriate professional conduct up to, and including, dismissal from the degree program and university. All charges of academic misconduct will be reviewed in accordance with the policies of The Family Therapy Training Program, Department of Psychiatry, Medical Center, School of Medicine, University of Rochester, and/or any clinical site placements. Examples of concern include but are not limited to plagiarism (intentional or unintentional), HIPAA violations, and unethical and/or unprofessional conduct in the context of classroom or clinical practice. Additionally, students are held accountable for consequences related to any criminal behavior that might jeopardize their standing in the program or their future capacity to apply for licensure.

The University of Rochester's Academic Honesty Policy states that students remain responsible for the academic honesty of the course work they submit to the University even after final grades are received or when they graduate. Therefore, students remain responsible and will be held accountable after the class grade is submitted. This also applies to those students who leave the program if an issue arises at a later date. Ignorance is also not considered a valid defense against academic misconduct.

Artificial Intelligence

Coursework:
Each instructor and master's project committee will decide whether AI use is allowed for their courses, assignments, or projects. Please consult your course instructor for permission to use in advance of relying on AI support.

Academic Honesty:
If AI use is permitted, students must cite any AI-generated text (e.g., UR AI) in APA format. Failing to do so constitutes plagiarism and violates UR academic honesty policies.

Clinical and Research:
AI technologies are strictly prohibited for handling patient/clinical information and research data/text, as this breaches confidentiality policies, including HIPAA.

This program follows the general guidelines of the University of Rochester regarding the use of AI.

See the following links to read the full policy and guidelines:
Generative AI Use in Education – Office of the Provost – University - here

Clinical Practicum

All matriculated students must successfully complete a Clinical Practicum consisting of at least 500 direct clinical contact hours, ongoing supervision, and incorporation of feedback toward the development of foundational clinical and professional skills. Clinical practicum typically requires placement at two clinical sites (Strong Family Therapy Services for ALL students; one community placement) for a minimum of 12 months. In rare and unique situations, a student may petition for and/or be assigned to one primary clinical site placement with a limited (less than 12m) rotation in another clinical setting. Students are typically placed at two clinical sites, but this will depend on site interviews, availability, and student readiness determined by the program.

Students are expected to meet all clinical and professional requirements set forth by their designated sites, and to engage in clinical training at those sites after review of, and in accordance with, a signed Site Agreement. Students receive weekly supervision at each site; this supervision may be comprised of individual supervision (up to two trainees), group supervision (8 or fewer), or some combination thereof.

Students are required to complete the entirety of the required Clinical Practicum, demonstrate clinical competency, as well as maintain ethical and professional conduct in order to be eligible for graduation.

All matriculated students actively seeing patients in Clinical Practicum are covered by the University malpractice insurance.

Overall Objectives and Expectations:
Upon completion of Clinical Practicum, students must demonstrate the entry-level skills as a relational systemic therapist aligned with Program Goal 2 and associated student learning outcomes:

Program Goal 2: Demonstrate ability to provide culturally attuned, evidence-informed, ethical care to a broad diversity of patients and families as a self-reflective relational systemic clinician.

- SLO 4: Students will demonstrate culturally attuned care for a diverse caseload.
- SLO 5: Students will demonstrate evidence-informed assessment and treatment of individuals and relational systems.
- SLO 6: Students will demonstrate ethical practice aligned with the AAMFT Code of Ethics and pertinent regulatory bodies.
- SLO 7: Students will demonstrate self-reflective practices about their clinical work.
- SLO 8: Students will demonstrate biopsychosocial (whole health) and relational systemic clinical skills.
- SLO 9: Students will demonstrate collaborative skills with interdisciplinary colleagues.

Specifically, graduating students will demonstrate the abilities to:

- Develop and maintain successful therapeutic and culturally appropriate relationships across the lifespan.
- Conduct biopsychosocial/whole health assessments of clinical needs including: mental status, presenting problems, symptoms, strengths (and resources), risk factors; and integrate this information into development of treatment plan goals.
- Develop and document diagnostic formulations, execute treatments plans, and track progress relative to treatment plan goals.
- Formulate hypotheses and strategies for appropriate evidence-informed therapeutic intervention.
- Provide effective therapeutic services and crisis management to individuals, couples, and families.
- Collaborate effectively with interdisciplinary professionals and patient's natural supports.
- Use supervision appropriately and competently with attention to self-of-the-therapist reflection.
- Meet all professional standards and practice in compliance with the AAMFT ethical code of conduct.
- Follow all policies and procedures at all sites.
- Understand the scope of practice and refer, as necessary, to appropriate levels or sites of care.

Clinical Practicum Expectations:

Clinical Hours: Students must complete a minimum of 500 direct clinical contact hours, of which 100 can be alternative hours, separate from their primary practicum sites. For those entering Clinical Practicum under COAMFTE Standards Version 12.5, definitions of direct clinical contact (from the glossary) include:

Direct Clinical Contact Hours are defined as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage in the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, training, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.

At least 200 (of the 500 total required hours) must consist of relational therapeutic work with couples, families, or other relationships present in the treatment room. Up to 100 of these hours can be obtained as Alternative Hours.

Alternative Hours are defined as direct clinical contact without primary therapy responsibilities, in which the student participates in the role of an observer of direct patient care by another clinician or clinical team. These observations can start pre-practicum to learn about clinical care and relational systemic therapy in any of the program's clinical settings. Additionally, practicum students may observe in approved URMC or community settings (e.g., Mobile Crisis Team, Strong Recovery, Developmental Pediatrics, etc.) to further clinical skills generally or with special populations/settings to align with individual learning goals. Alternative hours **must be approved** by the clinical supervisor and program director and a description of the direct observation must be filed in the student's record before these hours can be logged and approved in Time2Track.

Supervision:
Each student will be assigned at least one program clinical supervisor for each site. This supervisor will provide individual supervision designed to help students develop, enhance, and advance their skills. Site directors often provide additional group supervision or staff meetings to supplement individual supervision and to address administrative issues relevant in that site. At the start of clinical engagement in each clinical site, students and supervisors will review and sign an individualized supervision agreement specific to the site. The design of the agreement is to outline expectations for clinical practice and training in each site, to attend to the specific personal, professional, and clinical development goals of each student, and to clarify relevant site and supervisory requirements. Students will receive regular feedback on the quality of their professional conduct and clinical functioning from their supervisor(s). Supervisors will also pay specific attention to action plans relevant to student assessments and progress.

Supervisor Credentials:
All program clinical supervisors provide relational/systemic supervision. Program clinical supervisors demonstrate professional identity as relational/systemic clinicians and have training in MFT relational/systemic supervision as AAMFT Approved Supervisors, AAMFT Approved Supervisor Candidates, or post-degree MFT relational/systemic supervision with NYS established MFT supervisor designation. Adjunctive consultation and supervision may be provided at clinical sites but only supervision received from identified program clinical supervisors counts toward the program required supervision hours.

*Supervisors will obtain coverage for any planned or unplanned absences. Site directors or the program director can provide supplemental supervision if needed to ensure that there is no disruption in regular and consistent supervision.

Telesupervision Policy
By default, all routine supervision will be held at the clinical site, with both supervisor and supervisee present in-person. In the event that a supervisor or supervisee is sick, supervision will be rescheduled for another date/time and the onsite supervisor will be available for immediate supervisee clinical needs. In the event that a supervisor or supervisee is unable to attend in-person due to other circumstances, but is able to attend remotely, the supervision may occur remotely at the discretion of the supervisor, and provided that all necessary URMC, OMH, NYS, Federal guidelines are followed **(See Appendix A).**

Resources and Relevant Policies for Teletherapy and Telesupervision to meet URMC, NYS, OMH, and Federal Guidance

- Association of Marital and Family Therapy Regulatory Boards Teletherapy & Telesupervision Guidelines HIPAA Privacy Rule
- HITECH
- UR Telemedicine Services Policy
- UR Psychiatry Ambulatory Telehealth Policy
- UR Policy 108, Confidentiality
- UR Department of Psychiatry, Clinical Remote Work Policy UR ISD Network Bandwidth Speed Test Instructions
- UR Remote Work Policy
- UR Remote Work Assessment UR Remote Work Agreement

Clinical Practicum Readiness
In preparation for beginning Clinical Practicum, students must successfully complete core didactic coursework. In addition, students must have demonstrated readiness for Clinical Practicum as evidenced by their participation in the Pre-Clinical Practicum Assessment Day (typically April of their first year). Based on performance in the Assessment Day activities and on the feedback generated from course instructors and program mentors, some students may be required to begin Clinical Practicum in a more gradual fashion by participating in additional observational activities, co-therapy, and live supervision prior to assuming the role of primary therapist at one or two clinical sites. Students who have not demonstrated clinical readiness through foundational knowledge, skills or professionalism will not be allowed to proceed with clinical practicum and may not be able to successfully complete the program requirements.

Evaluation of Clinical Skill and Professional Development and Addressing Clinical or Professional Concerns

The evaluation of students' progress begins in the first semester of the program. Students are asked to demonstrate clinical skills with role play exercises across multiple courses, are required to shadow clinical work, and expected to maintain professionalism across all contexts. Course instructors will provide direct feedback to students during the semester if concerns are noted and an informal plan for improvement will be discussed. At the end of each semester faculty will provide feedback to all students which will then be discussed at the end of semester meetings individually with all students. If concerns remain after the first semester, the mentor and program director will meet with the faculty and students to discuss concerns and needs. A **Competency Plan (See Appendix B)** may be considered at this time if needed and will be constructed with the faculty, mentor, and program director. If progress is not made with the support of a competency plan the student may not be approved to progress in the program.

Evaluation or Clinical Skill and Professional Development continues while students are in the Clinical Practicum and later semesters. Evaluation is an integral part of the supervision process. Program supervisors and students complete Practicum Evaluations at the end of each semester. See the Practicum course syllabus for rubrics on grading and for the full practicum evaluation used by students and supervisors. In addition, clinical site directors and other supervisors contribute valuable feedback in the group supervision and site meetings, as well as in the monthly supervisors' meetings. Students also formally assess the supervision experience by completing a **supervision feedback form**.
(See Practicum Syllabus)

Clinical Practicum is a credit-bearing course; students complete 15 credits of practicum. Grades are assigned at the conclusion of each semester of Clinical Practicum based on student progress towards meeting developmental growth, as evidenced on their Clinical Practicum Evaluations.

Students who do not meet the stated expectations for their developmental phase (earning a B grade or lower) will complete a Professional Competency Plan that clearly delineates the steps and/or skills needed to proceed to the next, more advanced stage of clinical skill. In some circumstances, a student may receive an incomplete grade for Practicum. Students are required to demonstrate a range of clinical competencies as outlined in the Clinical Practicum evaluation tool in preparation for graduation; for those students who have not yet demonstrated those competencies, they may be required to extend their clinical training beyond the expected 6-semesters for full-time students via Continuation of Enrollment semester.

Students are also required to participate twice a year in the program's Assessment Day, a full day clinical skills assessment that involves all students and faculty. Taking place at the pre-clinical phase and the mid-clinical phase, the Assessment Days serves as an opportunity for supervisors and students to gauge progress toward developmental milestones for clinical skills acquisition in a supportive learning community. Simulated patient scenarios provide the clinical context for each student to demonstrate fundamental skills aligning with each of those two phases. Each student participating in Assessment Day will receive both formative and summative feedback; at the conclusion of each assessment, students receive an evaluation of their skills demonstration as well

as an individualized action plan. The action plans are shared with the students and are reviewed by designated relevant faculty and supervisors who will help to guide the students to meet the requirements outlined in each action plan.

Students' progress in Clinical Practicum will be closely monitored by program clinical supervisors and other faculty; ongoing and open communication about progress will take place with students as well as with other supervisors working with students in other sites. Progress in Clinical Practicum will depend on the student's attainment of high standards for professional conduct and developmentally appropriate levels of clinical competence.

For students who may be struggling to maintain these standards, ongoing progress will be reviewed in collaboration with the supervisor(s), the site director(s) and MS MFT Program Director. The scope of the review process will be determined by the specific professional, ethical, clinical, or personal issues with which the student may be struggling (as defined by the student as well as by faculty/supervisors). The review process will take place in accordance with the University's disciplinary procedures, guidelines, and standards of conduct. In the event they may be unable to make sufficient progress with support from faculty, supervisors, and program leadership, students may face one of the following: initiation of a period of probation before they can continue with Clinical Practicum, a formal process of remediation, or in extreme circumstances, dismissal from the program for serious misconduct or concern for lack of clinical competency after inability to meet standards following a probationary remediation process.

Clinical Hours Reporting

Students are required to keep an accurate and updated record of all their clinical hours (clinical contact hours and alternative hours) as well as supervision at each clinical site each week. Program clinical supervisors will approve all verified clinical and supervision hours. Final clinical contact and supervision hours are reported on the student's final program of study that is sent to the Dean's office prior to degree conferral. These verified program hours are also reported to NYS or other state/provincial licensing boards as requested by alumni.

Information about use of Time2Track system is provided by the Clinic Director at the start of Clinical Practicum. Students are expected to enter only those hours that they have successfully completed and must attest to the accuracy of the clinical hours they report. Given the importance of ethical and professional behavior in our profession, any concerns for misrepresenting clinical hours will be considered academic misconduct with appropriate disciplinary action, up to and including dismissal from the program.

Clinical Practicum Placement(s)

Clinical Sites

Having clinical experience in two diverse settings provides important breadth and depth to the development of a professional MFT identity. To this end, each student typically completes a minimum of 12-month placement in each of two settings (most will complete these placements concurrently) to gain experience with a variety of individual and relational concerns, and to collaborate with unique sets of interdisciplinary professionals. Our onsite Strong Family Therapy Services clinic is the primary clinical site. Students who are developmentally ready will also be matched with another placement within the URMC network or Rochester community.

Students will only be able to complete their 500 or more clinical hours at approved sites. Placements at sites are dependent on various factors, including but not limited to availability of a certain number of positions at the site, student preferences and stated learning goals, the need to maintain/fill a placement position, and the availability of program clinical supervisors for the site placement. Specific site placements are not guaranteed to any student though efforts are made to match each student with the settings that are aligned with their clinical interests, extant skills, and individual goals for learning new skills. The continuation of Clinical Practicum at the various sites is at the discretion of Site Directors and based on review of professional conduct, clinical competence and compliance of policies and procedures. Clinical site placements are typically for a 13-month period (typically July 1-July 31). All sites have recorded capability and the option of live supervision as part of the weekly individual or group supervision at Strong Family Therapy Services.

All practicum students have a primary clinical placement at Strong Family Therapy Services (SFTS). Part of the Adult Ambulatory outpatient mental health and wellness clinic, a New York State Office of Mental Health regulated community mental health center, SFTS, serves children, families, and adults across the lifecycle. Clinicians provide comprehensive assessment of and treatment for individuals, couples and families representing the needs of our diverse Rochester community. MFT trainees work alongside staff clinicians, program supervisors, and interdisciplinary colleagues to help families access their strengths and resources to resolve concerns including depression, anxiety, child behavioral issues, family conflict, grief, and loss, or coping with health problems. This clinical service serves patients and families spanning the underserved and underemployed, immigrant and refugee families, those who may be employed and/or living in Rochester's suburbs, and those facing significant biopsychosocial challenges including but not limited to medical issues, intimate partner violence, substance misuse, difficulties with interpersonal relationships, family members with chronic mental illness, life transitions of all kinds, and court involvement.

Additional Clinical Settings
(Varies by the year)

Highland Family Medicine Center
The Highland Family Medicine Center is a large urban medical practice that offers a fully integrated and multi-disciplinary Behavioral Health Service to individuals, couples, and families who come there for their total health care. An NCQA Level 3 Patient Centered Medical Home, Family Medicine has a strong commitment to team-based care and collaboration between and among a wide array of health professionals joining together to care for patients, families, and their communities. Walking in the door, MFT trainees become tremendously valuable members of the team; they provide individual, couple, and family assessment and treatment, and play critical roles in providing consultation to their collaborators in medicine, nursing, pharmacy, social work, and care management. Located in the South Wedge neighborhood of Rochester, Highland Family Medicine serves families from all over the city and surrounding suburbs, maintaining a clear commitment to and investment in the underserved and at-risk communities in our area. These families include refugees and immigrants, those who may be socioeconomically marginalized and under-resourced, those managing multiple chronic health conditions, those who have had family members involved with the justice system, those touched by community violence, and others. Many of these families have been coming to Family Medicine for generations and regard it as the ultimate place to receive culturally sensitive, compassionate, and comprehensive care, including behavioral health.

Highland Hospital
Highland Hospital is a 261-bed community hospital located between Highland Park and South Wedge neighborhoods in Rochester. Highland has been affiliated with Strong and the University of Rochester since 1997. The hospital's mission is a commitment to excellence in healthcare, with patients and their families at the heart of all we do. While Highland is a general hospital, their specialties include bariatric surgery, total joint replacement, geriatric care, gynecologic oncology, prostate cancer treatment, women's health services, and maternity/labor and delivery. The patient population at Highland is highly diverse, and includes folks from across the lifespan, and all races, ethnicities and religions, gender and sexual identities. At Highland you will also be an embedded part of the highly diverse, interdisciplinary team of physicians, advanced practice providers, nurses, patient care techs, occupational, physical and speech therapists, chaplains, and others while you practice systemic, biopsychosocial-spiritual, Medical Family Therapy (MedFT). Through the course of the practicum year, MedFTs are supervised in the provision of evidence-informed biopsychosocial-spiritual, systemic care via assessment and intervention with individuals and families, collaboration and microteaching activities with the team, and other efforts to support improved patient outcomes and staff wellbeing. Our MedFTs provide culturally sensitive care to individuals, couples, and families experiencing illness, trauma, or end-of-life, while also promoting and facilitating communication and collaboration among healthcare system staff, between staff and patients and families, and between mental health and physical health professionals. MedFTs at Highland also promote health equity and aim to address social determinants of health based on age, race, class, gender, and sexual and gender identity through assessment, intervention, collaboration, and education.

Gender Wellness OBGYN
The Gender Wellness Behavioral Health Service is embedded in the large, urban OB/GYN practice, which also serves as a training site for medical residents. It has a multi-disciplinary, family-centered, and integrated approach to primary care aimed at improving health outcomes and reducing health disparities for underserved patients of all gender identities and expressions and those who are important to them. MFT trainees provide individual, couple, and family treatment to patients, as well as providing consultation to medical and nursing providers and ongoing partnership with residents, nurse practitioners, and physician faculty.

Pediatric Behavioral Health and Wellness
Child and Adolescent Outpatient Services meet the needs of families from diverse backgrounds who may benefit from outpatient assessment and treatment. Its services include diagnosis and treatment of children, adolescents, and families with a variety of mental health problems including depression, anxiety, attention deficits, emotional regulation difficulties, and other behavioral concerns. Families work with a primary therapist who is responsible for coordinating all aspects of care. This therapist is a member of a team that includes specialists in psychiatry, psychology, social work, counseling, family therapy and nursing. In addition, services are offered to infants, children, adolescents, and their families who may be experiencing stress due to a medical illness, change in family situations, or other life events.

Hillside Children's Center (Residential Treatment)
With local origins in 1837, Hillside is one of the oldest family and youth non-profit human services organizations in the US. Hillside's mission is to provide community-based services, education, and residential treatment to positively impact lives, in partnership with youth and families who have experienced trauma. Among other services, Hillside's multidisciplinary Residential Treatment Facility (RTF) team provides holistic, strength-based mental health services in collaboration with youth and families to support the goal of safe reunification in the community. Together, youth and family members establish, learn, and practice skills and engage in therapeutic processes to heal from traumatic experiences and regain hope.

Genesee Mental Health Center (Rochester Regional clinic)
GMHC is a community mental health clinic with a strong commitment to serving our diverse community. GMHC is centrally located and provides care to a wide range of people from the city of Rochester and surrounding areas. At GMHC we are dedicated to providing trauma informed patient centered care for everyone that walks through our doors. From anxiety and depression to bipolar and schizophrenia, our mental health providers use personalized, evidence-based care to help patients manage and work on the impacts they are experiencing on their day-to-day life. Patients will be able to receive talk therapy, medication management, and group therapy. MFT trainees will quickly become a valuable part of our supportive team of therapists, nurses, psychiatrists, psychologists, and access associates. MFT trainees will collaborate with other therapists and psychiatrists to ensure we are providing the best care to patients we can.

Strong Recovery (Substance Use Treatment)
Strong Recovery provides comprehensive treatment to our diverse patients and families within and meets patient needs within the community. We are a multidisciplinary team, and the student intern can expect to learn from counselors, nurses, medical professionals, rehab therapists, peers, targeted case managers, and the leadership team. We treat all substance use disorders and specialize in opioid use disorders, for patients aged 14+. Our family program currently has two family specialists who treat all family members, whether they have a loved one with substance use or are themselves struggling with substance use. The intern will observe and facilitate various clinical services such as intake evaluations, individual, group, family, crisis services, discharge, and treatment planning, and attend weekly treatment team meetings.

St. Joseph's Neighborhood Center
St. Joseph's Neighborhood Center, rooted in the caring tradition of the Sisters of St. Joseph, provides comprehensive physical and mental health services to uninsured and underinsured people in and around Rochester, New York. Its services include crisis counseling, family counseling, spirituality, women's groups, stress reduction groups, and psychiatric consultations, in addition to physical health, allied health professional services (i.e. dental, OT), and social work. Its clientele includes many who are employed yet unable to cover healthcare expenses, students and people with disabilities, from every race and ethnicity and representing an 8- county region.

Additional Clinical Experiences
Our MS MFT students also participate in a range of clinical observation opportunities available throughout our medical center and Rochester community, many of which are aligned with their individual learning goals. Some examples include: our Rochester community mobile crisis team or psychiatric emergency department, substance use/chemical dependency, eating disorders, serious and persistent mental illness (SPMI) care, neurology and somatic-focused consultations, fertility center, memory care clinic, developmental pediatrics, chronic pain, trans and LGBTQ+ focused care, school-based support services.

Required Departmental Training
In preparation for, and during, Clinical Practicum, students are expected to complete all required University of Rochester Medical Center institutional, departmental, and site-specific trainings including HIPAA training, teletherapy preparation, orientations to each site, clinical scheduling and documentation systems (e-Record at all Strong Behavioral Health sites) as well as interdisciplinary mandatory trainings related to **Suicide Risk Assessment/Safety Planning and Interpersonal Violence.** Advance notice will be given for required training during practicum and site placement orientations whenever possible. Confidentiality, Transportation, Storage, and Transmission of Materials Policy Practicum trainees are expected to adhere to all the policies and procedures related to confidentiality, documentation, storage, transportation, and transmission of confidential materials both in person and teletherapy as stipulated by HIPAA, URMC, URSMD, OMH, the Department of Psychiatry, Strong Family Therapy Services, and all other sites.

HIPAA (**Health Insurance Portability and Accountability Act)**
A federal law that gives clients certain clear rights regarding their mental health privacy and all protected health information; this law sets rules and limits on who can look at, receive, and exchange health information for the purposes of patient care. It is not only federal law, but protecting patient privacy is the right thing to do for patients and their families.

Student trainees in the Marriage and Family Therapy program must adhere to this law, just like any other health provider. For our students this includes guidelines for documentation of patient care, sharing information with other treating professionals, sharing information with and including collateral contacts in patient care, avoiding removal of any PHI (Patient Health Information) offsite, avoiding any recording of protected health information (like names, dates of birth, medical record numbers, etc.) in personal calendars, written notes, unencrypted digital storage drives, personal phones/tablets/laptop computers, etc. Under HIPAA, and consistent with our Institution's privacy policies and guidelines, patients must submit permission, in writing and using standard Release of Information forms, for any release of protected health information to another party aside from that information exchange permitted through the HIPAA guidelines. **Students must adhere to all guidance for encryption and password protection for personal devices** and stay apprised of any updates and changes to these guidelines and institutional policies that may be reflected on the HIPAA website and via regular electronic communications from the Institution. For more specific information regarding HIPAA laws, please see the University of Rochester's Compliance website.

At the start of their practicum site placement, all trainees receive additional training for URMC compliant Zoom recordings to digitally and securely record their therapeutic work for review in the supervisory and self-reflective process. All patient contact and clinical supervision are required to meet AAMFT Ethics Code, HIPAA (privacy, security) and relevant URMC, state and federal regulatory policies and procedures.

Transportation Expectations
Offsite clinical site placements are made with the expectation that all students have access to reliable transportation to get to their scheduled clinical sites. Consequently, students are required to have access to reliable transportation before the Clinical Practicum begins. Many of our clinical sites are proximal to the medical center, and many are also located on public transportation routes; students are responsible for making all transportation arrangements and for defraying all costs associated with their transportation. The program will not coordinate transportation for students to clinical sites and cannot guarantee clinical sites in close proximity to the medical center. Carpooling with classmates is not typically a viable option nor is the regional public transportation system always an efficient option for moving between classes and offsite clinical placements throughout the day. Bicycle transportation can be challenging in winter months.

Transparency about Student Progress, Competency, and the Supervisory Relationship

Balancing Ethical Responsibilities for Student Support, Student Confidentiality and Obligation to Patients and the Profession

Students, supervisors and faculty in the MS MFT Program must adhere to the AAMFT Code of Ethics, even if they may not hold membership in AAMFT: "Marriage and family therapists maintain high standards of professional competence and integrity" (Standard III) and "do not exploit the trust and dependency of students and supervisees" (Standard IV). Our program sees the role of supervisor as critical to the development of well trained, competent, capable, and ethical practitioners. Our program clinical supervisors are charged with maintaining oversight of supervisee competence (Section 4.4) and professionalism (Section 4.5), assisting trainees in seeking appropriate professional assistance for issues that may impair work performance or clinical judgment (Section 3.3) and addressing professional misconduct (Section 3.12).

In the MS MFT Program, students, as an integral part of their education and training, and with appropriate professional boundaries, disclose personal information about themselves in classroom exercises, reflective writing, mentorship meetings and supervision, to facilitate their growth towards professional, academic and clinical competency. While respecting student/supervisee privacy (Section 4.7), the MS MFT Program has a responsibility to protect clients and the community from unethical or incompetent practices and behaviors demonstrated by the professionals responsible for their care. The program is equally responsible for training of relational systemic therapists that will represent and maintain a level of quality care consistent with that of the University of Rochester Medical Center, and the Marriage and Family Therapy profession. The MS MFT Program is obligated to maintain the highest professional standards in the service of the community at large.

With these commitments in mind, program clinical supervisors meet monthly to review student progress in coursework and Clinical Practicum, and with discretion, discuss relevant student or supervisee information that may assist in the development of the student's professional, academic and clinical competency. Relevant faculty, mentors or supervisors might communicate with each other related to specific concerns in response to clinical, academic and interpersonal incidents, or issues related to student competency or integrity. Faculty and supervisors appreciate the developmental learning that occurs for trainees over time in their training.

Students arrive with a range of past professional or personal experiences that help to shape their clinical skills and professionalism. Routine evaluation and feedback processes are built into the Clinical Practicum supervision experience. Our faculty and supervisors are committed to compassionately supporting a trainee who is open to and responsive to reflecting and acting on the development of professional competency while also protecting the community for inadequate, harmful, or unethical professional services.

Although often seen as providing important support and at times involving discussion of personal growth or challenges, supervision is not a substitute for psychotherapy**. All students are encouraged to seek their own therapists while in training.** Mentors and program leadership can provide local resources, in addition to those offered free of charge by the University Counseling Center at University Health Services.

Problems of Professional Competency

Students are expected to demonstrate willingness and ability to work towards and meet competency standards for clinical practicum and graduation as evidenced on the Clinical Practicum Evaluation form (see the practicum Syllabus for this form) On occasion, a student's performance requires additional focused support and remediation for interpersonal, clinical or professionalism skill deficits. Initial attempts to address the areas of concern are made informally and in the context of routine supervision and mentoring, occasionally with encouragement for personal therapy or additional support. If initial informal efforts to remedy the deficits are unsuccessful or a pattern of concern arises, a Professional Competency Plan may be recommended by the course instructor/s, program supervisor/s, and site director/s. Decisions about initiating a formal Professional Competency Plan will involve input from the relevant faculty or direct supervisor/s, site directors, faculty mentor and/or program leadership.

The identified problems with professional competencies will be documented along with expected actions steps and a timeline for their expected completion. If indicated by the problematic behaviors or skill deficits, a supervisee's caseload or new intakes may be reduced or halted to provide time for focused attention on the improvement plan. In the event that the supervisors, faculty, and/or program leadership jointly decide that a trainee has not shown adequate and developmentally appropriate progress in one or more of these areas, there may be a delay in the typical timeline for completing the academic or clinical requirements (i.e., clinical hours) such that the student may require a continuation of enrollment semester (with additional fees payable by the student) presuming that the trainee is informed of the plan in as timely and planful a way as possible, and is deemed capable of resolving the concerns in one additional semester. The supervisors and MS MFT program director will work closely with all our students to ensure an open feedback loop that includes routine and frequency specific feedback, action and growth plans, solicitation of therapist individual learning goals, and direct conversation as early as possible regarding any areas of concern that are presented.

The Master's Project

Students must complete a Master's Project as part of the requirements towards graduation. Students enroll in a 3- credit course that is essentially an Independent Study with established learning goals for the project that are accomplishable in one semester with writing and planning the semester prior. Students are required to submit an essay upon completion of the project. The essay should be based on an approved Master's project proposal following individual learning goals and should reflect a high level of scholarly work.

Additional details and forms are provided on the Blackboard under Master's Projects and in the syllabus for the Masters Project course.

Family Therapy Training Program Writing Quality & Standards Rubric – Requirements for Completion of Master's Project (Must have all or "Meets" or higher marks across domains to have advisor sign-off on the MP)

<u>The project may include, but is not limited to the following:</u>

- A case study consisting of an appropriate literature review, an extensive case report and a case presentation or application section of the paper.
- Students who are interested in pursuing doctoral studies upon completion of the program should discuss plans for their Masters project with their mentors and MS Program leadership in the Spring semester of their 1st year.

Pre-registration Requirements

Course Requirements:
Family Therapy Research (PSI 572). Students will review and discuss a preliminary plan for a possible Masters project topic in this course.

Clinical Requirements:
- Students must demonstrate sufficient clinical skills for the purposes of the project.
- Assessment of skills will be based on supervision reports.
- In rare circumstances, an advanced part time student may be granted approval for PSI 584 prior to clinical practicum.

Preliminary Project Requirements:
- A preliminary timeline for the project and essay completion.
- Students will work in close collaboration with their advisor once they have registered for the Masters project.
- The student will develop a project proposal and complete the Masters Project Proposal outline. If indicated, RSRB approval must be acquired, and must be obtained prior to the start of the semester.
- If changes are requested, the student will resubmit the proposal with changes.
- The approved proposal will be submitted to the Program Director and placed in the student's program file.

The student Advisor must approve a timeline for completion of the proposed project, in correspondence with the Office of Graduate Education & Postdoctoral Affairs (GEPA) submission deadline for the final manuscript. **These deadlines may vary somewhat from semester to semester. It is therefore important that the advisor consults with the Program Director when finalizing the timeline.**

The Program Director must receive the following documents upon acceptance of the project:

- Electronic copy of the final essay with signature page in correspondence with APA publication guidelines.
- Signed and dated student statement of originality. **(See Masters Project Syllabus)**
- Final Project Signature page with the faculty attestations that the student has successfully completed the project and essay. **(See Masters Project Syllabus)**

Essay Guidelines/Manuscript Requirements:

The final Master's essay will be submitted to the Senior Associate Dean of Graduate Studies. The manuscript should be prepared in compliance with the APA publication guidelines. It should consist of: (see Masters Project Syllabus for documents)

- A Title Page
- Abstract
- Statement of Originality
- Table of contents
- Clearly defined sections
- References
- Appendices (as appropriate)

Students should consult the most recent edition of the APA Publication Manual at Miner Library Resources**.** It provides clear guidelines for manuscript preparation. Supports are available from Miner Library and myHUB. Students are re-introduced to these resources during PSI 572 Family Therapy Research Course but can access them at any time during their program of study.

Interdisciplinary Trainee Poster Day:

Presenting Your Masters Project

An interdisciplinary departmental trainee poster day is typically held in June for psychiatry residents, psychology interns and fellows, and MFT students who have completed their Masters Project.

Individualized Learning Goals and Capstone Portfolio

Students maintain an ongoing portfolio of their progress towards demonstrating clinical competency and professionalism. Beginning in the Fall of their first semester, students develop individualized learning goals and review them with mentors each semester. Learning goals are also compiled by semester and cohort for program leadership to identify themes that might be addressed programmatically in didactic coursework, clinical training, or other venues (writing skills workshops, library tutorials, clinical skills workshops, etc.). Students add to their portfolios throughout the program and submit a capstone portfolio for review at least one month prior to program completion.

The **individual student learning goals (See Appendix C)** format provides specific prompts for students to "reflect and identify semester goals in the areas of self-of-the-therapist growth, ongoing clinical/professional development, effective treatment for diverse populations, as well as any others you would like to focus on this coming semester. If this is not your first semester, please also consider the progress that you've made in these areas and/or barriers that you've faced as you plan for the semester/s ahead. What would you like to focus on in your own growth?"

- Self-of-the-therapist
- Ongoing clinical/professional development
- Effective treatment for diverse populations
- Other personal learning goals for this semester

The **capstone portfolio (See Appendix D)** requires evidence of clinical competency and professional development and aligns with Program Goal 3: **Demonstrate lifelong learning practices** and related student learning outcomes:

- SLO 10: Students will establish a continuous individualized learning plan that is reflective of self-of-the- therapist growth, ongoing professional improvement, and effective ethical culturally-attuned treatment for diverse populations.
- SLO 11: Students will demonstrate the ability to stay current with the evolving body of MFT knowledge as well as evidence-informed best practices to build foundational skills for maintaining professional competency post- graduation.

Students complete two sections of their capstone portfolios: clinical competency and professional development. They will also complete a mock interview as a third portion of the capstone. Fulltime students submit these sections on June 1 and July 1 prior to program exit; part time students submit at least one month in advance of expected program exit for review by program director and faculty. Students must resubmit evidence to meet the requirements for program completion. (Many sections of the portfolio have been collected over the entire course of the program.)

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Ongoing Student Support

Academic Advisors and Mentors
The MS MFT Program Director serves as Academic Advisor to all students enrolled the M.S. Degree program. The Academic Advisor is responsible for overseeing the study program, as well as ensuring that all requirements have been completed for graduation. The Academic Advisor will periodically meet with students to review their programs of study and will submit the completed program of study to the Graduate School once all the requirements towards graduation have been fulfilled.

Each student is also assigned a Mentor. The Mentor provides guidance to students regarding general programmatic issues and adjusting to the demands of graduate studies, as well as their growth and development as marriage and family therapists. The Mentor synthesizes feedback from course instructors each semester and also guides the student in the preparation of his/her learning goals and capstone portfolio. In addition, each student is matched with a Masters Project Advisor who will supervise the Masters project.

Each student will identify, document, and track their progress on individual learning goals for each semester (due the 2nd week of each semester -- Fall, Spring, Summer), review them with their mentors and submitted on **MedHub eValue** for identification of themes across students that we can identify to address as a program.

Program Student Forums

Semester Check-in Meetings
For all students, by cohort, Fall, Spring, and Summer semesters.

Professional Development Seminars
For full-time students or advanced part-time practicum students in 2nd Spring Semester, preparing for program completion

Fall Gathering:
Each September, faculty, students, and staff gather to celebrate the start of the semester, sharing a potluck and enjoying informal social connections.

MFT Student Representatives
Student input is essential to the ongoing governance and quality of our MFT program. Each Fall semester, a representative is selected among first year full-time students, advanced full-time students, and part-time students. Although there are common developmental phases throughout the program, each cohort has unique needs relative to the diversity of student backgrounds, experiences, or needs.

The student representatives' responsibilities are to bring agenda items, ideas and/or concerns to program leadership before each semester meeting, and as appropriate, in between meetings for more time sensitive issues; to track and follow through on student issues that have been raised, so that they are addressed and resolved with communication

back to the students.

Student representatives may also be included in recruitment related activities (open houses, interview day, or informally connecting with applicants) to provide a candid perspective on the student experience of our program or asked to obtain and provide input on new program policies or procedures.

In addition, student representatives contribute to the annual program review of assessment data each winter and to communicate back to student cohorts as appropriate.

Although the commitment time is not extensive, it is a responsibility to be taken seriously. The representative should not be chosen simply for likeability. Students are encouraged to nominate and select peers who appreciate the significance of this role, have the requisite skills, and the capacity to serve as an effective interface between students and Program Leadership.

While program leaders strive to be accessible to ideas, questions, or concerns, we also appreciate that students may encounter issues that are difficult to raise directly. The student representative positions were established to help facilitate communication in such circumstances by legitimizing the role of student advocacy.

School of Medicine and Dentistry Graduate Student Society
The Graduate Student Society (GSS) is the coordinating student body charged with representing all students enrolled in the graduate programs at the University of Rochester, School of Medicine and Dentistry. They monitor issues of importance to the graduate student community, represent the concerns of graduate students to University administration, and advocate for changes to enhance the quality of graduate education.

They also serve as a liaison among the student populations of the graduate programs and sponsor academic and social events of interest to the graduate student community.

Current GSS activities and information available at: Home - Graduate Student Society | University of Rochester

Other URMC Resources and Events:
Grand Rounds
Schwartz Rounds
Pediatric Grand Rounds
Conferences - Health Humanities and Bioethics - University of Rochester Medical Center

The Rochester Community: City of Rochester

New York MFT Network
The New York MFT Network hosts several conferences, statewide and regionally each year as well as maintaining an active social media presence. Join AAMFT and the NYMFT

Network as a student member to get regular updates on meeting events and locations. Student representation is a critical part of our local, regional and state MFT community.

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Other Relevant Policies and Guidelines

Family Educational Rights & Privacy Act

The University of Rochester complies fully with the provisions of the Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. 1232g. Under FERPA, students have, with certain limited exceptions, the right to inspect and review their educational records and to request the amendment of their records to ensure that they are not inaccurate, misleading, or otherwise in violation of the student's privacy or other rights. Requests to inspect or review records should be addressed to the Registrar or to the appropriate administrator responsible for the record and will be honored within 45 days. Any student questioning the accuracy of any record may state his or her objection in writing to the University administrator responsible for the record who will notify the student of his or her decision within 45 days of receiving the objection. Final review of any decision will be by the appropriate Dean who, if requested by the student, will appoint a hearing committee of two faculty members and one staff member to investigate and make recommendations. Students concerned with the University's compliance with FERPA have the right to file complaints with the U.S. Department of Education's Family Compliance Office.

FERPA further requires, again with certain limited exceptions, that the student's consent must be obtained before disclosing any personally identifiable information in the student's education records. One such exception is disclosure to parents of dependent students. Another exception is disclosure to school officials with legitimate educational interests, on a "need-to-know" basis, as determined by the administrator responsible for the file. A "school official" includes: anyone employed by the University in an administrative, supervisory, academic, research or support staff position (including law enforcement unit personnel and health staff); any person or company acting on behalf of the University (such as an attorney, auditor, or collection agent); any member of the Board of Trustees or other governance/advisory body; and any student serving on an official committee, such as disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. The University may forward education records to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll or is already enrolled so long as the disclosure is for purposes related to the student’s enrollment or transfer. Other exceptions are described in the FERPA statute at 20 U.S.C. 1232g and regulations at 34 C.F.R. Part 99.

The University considers the following to be directory information: name, campus address, e-mail address, home address, telephone number, date and place of birth, academic fields of study, current enrollment (full or part-time), dates of attendance, photographs, participation in recognized activities and sports, degrees and awards, weight and height of athletic team members, previous educational agencies or institutions attended, and other similar information. The University may publicize or respond to requests for such information at its discretion. However, the use of the records for commercial or political purposes is prohibited unless approved by the appropriate Dean.

Currently enrolled students may request that directory information be withheld from disclosure by making a request, in writing, to the appropriate registrar. The University assumes that failure on the part of the student to specifically request the withholding of any directory information indicates approval of disclosure.

Addressing Potential Faculty/Supervisor/Student Conflicts of Interest
The MS MFT Program recognizes that faculty, supervisors and students may have pre-existing relationships as relatives, friends, or other such affiliations (e.g., former patients or their family members, former employees or co-workers) that may pose conflicts of interests. When such circumstances arise, it is the responsibility of the student and the faculty member or program supervisor to inform the MS MFT Program Director of any relationship that may pose a conflict of interest and broad transparency is encouraged unless the former patient relationship is protected by HIPAA.

The Family Therapy Training Program does NOT prevent the admission of students with pre-existing relationships with teaching faculty, nor does it prohibit the faculty from such students in class lectures in core courses. To avoid the appearance of favoritism that may result, the following policies are in place. (1) While students are permitted to take courses from faculty in such instances, the MS MFT Program Director will assign another faculty member to grade papers/exams, etc.; (2) Faculty are not permitted to serve as mentors, program clinical supervisors, site directors, or master's project advisors; and (3) It is the responsibility of each student, faculty member or supervisor to address any concerns about apparent conflict of interest with program leadership. For the purposes of this policy, the following are considered relatives: spouse, spouse's natural and adopted children, grandchildren, and great-grandchildren; parents, stepparents, grandparents, and great-grandparents; brothers, sisters, half-brothers, and half-sisters; aunts, uncles, nieces, nephews, first cousins, and second cousins; and married to them.

The Training Program also recognizes that faculty-student connections through social media may generate apparent conflicts of interest; therefore, our policy is to prohibit such connections on social media sites (e.g., Facebook, Instagram, Twitter), with the exception being sites that are professional in nature (e.g., LinkedIn), until students exit from the Training Program.

Addressing Student Concerns
The MS MFT Program encourages a culture of respectful engagement around student concerns. Students are encouraged to raise individual concerns directly with course instructors, program clinical supervisors, site directors, program mentors or program leadership. Student representatives may also be consulted as a liaison to program leadership if the individual student prefers to remain de-identified. If unable to reach a satisfactory resolution or understanding of the concern with the course instructor or program supervisor, students are encouraged to directly (or through student representatives) bring the concern to program leadership (clinical director and/or program director). The MS MFT Program Director takes ultimate responsibility for addressing student concerns

with the program curriculum, clinical training, environmental resources, or student support services as well as the program climate with faculty and supervisors. The Director of the

Institute for the Family and the Department of Psychiatry Associate Chair for Education are also available as consultants or resources for addressing concerns brought by students, faculty, or supervisors.

Grievance Procedure for Problems Concerning Course and other Academic or Clinical Training

A grievance may be considered if the student has evidence that criteria have not been applied consistently. The informal procedure consists of discussing the problem or concern with the relevant faculty member* (* *For the purposes of the MS MFT Program, clinical supervisors are equivalent to faculty for this grievance procedure*). If the student is not satisfied with the outcome of the discussion with the relevant faculty members, the student should:

1. Alert your advisor of the problem or concern, unless the problem is with your advisor.
2. Alert your program director of the problem or concern, unless the problem is with your program director. (In the MS MFT Program, The Director of the Institute for the Family and the Department of Psychiatry Associate Chair for Education are also available).
3. If the student is still not satisfied with the outcome of the discussion, the student should proceed with step A. Initiation of step A should be as prompt as possible; no more than 10 working days following the problem or concern. The purpose of this section is to provide the student with a clearly defined method of dealing with academic problems and/or concerns after he/she has exhausted the informal procedure described above.

Step A: The student should first follow any formalized program and/or departmental grievance procedures in place within 10 working days. If the student is dissatisfied with the outcome, he/she should proceed with step B.

Step B: Contact the appropriate faculty member in writing within 10 working days of receiving the program/departmental ruling. It is important that the initial contact is made via letter, and the student should retain a copy of all correspondence. The letter should contain a clear outline of the history of the problem including a review of the activities undertaken to try to rectify the problem. The student will be notified in writing by the faculty member with a response to his/her concern. If the student is dissatisfied with the outcome, he/she should proceed with step C.

Step C: The third step is to contact the Graduate Education and Postdoctoral Affairs (GEPA) within 10 days of receiving the faculty member's ruling. All materials and communications from previous contacts in the procedure should be assembled by the student and forwarded to GEPA with a cover letter. The cover letter should contain information which describes why the results of the previous steps in this procedure were objectionable and/or unsatisfactory and a statement which explains how the student feels this problem can be solved.

GEPA has three options:

1. To rule that the problem is not ground for grievance; this ends the grievance.
2. To rule on the problem.
3. To refer the problem to an ad hoc committee appointed by GEPA, comprised of three individuals who have not been involved in the procedure thus far. The committee will review all materials and refer their written evaluation to GEPA who will act on the recommendations. If the student is still dissatisfied with the outcome, he/she should proceed with step D.

Step D: The final step in this procedure is to assemble the materials as outlined in the previous step within 10 working days, attach a cover letter (see above) and forward these materials to the Dean of the SMD. The Dean will rule that the problem is not grounds for a grievance or rule on the problem.

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MFT Graduate Student Guidelines

MS/MFT students are encouraged to review the University of Rochester Graduate School Bulletin which provides an overview of graduate student guidelines for successful attainment of academic goals. In addition, the MS MFT Program provides additional guidance for students undertaking clinical training and professional development as an MFT.

Students in our MS/MFT program will:

- Maintain a high level of professionalism, self-motivation, engagement, curiosity, ethical standards, and integrity, and comply with all institutional policies, including academic program milestones.
- Be knowledgeable of the policies and requirements of the graduate program, graduate school, and institution, and will commit to meeting these responsibilities.
- Promote collegiality and a welcoming environment in all aspects ensuring that all fellow students, faculty, and staff are treated with respect.
- Attend and participate in all required classes, program meetings, assessment days and activities that are part of this educational program.
- Establish, revise, and meet individual learning goals each semester by taking the initiative to meet with their program mentor at least one time per semester, and more often, as needed.
- Work with their masters project advisor and develop an individualized masters project, which includes establishing a timeline for each phase of their work and maintaining progress to meet the established deadlines
- Develop a program portfolio that chronicles attainment (and/or revision) of individual learning goals, and accomplishment of the student learning outcomes, including demonstration of clinical competency within the scope of MFT practice.
- Commit to examining self-of-the-therapist issues and engaging in personal psychotherapy, as appropriate.
- Follow Clinical Practicum guidelines as established for each site, which includes following a professional dress code while engaging in clinical observations, site visits, interviews, or other practicum activities.
- Engage in professional development as a student member of AAMFT and a contributor to NYMFT Network.
- Request faculty letters of reference for doctoral programs or employment opportunities, allowing for advance notice prior to deadlines.

Classroom Etiquette:

- Participate in class discussions in ways that demonstrate active engagement and awareness of one's own background and values, while maintaining openness and respect for diverse opinions.
- Notify instructors of planned absences or any potential barriers to meeting course requirements.
- Avoid the use of electronics, sideline conversations or other behaviors which distract from the educational environment for other learners.

University of Rochester

MFT Program Faculty and Instructors

Gabrielle Gebel, PhD, LMFT
Assistant Professor, Department of Psychiatry
AAMFT Approved Supervisor
Major Interests: Feminist Family Therapy, Couples Therapy, Queer Couples, Sexual and Reproductive Healthcare & Medical Family Therapy, Reproductive Justice, Sexual Trauma, Trauma-Informed Care.

Jessica Goodman, PhD, LMFT
Assistant Professor, Department of Psychiatry
AAMFT Approved Supervisor
Major Interests: Medical Family Therapy, Integrated Behavioral Healthcare, Narrative- Informed Medical Family Therapy, Social and Political Advocacy in Family Therapy, Emergency Department Utilization, Relational Healthcare Utilization Decision – Making, Translational Research using Machine Learning, Medical Residency Education .

Kristin Koberstein PhD, LMFT-D
Director, MS MFT Program
Clinical Director, Highland Family Medicine Behavioral Health Services
Assistant Professor, Departments of Psychiatry & Family Medicine
AAMFT Approved Supervisor
Major Interests: Medical Family Therapy, Collaboration between primary care and mental health, and Perinatal mental health for families

Jessica Moore, PhD
Clinical Director, Strong Family Therapy Services
Associate Professor, Department of Psychiatry & Pediatrics
AAMFT Approved Supervisor
Major Interests: Pediatric Family Psychology, Medical Family Therapy, Chronic Illness, Developmental and Behavioral Needs, Parenting, and Advocacy, and Research Interests focused on Collaboration and Integrated Care.

Jenny Speice, PhD, LMFT
Associate Professor of Psychiatry
AAMFT-Approved Supervisor
Major Interests: Families and Health, particularly related to genetic concerns and infertility/fertility treatments; grief and loss; and ethics and professional Practice

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Michelle Swanger-Gagne, PhD,
Director, Advanced-Degree Training Program
Associate Professor of Psychiatry & Pediatrics
AAMFT Approved Supervisor
Major Interests: Family engagement in children's education and health Care, Family- school- community partnerships, pediatric collaborative and integrative care, specific clinical interests include pediatric pain, chronic pediatric health conditions, medical family therapy, school consultation, children/ youth with neurodivergence behavioral concerns, and school challenges

Shaelise Tor, PhD, LMFT, CLC
Senior Instructor; Departments of Psychiatry & Pediatrics
AAMFT Supervisor in Training
Major Interests: Infant and Early Childhood Mental Health, Maternal Mental Health, Infant Sleep Research, SUID Research. Integrated Behavioral Health, Family Therapy, Experiential Family Therapy, Attachment-Based Therapy

Additional Institute for the Family Faculty

Lauren DeCaporale-Ryan, PhD
Director, Institute for the Family
Associate Professor, Depts of Psychiatry, Medicine, & Surgery
Major Interests: Geriatric Family Psychology, Medical Family Therapy, Caregiving, Adjustment to Illness, Physician-Patient Communication, Coaching and Leadership Development for Physicians and other health professionals

Susan H. McDaniel, PhD, LMFT
Professor of Psychiatry & Family Medicine
Senior Advisor, Institute for the Family
Major Interests: Medical Family Therapy, Integrated Primary and Specialty Care, Healthcare Teams and Collaboration, Inter-Professional Education, Physician- Patient Communication, and Communication Coaching for Physicians and other Health Professionals.

Tziporah Rosenberg, PhD, LMFT Associate Professor of Psychiatry & Family Medicine
Associate Chair of Education Depart
Major Interests: Medical Family Therapy, Models of collaborative and integrative healthcare, Couple and family therapy training education assessment, effects of illness and health on family relationships.

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MS MFT SUPERVISORS

Shanice Aluko, MS, LMFT
Marriage and Family Therapist AAMFT Supervisor in Training
Major Interests: couple/marital and family therapy, faith/spirituality and psychotherapy, medical family therapy, Black/African American family issues and parenting, children/youth with behavioral concerns, and collaboration between primary care, mental health, and faith-based organizations.

Alex Brumfield, MS, LMFT-D
Marriage and Family Therapist AAMFT Supervisor in Training
Major Interests: Narrative therapy, integrated behavioral healthcare, neurodiversity, structural and intergenerational inequity, exposure response prevention and inference-based treatments for anxiety/OCD, collaboration with family systems throughout treatment, serious and persistent mental illness.

Bri Anna Hovey, MS, LMFT -D
Senior Marriage and Family Therapist
Marriage and Family Therapist AAMFT Supervisor
Major Interests: family relationships and couples therapy, parenting and parent- child relationships.

Tonya Girard, MS, LMFT
Senior Marriage and Family Therapist
AAMFT Approved Supervisor
Major Interests: medical family therapy, collaborative/integrated health practice, trauma-informed care and treatment, mind-body integration, women's and LGBTQIA+ health.

Rachael Zoller, MS, LMFT
Associate Director of Mental Health and Gender Wellness
AAMFT Approved Supervisor
Major Interests: Integrated mental health care in OB/GYN, couple/relational/family therapy, adolescent mental health, clinical supervision, Dialectical Behavior Therapy (DBT), Health at Every Size (HAES), body image and body diversity.

*Additional clinical supervisors vary each year at community sites

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Appendix A:
MFT Program Tele-supervision Policy

1. By default, all routine supervision will be held at the clinical site, with both supervisor and supervisee present in-person.

2. In the event that a supervisor or supervisee is sick, supervision will be rescheduled for another date/time and the onsite supervisor will be available for immediate supervisee clinical needs.

3. In the event that a supervisor or supervisee is unable to attend in-person due to other circumstances (e.g., a sick family member), but is able to attend remotely, the supervision may occur remotely at the discretion of the supervisor, and provided that the following criteria are met:

A. Supervision utilizing technology-assisted services will be held to the same standards of appropriate supervision practice as those in in-person supervision settings.

B. Telesupervision technology and supervisor/supervisee environment must meet or exceed applicable federal and state legal requirements of health information privacy including HIPAA.

C. Ensure a private space (home is not shared, or provides separate office space with closed door).

D. Ensure there are no distractions/obligations at home during supervision. (e.g., alternate caregiver for a sick family member; no roommates present, etc.)

E. Use Patient initials and other de-identified information except as necessary for relevance to clinical consultation.

E. Supervisors and supervisees must follow the same policies/procedures for documentation as would in clinic.

F. Supervisor will play patient video from their URMC-issued computer if video supervision is indicated; otherwise video supervision will be rescheduled for the next onsite supervision time.

G. All efforts must be taken to make audio and video transmission secure by using point-to- point encryption that meets recognized standards.

H. Personal computers used by supervisors must have up-to-date antivirus software and a personal firewall installed and must access through URMC Duo authentication logins for Zoom, e-record, or any other communications.

I. Connectivity testing shall be conducted in advance to identify adequate bandwidth (minimum of 384 Kbps down and up) for resolution and speed. See URMC guidance.

J. Program supervisors must remain knowledgeable of NY State, OMH, and URMC laws, regulations, and policies around remote telesupervision to ensure that they are in compliance.

K. Supervisors will have a backup plan in place in the event of a technology breakdown, causing disruption to the telesupervision.

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Appendix B:
Competency Plan

Date:

Student Name:

Mentor/student advocate:

Supervisor(s) if applicable:

Site Director(s) and/or Course Instructor if applicable:

Program Director (if indicated):

Names of All Persons Present at the Meeting:

Strengths:

Concerns raised related to developmental progress towards clinical competency domains, professionalism, and/or other areas (define):

Historical context from stakeholders including supervisee, supervisor, mentor, site director, and/or others:

Required next steps outlined in table (add rows as needed):

Areas of Concern (competency/professionalism or other defined)	Specific Expectations	Supervisee Responsibilities	Supervisor/Mentor/ Program Leadership Responsibilities	Expected Timeframe

Implications for not meeting expectations:

I, _____, have reviewed the above plan with my supervisor(s), any additional site directors/faculty mentor, and the program director (if indicated). My signature below indicates that I fully understand the above.

I agree/disagree with the above action plan (please circle one). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

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_____

Student/Supervisee Date Supervisors/Instructor Date

_____

Program Director Date Mentor Date

Supervisee comments (Feel free to use additional pages):

Date for Follow-up Meeting(s):

Who should be present for follow-up meeting(s):

All supervisors/ faculty with responsibilities or actions described in the above competency remediation plan agree to participate in the plan as outlined above. Please sign and date below to indicate your agreement with the plan.

_____ _____

Faculty name, role, date Faculty name, role, date

_____ _____

Faculty name, role, date Faculty name, role, date

Scheduled Follow-up Meeting(s):

In Attendance:

REPORT ON FOLLOW UP TO ACTION PLAN (used additional space as needed):

Areas of Concern **(competency/professionalism or other defined)**	**Specific Expectations by this follow up meeting**	**Specific Concerns Resolved/Resolving Or Unresolved**	**Next Steps** **Concerns resolved, none needed** **Monitoring, review in x timeframe** **Concerns remain, further action required** **(including possible probation or other action)**

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I, _____, have reviewed the above progress report/next steps with my supervisor(s), any additional site directors/faculty mentor, and the program director (if indicated). My signature below indicates that I fully understand the above.

I agree/disagree with the above progress report and next steps (please circle). My comments, if any, are below (*PLEASE NOTE: If trainee disagrees, comments, including a detailed description of the trainee's rationale for disagreement, are REQUIRED).*

_____

Supeisee Date Supervisor Date

_____

Program Co-Director Date

Supervisee comments (Feel free to use additional pages):

Adapted from: APA Competency Remediation Plan http://www.apa.org/ed/graduate/competency-resources.aspx

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Appendix C:
Learning Goals

Subject:
Evaluator:
Site:
Period:
Dates of Course:
Course: Student Portfolio
Form: Learning Goals

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M.S. MFT Student Semester Learning Goals

In the spirit of continuous learning during the program and beyond, please reflect and identify semester goals in the areas of self-ofthe-therapist growth, ongoing clinical/professional development, effective treatment for diverse populations, as well as any others you would like to focus on this coming semester. If this is not your first semester, please also consider progress that you've made in these areas and/or barriers that you've faced as you plan for the semester/s ahead. **What would you like to focus on in your own growth?**

Self-of-the-therapist: *(Question 1 of 4 - Mandatory)*

Ongoing clinical/professional development: *(Question 2 of 4 - Mandatory)*

Effective treatment for diverse populations: *(Question 3 of 4 - Mandatory)*

Other personal learning goals for this semester: *(Question 4 of 4 - Mandatory)*

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Appendix D:
Capstone Portfolio
Family Therapy Training Program/M.S. Degree

What is it: The Capstone Portfolio is a culminating, two-year academic requirement designed to demonstrate a student's clinical competence, systemic thinking, and integration of theory into practice. It serves as a bridge between graduate training and entry-level professional practice. The collection of documents (see the check list on the next page) are put together in a URMC Box Folder and turned in on the required due dates. All submitted materials must be clinically “de-identified” before submission. The box folder is shared with the program director who will then assign it to additional faculty for review.

When is it due: Students can begin putting required parts of their portfolio into the box folder at any point in the program and turn it in the last semester of the program which for most students is the summer semester before they graduate. There are two parts to turn in: Part One is demonstrating clinical competency and Part Two demonstrates professional development. Part One is submitted one month before Part Two. Part Three is an Interview Simulation with no additional materials to submit but you will be given feedback from faculty following the interview experience.

Who evaluates it: The faculty evaluate the portfolio by ensuring all of the required documents are submitted and may share feedback if more information is needed. As a final step, Part Three, the students will participate in a simulated job interview where they are able to utilize the materials they submitted in the portfolio. The faculty will provide feedback following the simulated interview and then determine if the portfolio is “Complete.” Successful completion of all portfolio requirements is required prior to exiting the program.

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Capstone Portfolio Checklist

Student Name:_____

Part One Clinical Competency Due: _____

Please request from: mft@urmc.rochester.edu if you do not have copies

Portfolio Items	Meets Requirement	More Evidence Needed
Assessment Day Feedback pre and mid-clinical		
Practicum evaluations from all semesters		
Caseload Report (de-identified, use provided excel sheet created by program)		
Documentation example: individual (de-identified) intake, treatment plan, progress note, discharge summary (can select from either clinical site) Include this statement as a footer on each page of documentation- "This has been de-identified in accordance with HIPAA for educational purposes"		
Documentation example: relational (de-identified) intake, treatment plan, progress note, discharge summary (can select from either clinical site) Include this statement as a footer on each page of documentation- "This has been de-identified in accordance with HIPAA for educational purposes"		
Written case conceptualization -4-6 pages including: 1. theoretical application 2. biopsychosocial and relational systemic factors 3. cultural attunement 4. use of evidenced informed treatment 5. ethical aspects to care (**state which specific code you are referring to in the AAMFT code of ethics)** 6. self-of therapist themes		

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(may use a case conceptualization from a class assignment as a starting point but you need to add all of the pieces listed above)		

Faculty Reviewer #1:_____Date:_____
Faculty Reviewer #2:_____Date:_____

Portfolio Part One Approved _____ Yes _____ NO

Comments from faculty review (including when a resubmission is requested if needed):

Part Two Professional Development Due:_____

Portfolio Items	**Meets Requirements**	**More Evidence Needed**
Updated Resume		
Completed Masters Project		
Self-Assessment and Reflection on Next Steps- to include the following: (4-6 pages) 1. Reflection on your semester learning goals and overall growth in the program 2. Review the AAMFT Core Competencies and look over your practicum evaluations- what self-directed next steps do you want to focus -**mention the specific competencies** 3. Experience with cultural humility and attunement during your time in the program 4. Experience with advocacy for your patients or our field during your time in the program		

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5. Plans for continued learning including specific areas you want to learn more 6. Goals for licensure or next steps after graduation including plans for involvement in professional networks of organizations		

Faculty Reviewer #1:_____Date:_____
Faculty Reviewer #2:_____Date:_____

Portfolio Part Two Approved _____ Yes _____ NO

Comments from faculty review (including when a resubmission is requested if needed):

Part Three Interview Simulation Date:_____

Faculty Interviewer #1:_____Date:_____
Faculty Interviewer #2:_____Date:_____

Portfolio Part Three Approved _____ Yes _____ NO

Comments from interview: (attached feedback forms from interview experience)