

**A Guide for Marriage and Family Therapy Master's Students Department of Human
Development**

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WELCOME LETTER

Dear Student:

Welcome to the Marriage and Family Therapy Program at Virginia Tech's Northern Virginia Center. You are entering what we believe is an exciting and challenging program.

The purpose of the Student Guide is to inform you of the policies and procedures of the master's degree program and to guide you through the many details involved in going through the program. We hope that you will not feel overwhelmed by this information, but will become familiar with the policies and procedures involved. We have included an overview of the master's degree program, which we hope will assist you in viewing the program from a larger perspective.

Please feel free to ask any questions you may have concerning these procedures. Faculty and staff will be happy to assist you in any way that we can. It is our goal to support and assist you as you pursue your master's degree in marriage and family therapy.

Sincerely,

Ashley Landers, Ph.D.
Program Director
Assistant Professor

Jeff Jackson, Ph.D.
Clinical Director
Assistant Professor

VT MISSION STATEMENT AND PROGRAM GOALS

VT Marriage and Family Therapy Program Mission Statement

The mission of the Virginia Tech Marriage and Family Therapy Program is to provide the training necessary for our graduates to become competent, research-informed clinicians, able to work systemically in varied settings with individuals, couples and families from diverse populations, and to become active contributing members to the MFT field.

VT Marriage and Family Therapy Program Goals

1. Students and graduates will be competent systemically oriented MFT professionals.
2. Students and graduates will be competent research-informed MFT professionals.
3. Students and graduates will be contextually competent MFT professionals committed to social justice.
4. Students and graduates will be active contributing members of the MFT profession.

AFFIRMATION OF RESPECT FOR HUMAN DIVERSITY

The Marriage and Family Therapy Program at Virginia Tech in Falls Church is committed to respect for human diversity. This is not just a statement but is a foundational belief at the core of our program. We believe that all individuals are entitled to compassion, respect, understanding and equal treatment. Family therapists must learn to understand and support individuals whose age, race, culture, ethnicity, sexual orientation, religion and physical ability or other characteristics may be different from their own. This goal cannot be achieved solely through reading textbooks and class work. Befitting our location in a widely diverse and multicultural metropolitan area, and as part of a public university, we expect students to be open to encountering and working respectfully with clients, fellow students, staff, and faculty whose backgrounds, beliefs and life choices may not mirror their own. As a program, we expect that all of us will support each other as we encounter others who challenge us and that we will each work to create a safe environment in which different views can be shared and discussed.

The Marriage and Family Therapy Program in Falls Church affirms and upholds Virginia Tech's policies and philosophy concerning equal opportunity and affirmative action. As per the university's [statement](#), Virginia Tech does not discriminate against employees, students, or applicants on the basis of age, color, disability, sex (including pregnancy), gender, gender identity, gender expression, genetic information, national origin, political affiliation, race, religion, sexual orientation, socioeconomic status, relationship status, health status or veteran status, or otherwise discriminate against employees or applicants who inquire about, discuss, or disclose their compensation or the compensation of other employees or applicants, or on any other basis protected by law.

INTRODUCTION

The Marriage and Family Therapy Program at Virginia Tech's Northern Virginia Center consists of the Master of Science Degree in Marriage and Family Therapy and the Post-Master's Certificate in Marriage and Family Therapy. The Center for Family Services is the program's clinical training facility and provides family therapy for the Northern Virginia area. The program is a component of the Department of Human Development: College of Liberal Arts and Human Sciences located at the main Virginia Tech campus in Blacksburg, VA.

This guide outlines the program and describes the related policies and procedures of the Department of Human Development. It is available to all students in the program and is updated periodically. Changes will be distributed and you should keep this guide up to date.

IT IS YOUR RESPONSIBILITY TO BE FAMILIAR WITH THIS INFORMATION, SO YOU CAN FOLLOW DEPARTMENT PROCEDURES IN PROPER SEQUENCE WITHIN THE REQUIRED TIME LIMITS.

For information not contained in this Guide, contact your advisor or Patricia Meneely, MFT Program Coordinator, Department of Human Development, Northern Virginia Center, Virginia Tech, Room 202F, 7054 Haycock Road, Falls Church, VA 22043-2311. Telephone: (703) 538-8460. Email: pmeneely@vt.edu. Web address: www.mft.nvc.vt.edu.

OVERVIEW OF THE M.S. PROGRAM IN MARRIAGE AND FAMILY THERAPY

Marriage and Family Therapy (MFT) is a discipline for people who are interested in providing mental health services to individuals and families from a systems or relational perspective. This program prepares students to be family therapists who are well-grounded in systems theory and research methods and who are competent to diagnose and treat mental illness. Students have the opportunity to receive intensive supervision of their clinical work with a broad range of individuals, couples and families at the Department's Center for Family Services. The Master's program at Virginia Tech in Northern Virginia is fully accredited by the American Association for Marriage and Family Therapy's Commission on Accreditation for Marriage and Family Therapy Education. **For additional information, please see our website at www.mft.nvc.vt.edu.**

Coursework

An undergraduate or graduate course in Abnormal Psychology and an undergraduate course in Statistics are recommended. Students may be admitted with deficiencies on the condition that the required courses are taken as soon as possible. A total of 51-54 credit hours are required for graduation. There are 13 academic courses (39 hours) in addition to 9 credits of practicum and 3-6 credits of thesis or independent study required for the master's degree program. Fulltime students usually complete the sequence of courses in three years. Part-time students usually complete the sequence of courses in 3-4 years. Courses include clinical and theoretical study in systems theory, marital and family therapy, ethics, human sexuality, life-span development, and research methods. Maximum time to complete the master's degree program is 7 years.

Clinical and theoretical courses cover a range of approaches to systems therapy including structural, strategic, constructivist, brief and solution focused, intergenerational, emotion focused, internal family systems, and cognitive-behavioral. We include explicit examination of gender and ethnicity issues in our teaching, and encourage students to explore clinical ideas that go beyond areas of our own expertise.

We also draw heavily on the skill and knowledge of our colleagues in the surrounding community. Adjunct faculty include clinical psychologists, social workers, licensed professional counselors, psychiatric nurses and other MFT's who specialize in the practice of marriage and family therapy in the Northern Virginia area. In addition, students have the opportunity to gain supplemental training at a variety of agencies in the Washington, DC metropolitan area.

Clinical Training

After successful completion of four academic courses (Systems Theory, Clinical MFT I, Research Methods, and Advanced Research Methods), students are eligible to apply for the clinical

program. Once accepted into the clinical program (See “Clinical Screening” in Section 6), master’s degree students are required to complete 500 hours of direct client contact. The second year in the program is comprised of several classes plus clinical training at the on-site clinic, The Center for Family Services (CFS).

Student therapists or interns at CFS work with a variety of clients from the surrounding area. These clients come from a broad spectrum of socioeconomic and ethnic backgrounds and have a wide array of presenting problems including divorce and marital conflict, domestic violence, child custody disputes, chronic illness, school problems, child behavior problems, drug and alcohol abuse, and court ordered therapy. With a supervisor’s oversight, interns may use a variety of theoretical orientations to these cases, including structural, strategic, competency- based, constructivist, and solution-oriented approaches.

During the third year of the program students receive clinical training at one of several approved off-site placements in addition to seeing clients at CFS. It usually takes 2 years to complete these 500 hours; thus, with the coursework and the clinical training, the program usually takes the full-time student approximately 3 years to complete.

Supervision

The Clinical Director of the Center for Family Services (CFS) is Dr. Jeffrey Jackson. Dr. Jackson oversees the operation of the clinic and all supervision provided there. Students will also have the opportunity to receive supervision of their clinical work from several adjunct supervisors.

The Center for Family Services is equipped with one-way mirrors and video equipment so that supervisors can provide live supervision to therapist interns as they work with families. Supervision is provided by COAMFTE approved supervisors or supervisors in training. Supervision is conducted in small group format, live, video, and through case notes. Additional supervision can be requested if a student feels s/he needs additional guidance. All therapist interns receive at least one, and frequently more, hour of supervision for every five hours of client contact.

Research

Students and faculty engage in a wide range of clinical and theoretical research projects, from traditional quantitative studies to qualitative and cross-disciplinary research. Faculty and students have collaborated on presentations and papers, and some students have pursued their own topics of interest with the active guidance and support of department and adjunct faculty.

Program students and faculty have had numerous sole and first author publications in flagship journals within the fields of family therapy, human development, and family science. Further, program students have frequently presented their research at national conferences of AAMFT and the National Council on Family Relations, in addition to other statewide organizations.

Careers of Program Graduates

Most of our graduates have found rewarding careers in a variety of family related settings, including community mental health services, private agencies, non-profits, psychiatric hospitals, and private practices. Several have pursued doctoral study in Marriage and Family Therapy or related areas. Most program graduates go on to pursue Licensure as a Marriage and Family Therapist (LMFT) in the state of Virginia. Students interested in being licensed in states other than VA are responsible for looking at the academic and clinical requirements for licensure in those states at AAMFT [MFT Licensing Boards](#).

FACULTY AND STAFF

Program Faculty



Dr. Ashley Landers is the Program Director and an Assistant Professor in the Marriage and Family Therapy Program at the Northern Virginia Center. She completed her master's degree in Marriage and Family Therapy at St. Cloud State University and her doctoral degree in Family Science with a specialization in Marriage and Family Therapy at the University of Minnesota.

Dr. Landers is a Licensed Marriage and Family Therapist (LMFT) in Minnesota and an American Association for Marriage and Family Therapy (AAMFT) Approved Supervisor. She has extensive experience providing individual, group, and family therapy to children, adolescents, and adults.

As a systems thinker, Dr. Landers believes in the importance and role of the family in mental health. Her specialized training areas include serious and persistent mental illnesses, sexual abuse, trauma treatment, and reunification.

Dr. Landers program of research focuses on families in child welfare, more specifically marginalized underserved minority families such as First Nations/American Indian families involved with the child welfare system. Most of her research has been at the intersection of secondary data analyses and community-based participatory research (CBPR) methods. Dr. Landers works collaboratively with community partners at the First Nations Repatriation Institute (FNRI) in Minnesota. Her research examines child welfare-related outcomes (e.g., reunification, adoption, placement instability) and mental health outcomes (e.g., internalizing and externalizing behavior problems, mental health service use) of children involved in the child welfare system.

Research interests: Families in child welfare, First Nation/American Indian families involved with child welfare, interventions for child welfare involved families

Dr. Landers is in room 202C and can be reached at 703-539-3796 or by email at land0552@vt.edu



Dr. Jeff Jackson is the Clinical Director of the Center for Family Services and an Assistant Professor in the Virginia Tech Department of Human Development and Family Science at the Northern Virginia Center in Falls Church. He joined the Virginia Tech faculty in the Fall of 2015. From 2010 until 2015, Dr. Jackson was faculty in the California School of Professional Psychology Couple and Family Therapy Program at Alliant International University, Irvine. He periodically directs a study abroad program to Italy that focuses on clinical training and self-of-the-therapist work.

Dr. Jackson is a Licensed Marriage and Family Therapist (LMFT) in Virginia, California, and Utah, and an American Association for Marriage and Family Therapy (AAMFT) Approved Supervisor. He has experience working with individuals, couples, families, and groups from all life stages and backgrounds in a wide range of areas. He has also worked in a variety of clinical settings. His clinical specializations include marital distress, premarital counseling, adolescents and parent-child relationships, reactive attachment, abuse, ambiguous loss, disability, eating disorders, and depression. Dr. Jackson frequently presents on therapy approaches for couples and families, couple relationship enrichment, eating disorder treatment, clinical therapy approaches, ambiguous loss, and families of children with developmental disabilities.

Dr. Jackson's primary program of research centers on improving couple relationship quality and partner wellbeing through predicting relationship factors such as conflict, satisfaction, and stability. He examines predictors of couple relationship quality through both original quantitative and qualitative research, as well as systematic reviews of existing research (predominantly meta-analysis), with an increasing focus on intervention research. As a researcher-practitioner with a translational and applied clinical focus, Dr. Jackson's research provides clinical implications of findings to help therapists help couples improve their relationships. He also researches empirically supported relational treatments for specific diagnoses, brief strategic therapy clinical outcomes, and couples who have children with developmental disabilities.

Dr. Jackson and Mallory, his wife who is also an LMFT, are the parents of three little girls.

Research Interests: couple relationship quality and stability, clinical outcome research, brief strategic therapy, eating disorders, disability, meta-analysis.

Dr. Jackson is in Room 202G and can be reached at 703 538-3787 or by email at jjax@vt.edu



Ms. Erica R. Turner, MS is the Associate Clinical Director in the Virginia Tech Marriage and Family Therapy Program in Falls Church, VA. She is an alumna of the program, having completed her master's degree in August 2013.

Ms. Turner is a Licensed Marriage and Family Therapist, a Clinical Fellow of the American Association for Marriage and Family Therapy, and an AAMFT Supervisor Candidate. She supervises therapist interns in the Center for Family Services, the program's onsite clinic, and also provides supervision for interns in offsite placements.

Her clinical interests include working with couples who want to improve their connection and communication; adults who want to heal from highly difficult or abusive relationships; and providing tools to children and adults to manage anxiety. Ms. Turner is the owner of Rosewater Therapy, a private psychotherapy practice in Northern Virginia. She is passionate about advancing the mental health field and increasing public engagement in mental health and relationship topics. To that end, she is the co-founder of *Therapy is Not a Dirty Word*, an events and advocacy program that works to bridge the gap between therapists and the public.

Ms. Turner lives in Washington, DC with her husband, their two cats and dog.

Erica Turner is in Room 2021 and can be reached by email at erturner@vt.edu.



Dr. Jasmine Ferrill is a Visiting Assistant Professor in the Virginia Tech Marriage and Family Therapy Masters Program at the Northern Virginia Center. She completed her master's degree in Marriage and Family Therapy at Northwestern University and doctoral degree in Marriage and Family Therapy at Florida State University.

Dr. Ferrill is a Licensed Marriage and Family Therapist (LMFT) in Illinois and Georgia and an American Association for Marriage and Family Therapist (AAMFT) Supervisor. She has over 8 years of clinical experience working with couples, individuals, and families in traditional outpatient and community settings throughout Chicago, Washington DC, Tallahassee, and Middle Georgia. Serving a diverse population of clients throughout her training and professional experience has deepened Dr. Ferrill's sensitivity to the unique challenges underserved populations face and the resiliency with which they strive to overcome them. As a result, her approaches to therapy and supervision are driven by systemic perspectives that are inherently culturally responsive and strength based.

Dr. Ferrill's program of research is congruent with the socioculturally attuned lens that informs her clinical practice and supervision philosophies. Her research focuses on informing best practices with racial minority populations within the field of marriage and family therapy in the areas of research methods, clinical work, and clinical supervision. More specifically, Dr. Ferrill's primary areas of research include relational consequences of race-based stress, best clinical practices with African American couples, and cross-cultural supervision.

Research Interests: Racial Stressors / Trauma, Cultural Coping Resources, Couple Functioning, Cross-Cultural Supervision.

Dr. Ferrill is in Room 202G and can be reached by email at jferrill@vt.edu

ADJUNCT FACULTY

Esther Boykin, LMFT, is a graduate of Virginia Tech and she specializes in Marriage and Family Therapy. She has been working as a private practitioner in Northern Virginia for almost a decade. She has presented and published on a variety of topics including teen marriage, child abuse, and domestic violence. She has led multi-couple groups as well as conducted pre-marital workshops for military couples at Fort Belvoir. Her areas of interest are couple dynamics, pre-marital counseling, relationship maintenance, and helping people manage anxiety and trauma reactions. Her work is rooted in the belief that good mental health begins with compassion. Her therapy approach incorporates a variety of theoretical perspectives in an effort to fully understand each person's unique struggles. She will be teaching HD 5744 Special Topic in MFT: The Business of Therapy.

Edward L. Hendrickson, MS, LMFT, LSATP, Adjunct Professor. Ed graduated from Virginia Tech's Marriage and Family Therapy Program. He has provided treatment, supervision, training and consultation in the area of substance abuse, mental health and family treatment since 1971. He worked in the public sector until 2004 and in private practice since. His publications include numerous articles, reports, and two books concerning substance abuse, mental health and family treatment. He supervised at Tech's Family Therapy Clinic since 1998 and has taught classes on group treatment and working with families who have members with mental health disorders. Mr. Hendrickson teaches HD 5744 Family Therapy Perspectives on Group Counseling.

Neil McNerney, LPC, M.Ed., Adjunct Professor. Neil graduated from James Madison University with a Master's Degree in School Counseling and Virginia Tech's Post-Master's Marriage and Family Therapy program. He has been in private practice since 1994 and works primarily with families and couples with a special emphasis on parenting issues. He has served as clinical supervisor at Virginia Tech and has guest lectured at various universities. Neil's work with parenting issues has led him to become the Director of Leadership Development for The ScreamFree Institute, where he conducts training on Bowen-based parenting nationally and internationally. His clinical interests include family differentiation issues and emotional regulation in systems work. Neil has developed a graduate course for our department: Psychotherapy with Children and Adolescents in a Systems Context. Mr. McNerney teaches HD 5744 Psychotherapy with Children & Adolescents.

Sheri Mitschelen, MSW, LCSW, RPT-S. Sheri attended Ohio University from 1983-1987 and earned her degree in Psychology. She then attended the University of Pittsburgh from 1987-1989 and earned her master's degree in Social Work with a Health and Mental Health Specialty. She earned her license in Clinical Social Work in Virginia in 1992 and also became a Registered Play Therapy Supervisor (RPT-S) in 2000. Sheri also attended the Alexandria Family Therapy Training Program for 2 years as well as the Adoption Competency Program for 2 years. For a year, she participated in the Early Childhood Mental Health Program at the Washington School of Psychiatry. She has two years of Play Therapy training and supervision and provides supervision, training, and consultation for Play Therapy. At our campus, she teaches a Play Therapy Course. She is actively involved in the Virginia Play Therapy Association where she also

serves as the President Elect. Sheri currently works in her own private practice Crossroads Family Counseling Center, LLC. She has worked in the past at inpatient psychiatric hospitals, Day Treatment Programs and a Special Education School. Sheri has interests and advanced training in attachment issues.

John Millikin, Ph.D., LMFT, Adjunct Professor. John graduated from UNC-Chapel Hill, Appalachian State's Marriage and Family Therapy program and Virginia Tech's doctoral Marriage and Family Therapy program. He completed his internship with Susan Johnson in Canada, where he conducted research on Emotionally Focused Therapy (EFT) and couple relationships. Dr. Millikin co-authored publications on basic principles in family therapy, as well as attachment injuries and therapy interventions in EFT. He served as guest lecturer and clinical supervisor at two universities in Iran. He has enjoyed teaching Systems Theory for non-majors, Family Stress and Crisis Intervention, and Human Lifespan Development, and has recently begun to serve on VAMFT. His clinical interests include adult and child bonding processes, anger management, and cross-cultural comparisons on therapy practice. Dr. Millikin is in private practice in Reston, Virginia.

Carl Mojta, MS, LMFT, CAC I, CST, Carl graduated from Virginia Tech's Marriage & Family Therapy Program in 2011. Before transitioning into the mental health field, he spent the past two decades working and traveling in the United States as well as in Europe, Africa and Asia. As a result of his education and training, he has worked for a variety of organizations such as the U.S. Army (active duty), The Washington Times, The World Bank, Central Texas College and the U.S. Federal Government. Since 2013, he has been working full-time as a family therapist at the U.S. Department of Veterans Affairs, DC Vet Center. He also has a part-time private practice in downtown DC where he provides individual and couples therapy. Carl is a Clinical Fellow of the American Association of Marriage and Family Therapy (AAMFT). He is also a certified sex therapist and professional member of the American Association of Sexuality Educators, Counselors and Therapists (AASECT) as well as a full member of the Society for Sex Therapy and Research (SSTAR). His clinical areas of interest are: sexual health, military mental health care, substance abuse addiction, couple relationships and self-of-the-therapist. He also has specialized training in Internal Family Systems (IFS), an advanced mindfulness based approach to improve emotional intelligence and is a graduate of the University of Michigan's School of Social Work's post graduate Sexual Health Certificate Program/Sex Therapy Track.

Marjorie Nightingale, JD, MFT, graduated from LaSalle University with a Master's Degree in Marriage and Family Therapy. She also holds a post Masters certificate in Sex Therapy. She completed advanced training in Emotionally Focused Therapy for Couples at NYCEFT, and is currently completing a doctoral research fellowship at Drexel University where she adapted Emotionally Focused Therapy for an African American couple population. Marjorie's clinical and research interests focus on increasing the effectiveness of systemic and attachment based interventions with couples of Color. She works in a private practice in Washington, D.C. where she sees primarily couples and sex therapy clients. Before transitioning into the mental health field, Marjorie spent 17 years as a child welfare and family law attorney in Baltimore. She enjoys being on the healing side of relational and couple distress.

Additional Professional Adjunct Faculty from the metropolitan area also teach HD courses.

Center for Family Services

Student therapist interns are supervised by program faculty and AAMFT approved supervisors.

CLINICAL SUPERVISORS

Claire Dutrow, LMFT

Claire Dutrow first studied at Virginia Tech in 1986. After earning her masters in Marriage and Family Therapy, she worked as a family therapist at a residential treatment center for substance abuse treatment. While there, she focused on clients in crises as well as those diagnosed as severely mentally ill, specifically Central American immigrants. In 1989, Claire first starting working as a family therapist at Second Genesis, where she remained for 5 years. In 1998, she started practicing at Prince William County Community Services, where she is still employed today. She has also worked as a couples and individual therapist at The Women's Center from 2009-2015. She is currently seeing clients as a therapist at Vienna Behavioral Health and also supervises at the Center for Family Services at Virginia Tech. Claire was born and raised on a cattle ranch in New Mexico. She has been married for 32 years and has a son, daughter, and two cats.

Claire can be reached by e mail at rwdmcd84@msn.com

Olya Walker, LMFT

Olya is a Licensed Marriage & Family Therapist who practices in Falls Church, VA working with adults, couples and teens. Olya's first degree is in Law from Duke University. She earned her Master's degree in Marriage & Family Therapy from Virginia Tech. She has an advanced training in an evidence-based trauma treatment modality - Internal Family Systems model. Using this model, Olya helps adults, teens and couples access their innate capacity for healing. Before moving into private practice, she has worked in Fairfax and Loudoun Counties helping adults, teens and their families struggling with trauma. Having grown up with physicians' parents, both in the field of oncology, she has a special interest in helping the helper. She has done presentations for doctors and mental health professionals on Compassion Fatigue and Burnout.

Olya can be reached by email at OlyaMFT@gmail.com

Annette Kielkopf , LMFT

Annette Kielkopf, LPC, LMFT is currently an adjunct supervisor-in-training at the Virginia Tech, Center for Family Services, Northern Virginia campus. She received a bachelor's degree in elementary and special education from Capital University, completed a masters degree in clinical counseling from Boston University and a post-masters certificate in marriage and family therapy from Virginia Tech. She has a keen interest in the developing child, parent-child relationships, couples conflict, trauma and loss. Annette owns a marriage and family therapy

business dedicated to guiding clients to live satisfying and connected lives. With true insight into child development and family dynamics, she uses solution-focused, cognitive-behavioral, mindfulness meditation, image work, play therapy and other expressive techniques to provide high-quality therapeutic services. She enjoys working with couples and individuals to help them resolve conflict, communication issues and decision-making while addressing anxiety, depression, trauma and loss. Annette has lived, worked, and studied internationally, gaining a depth of experience that enhances her work today. She has worked in university settings, special education classrooms, hospitals and day treatment programs, giving her a rich understanding of people: what makes them click and the broad spectrum of mental health. She is grateful for her diverse and unique educational opportunities, fully devoting her professional time to marriage and family therapy.

Annette can be reached by email at annettekielkopf@me.com

Erica Turner, LMFT

Ms. Turner is a Licensed Marriage and Family Therapist, a Clinical Fellow of the American Association for Marriage and Family Therapy, and an AAMFT Supervisor Candidate. She supervises therapist interns in the Center for Family Services, the program's onsite clinic, and also provides supervision for interns in offsite placements. Her clinical interests include working with couples who want to improve their connection and communication; adults who want to heal from highly difficult or abusive relationships; and providing tools to children and adults to manage anxiety. Ms. Turner is the owner of Rosewater Therapy, a private psychotherapy practice in Northern Virginia. She is passionate about advancing the mental health field and increasing public engagement in mental health and relationship topics. To that end, she is the co-founder of *Therapy is Not a Dirty Word*, an events and advocacy program that works to bridge the gap between therapists and the public.

Erica can be reached by email at erturner@vt.edu

Jasmine Ferrill, PhD, LMFT

Dr. Jasmine Ferrill is a Visiting Assistant Professor in the Virginia Tech Marriage and Family Therapy Masters Program at the Northern Virginia Center. She received her master's degree from Northwestern University and doctorate degree from Florida State University both in Marriage and Family Therapy. She is a Licensed Marriage and Family Therapist (LMFT) and an American Association for Marriage and Family Therapist (AAMFT) Supervisor. Dr. Ferrill has served couples, families, and individuals from diverse backgrounds in both outpatient and community settings. She has also presented and published on a variety of topics including relational and mental health consequences of racial stressors, trans-racial adoption, parenting behaviors, cultural coping resources, and best practices in cross-cultural supervision.

Dr. Ferrill can be reached by email at jferrill@vt.edu

STAFF

Patricia Meneely, is the Coordinator of the Marriage and Family Therapy program. Pat is available in Room 202F and may be reached at (703) 538-8460 or by e-mail at pmeneely@vt.edu. The Graduate Assistant Office is located in Room 203

VIRGINIA TECH FACILITIES

Resource Service Center/NVC Library - The Resource Service Center (RSC) is located on the first floor and is responsible for questions regarding library services. The Service Center contains a variety of books. The Resource Service Center is backed by the extensive collection of the Newman Library on campus, which can be accessed via computer through the Virginia Tech Library Catalog, Addison. Items can be requested from Newman Library or through interlibrary loan by faculty and students by using the ILLiad request form. Database literature services are available on-line. The Resource Service Center can help you set up at home database services. Study rooms and a photocopy machine are also available in the Center. The Resource Service Center hours are available on the web at www.mft.nvc.vt.edu/library, and are posted on the front door of the RSC, or by calling (703) 538-8340.

Computer Facilities – Computer workstations and other office equipment are available in the Resource Service Center when the library is open. Rooms may also be reserved for study groups or other activities with the Resource Service Center front desk attendant.

IT Team – The Northern Virginia Center has a full time IT team which is available for technical assistance. They are available by telephone at (703)-538-8394 or at computerhelp@vt.edu.

Graduate Student Services – The GSSO is in Room 407, 409, and 411. All registration for Virginia Tech classes is done on the web through the Hokie Spa student system. However, student support personnel are available to assist you with first time registration, if needed, and with any registration problems that you might have. The Student Support Office may be reached at (703) 538-8326 or 538-8322.

Bookstore – The Northern Virginia Bookstore is now online. Textbooks can be purchased at <https://www.bkstr.com/viriniatechstore> or through other online platforms.

Hokie Spa – Your Hokie Spa account allows you to view your academic records, change your address, print an unofficial transcript, view financial and academic holds, and most importantly, register and pay for courses on-line. You should look on your Hokie Spa account before contacting the University. It can answer many of the academic and financial questions that you might have. This interactive website includes the Timetable of Classes and allows you to submit your course request, drop and add courses, view your exam schedule, and see your grades. It is also the web interface with the university's information network. It allows you to view and update your personal information and access your Student Accounts information. You must activate your Virginia Tech PID before you can access this site. You are responsible for providing address updates through Hokie Spa, a billing address (if different than your mailing address), change of name or identification number, etc.

Your Virginia Tech PID (Personal Identifier)

Once you have received your official acceptance from the graduate school, you will need to

create your Personal Identifier or PID. You will use your PID and password to access your VT email account (your e-mail will be in the form of: yourPID@vt.edu), Hokie Spa, My VT, the university's library databases, and more. Please visit the VT Computing (www.4help.vt.edu) website for more information on creating your PID and password and to learn more about the online services to which your PID will grant you access.

Additional Useful Website Addresses

www.nvc.vt.edu - Northern Virginia Center website. Through this site, you may access registration, tuition information, academic schedules, research information and other useful information for the Northern Virginia Center. You will access this site to register through Hokie Spa and to print out any needed forms. You may also access the Graduate School web site and the Graduate Policies and Procedures Manual through this web site.

www.ncr.vt.edu – National Capital Region website.

www.mft.nvc.vt.edu - Our Marriage & Family Therapy program website.

www.4help.vt.edu - this site is useful for accessing information regarding your p.i.d. If you forget your password, call 540-234-HELP for assistance. The department cannot help you with finding out your password.

www.registrar.vt.edu - this site contains student information, academic calendars, and instructions on how to request transcripts, change your address, and other helpful information.

www.finaid.vt.edu - this web site provides information and forms regarding financial aid.

www.bursar.vt.edu - this site should be used for questions or problems regarding billing information. You may also call the Bursar's Office at 540-231-6277 for assistance with billing questions. The department is unable to assist students' with individual billing problems.

www.dhp.state.va.us/counseling - Virginia Board of Counseling Website. This site provides current requirements for licensure in Virginia as an MFT or LPC.

www.vamft.org – Virginia Association for Marriage and Family Therapy is an excellent recourse for information regarding licensure in the state of Virginia.

www.lib.vt.edu/spaces/writing-center - The Virginia Tech Writing Center is located in the Newman Library on campus. One-on-one writing assistance is available to Northern Virginia graduate students. To set up an appointment, call (540) 231-5436 or follow instructions on the webpage.

SCREENING PROCESS

PHILOSOPHY: The Marriage and Family Therapy program faculty at Virginia Tech take responsibility to insure the quality and competence of graduates to practice as Marriage and Family Therapists. We take pride in our graduates and make every effort to insure that they are well prepared to enter the profession. While we recognize the subjective nature of the ongoing screening process, we believe that this intensive process serves the student, the community, and the field of marriage and family therapy. The screening process for admission into the academic program and into the clinical practicum includes several steps:

1. Application Process:

Prospective students submit an application for admission into the Marriage and Family Therapy Program along with scores from the Graduate Record Exam, personal letters of recommendation and transcripts. Faculty review the application material and select students for further consideration on the basis of several factors: 1) potential for academic success; 2) previous academic majors; 3) professional and/or volunteer experience; and 4) quality of personal recommendations. Applicants who are selected, are invited to attend a day long interview held in the spring of each year.

2. Preadmission Interview:

The day-long interview is a mutual screening process. Faculty attempt to gain more knowledge about the applicants in order to select students who will both contribute to the program and are most ready to benefit from the program. We also try to thoroughly inform candidates about our program and the field of family therapy to assist them in their decision regarding the fit between our program and their needs. No one type of student is preferred. We attempt to attain ethnic, age, and gender diversity in selecting the most qualified applicants. Students who are invited to interview are screened into the MFT program on the basis of several factors: 1) interpersonal skills, as observed during informal and formal interactions throughout the day; 2) personal characteristics, including such factors as sense of humor, intelligence, and curiosity; 3) personal history, including significant life experiences; and 4) professional history. Students who are selected are invited to enter the Department of Human Development and begin coursework in the Marriage and Family Therapy program.

3. Clinical Screening (See Attachment "Requirements for Entering the Clinical Program" for more detail:

After completing at least 12 hours of academic coursework including HD5404 "Systems Theory and Family Therapy", HD5434 "Structural and Strategic Family Therapy", HD5514 "Research Methods", HD6514 "Advanced Research Methods", and having scheduled their Comprehensive Examinations, students may be screened for admission into the clinical practicum. Students must have passed their Comprehensive Exams and earned a least a 3.0 grade point average in all MFT

courses before beginning practicum. The screening process for admission into the clinical practicum includes several steps:

- Attend a mandatory group orientation meeting presented by the Clinical Director to be scheduled during the spring semester of the student's first year. During this meeting, the Clinical Director will outline and explain the expectations and responsibilities of therapist interns.
 - Submit a letter requesting admission to the Clinic to the Clinical Director no later than April 1. This letter will be shared with the faculty and the supervisor assigned to the student during their first semester in the clinic. The letter should include the following:
 1. Reflect on his/her level of readiness to begin clinical work (i.e., emotional, interpersonal, academic, professionalism).
 2. Articulate the strengths and areas for growth he/she will bring to his/her work.
 3. Speculate what approach he/she will use for specific cases.
 4. Discuss how best he/she receives feedback and what would be indications that he/she is in need of help from a supervisor.
 5. How he/she has demonstrated in classes and other environments his/her ability to accept feedback and work effectively in a team setting.
 6. How he/she has demonstrated professionalism in classes and other environments, which includes but it is not limited to exceptional attendance record, adherence to deadlines, timeliness, and commitment to work.
 - Students may be asked to attend an individual meeting with the Clinical Director and faculty following submission of his/her letter.
 - Based on the above criteria, a student may receive the following outcomes for the clinical practicum:
 1. Full admission into the clinical practicum.
 2. Conditional admission with expectation that candidate will be closely monitored for progress in areas of concern which will be delineated in the letter.
 3. Conditional denial of admission until readiness is demonstrated.
 4. Deny admission.
- 4. Procedure for Students Given a Conditional Denial:**
Students who are given a conditional denial of admission to the practicum may request another meeting with their advisor and the clinical faculty to clarify the faculty decision and the steps that need to be taken to gain admission. It is incumbent upon the student to demonstrate readiness to begin practicum and to schedule a meeting with the clinical faculty for a review of their readiness to enter practicum.
- 5. Procedure for Students Denied Admission:**

Students who are not admitted to the practicum may also request a meeting with their advisor and the clinical faculty to clarify the faculty decision.

6. Ongoing Monitoring:

Severe deficiencies exist when students are unable to appropriately apply theoretical material in the clinical setting. This relates to being unable to engage clients in therapy, diagnose existing problems, and design and implement intervention strategies.

Severe deficiencies also exist when students consistently fail to work cooperatively and professionally with faculty, supervisors, and fellow students. Severe deficiencies also exist when students' own personal issues have a negative effect on their ability to effectively conduct therapy and they either make no effort to resolve these problems or, after engaging in therapy, have made insufficient gains to continue in the practice of marriage and family therapy.

Students' strengths and growth areas are discussed with students at their end of semester evaluations. This is done with their practicum supervisor. These issues also are discussed as a part of a student's ongoing supervision. When a growth area is identified, specific goals and strategies will be implemented to help students develop in specific areas. This is a common and desired occurrence in supervision. However, if the faculty member believes that the problem fits within the category of severe deficiency and it is not alleviated through initial goal setting and strategizing procedures, steps will be taken to dismiss the student from the program.

Counseling a student out of the program is a difficult situation for both faculty and students. Because of this, faculty will work with those students who exhibit severe deficiencies. Counseling a student out of the program is a very rare situation.

7. Mechanisms Used:

To insure that all program requirements have been met before graduating from the program, each month students are expected to have all their clinical contact and supervision hours signed off by their clinical supervisors. Students will not be allowed to graduate until they have met all clinical and supervision hour requirements (500 face to face client contact hours, at least 50 hours of raw data supervision and at least 100 hours of supervision). Before graduating, each student and the clinical director will sign a document verifying that the student has completed all clinical requirements.

Each student's Program of Study is reviewed annually by the MFT faculty to determine if the student is making satisfactory progress in the program. Section 19 of this Masters Student Guide details the Criteria for Remaining in Good Standing.

In addition, the graduate school thoroughly examines the student's Program of Study and their completed courses to verify that the student has completed all course work requirements and all clinical requirements.

ACADEMIC ADVISING

A. Temporary Advisor

Upon formal admission by the Graduate School, the Program Director assigns a temporary advisor who will help the student plan initial coursework to make up any deficiencies noted at admission and/or to begin proper sequencing of required courses. The temporary advisor will also provide assistance with the matriculation process.

B. Advisory Committee

At the beginning of the second semester of study (or on completion of 12 credit hours) and before contacting prospective faculty members, the student should consult with their temporary advisor regarding selection of a permanent Advisory Committee Chairperson. The student may ask their temporary advisor to be their permanent advisor or may ask another faculty member to take on this role. The student may also change advisors and committee members later if they wish to work with a different advisor and committee on their thesis or project.

By the end of the second semester (or 12 credit hours), the student should have contacted each potential committee member and then submitted the names of their committee on the Program of Study form for the approval of the committee members and the Program Director.

Committees must include a minimum of two departmental faculty members. Adjuncts, experts in the community, and faculty from related disciplines may serve as a third committee member if they specialize in the student's area of research interest. The committee must be approved by the Graduate School. When submitting committee names to the Graduate School, please include social security numbers and place of employment for any committee members who are not affiliated with the university

PROGRAM OF STUDY

A Program of Study is developed under the direction of the student's Advisory Committee Chairperson (See Attachment A, Program of Study Form). The completed form, signed by all committee members, should be returned no later than after completion of 12 hours, to the Program Coordinator's office where it will be formally entered into the Graduate School records.

Changes to the program of study require approval of the Advisory Committee, the Program Director, and the Graduate School. Program Change Forms are available online at www.graduateschool.vt.edu. (See the Graduate Catalog for general university requirements).

To provide an orderly progression through HD courses and avoid repetition of material, sequencing of courses is recommended and, in some cases, mandatory.

Numbers in parentheses indicate course level:

- (1) = recommended pre-requisite courses
- (2) = required courses
- (3) = required courses taken after (1) and (2) courses
- (4) = required courses taken after (1) and (2) courses

The following are core course requirements for the M.S. degree in Marriage and Family Therapy. These requirements meet the general curriculum standards set by the American Association for Marriage and Family Therapy

RECOMMENDED COURSES	Abnormal Psychology: (undergraduate or graduate level)	3 (1)
	Statistics (undergraduate)	3 (1)
FOUNDATIONAL CURRICULAR AREAS	COURSE NAME	CREDIT (PRE-REQUISITE COURSES)
FCA 1 Foundations of Relational/Systemic Practice, Theories & Models	HD: Systems Theory and Family Therapy	3 (2)
	HD 5434: Clinical Marriage and Family Therapy I: Structural and Strategic Approaches	3 (3)
	HD 5444: Clinical Marriage and Family Therapy II: Postmodern Approaches	3 (4)
FCA 2 Clinical Treatment with Individuals, Couples, and Families	HD 5484: Clinical Marriage and Family Therapy IV: Domestic Violence/Substance Abuse	3 (4)
	HD 5344: Perspectives on Human Sexuality	3 (2)

	HD 5734: Marriage and Family Therapy Techniques	3 (4)
	Electives: Choose two from the following courses: Play Therapy, Couples Therapy, Group Therapy, Children & Adolescents , Family Stress & Crisis Intervention	3 (2)
FCA 5 Professional Identity, Law, Ethics, & Social Responsibility	HD 5474: Professional Seminar in Marriage and Family Therapy	3 (4)
FCA 6 Biopsychosocial Health & Development Across the Life Span	HD 5424: Life-Span Human Development	3 (1)
FCA 7 Systemic/Relational Assessment & Mental Health Diagnosis and Treatment	HD 5454: Clinical Marriage and Family Therapy III: Diagnosis and Treatment in the Family Context	3 (4)
FCA 8 Contemporary Issues	HD 5484: Clinical Marriage and Family Therapy IV: Domestic Violence/Substance Abuse	3 (4)

Thesis Credits

Students are required to take Research and Thesis (HD 5994) hours or Independent Study (HD 5974) to complete to meet academic requirements. The minimum number of semester credits required for the Master of Science Degree is 54 for the research thesis option students (of which at least 6 hours must be Research and Thesis [HD 5994]) and 51 for the clinical project option (of which at least 3 hours must be Independent Study [HD 5974]). The purpose of these course credits is to provide students with supervision from their temporary Advisor or Chair to work on their thesis/project, including developing topics, exploring ideas and materials, reviewing the literature, drafting their proposal, conducting research or developing their project, writing their findings or finalizing their project, and preparing for the defense.

Students are required to complete the Research and Thesis/Dissertation Enrollment form each semester they are enrolled in Research and Thesis (HD 5994). Student research semester goals should be based on the number of credit hours for which the student is enrolled. For every credit of Research and Thesis (HD 5994) in which a student is enrolled, they are expected to complete 3 hours of work for each week of the semester. For example, if a student enrolls in 3 credits of HD 5994, they would be expected to spend 9 hours a week for 16 weeks on work for these credits (a total of 144 hours across the semester). Students should only enroll in the number of credits equivalent to the number of hours they plan to dedicate to working on their thesis that particular semester. Although there is significant flexibility as to how these hours may be used, it is expected that students registering for Research and Thesis (HD 5994) credits will have a tentative plan for

how they will meet using this time that they discuss with their chair or temporary advisor. In instances in which students are not planning to dedicate all of the associated hours over the course of the semester to working on their thesis/clinical project, students will work with their chair or temporary advisor to identify faculty research projects on which they can work and establish relevant goals. The Research and Thesis/Dissertation Enrollment form must be signed by the student, the student's chair or temporary advisor, and the Director of Graduate Studies in Blacksburg.

Course Sequence for 2019-2021 (subject to change)

Fall 2019

HD 5404 Systems Theory and Family Therapy HD 5514 Research Methodology
HD 5444: Clinical Marriage and Family Therapy II: Postmodern Approaches HD 5724 Couples' Therapy (elective)
HD 5734: Marriage and Family Therapy Techniques HD 5344 Perspectives on Human Sexuality

Spring 2020

HD 5434 Clinical Marriage and Family Therapy I: Structural and Strategic Approaches HD 6514 Advanced Research Methods
HD 5424: Life-Span Human Development
HD 5484: Clinical Marriage and Family Therapy IV: Domestic Violence/Substance Abuse HD 5744 Group Therapy (elective)
HD 5474: Professional Seminar in Marriage and Family Therapy

Summer 2020

HD 5744 Children and Adolescents

Fall 2020

HD 5404 Systems Theory and Family Therapy HD 5514 Research Methodology
HD 5744: Multicultural Issues in Marriage and Family Therapy HD 5724 Couple's Therapy (elective)
HD 5734: Marriage and Family Therapy Techniques HD 5744: Elective to be determined

Spring 2021

HD 5434 Clinical Marriage and Family Therapy I: Structural and Strategic Approaches HD 6514 Advanced Research Methods
HD 5424: Life-Span Human Development
HD 5454: Clinical Marriage and Family Therapy III: Diagnosis and Treatment in the Family Context HD 5744 Family Stress and Crisis Intervention (elective)
HD 5744 Play Therapy (elective)

COURSE REVALIDATION

If a student must take a leave of absence from the program, courses taken earlier than 5-7

years ago must be revalidated. All courses must be taken within a period of 5-7 years.

If a student has taken a leave of absence from the program and wishes to return, the student must fill out a Readmittance Form. The decision to readmit the student will be made by the MFT program. Coursework taken earlier than 5 years ago must be validated by program faculty.

COMPREHENSIVE EXAMINATION

Each student is expected to satisfactorily complete a written (normally four hour) comprehensive examination covering research methods and family therapy.

Comprehensive exams may be taken after completion of 12 hours. HD 5404 Systems Theory and Family Therapy and HD 5434 Structural and Strategic Approaches must be taken before the family therapy exam can be taken. HD 5514 Research Methods and HD 6514 Advanced Research Methods must be taken before the research methods exam can be taken. Successful completion of BOTH Research Methods and Family Therapy Comprehensive exams is required for entrance into the clinic.

Comprehensive exams will be administered yearly during the spring or summer semester. Students complete both exams on the same day. Exams must be taken at the Northern Virginia Center. The date and time of the exam will be announced several weeks in advance.

Procedures

A time period of two hours is allotted for each question. Time allotments must be strictly followed. Students are permitted to use less time than allotted but never more time. Time allotments will be kept by the department representative and all materials must be turned in when called for.

HD comprehensive exams are covered by the Virginia Tech graduate student honor code. Students are expected to follow the department guidelines (See Attachment E, Constitution of the Graduate Honor Code). No notes, books, dictionaries, or other resource materials of any kind are permitted at the exam. Students may not be connected to the Internet at any time during the exam nor may they use any material stores on their computer to assist them with the exam.

Following the Exam

The exams are graded anonymously. To facilitate this, each student will be assigned a letter code the day of the exam; the letter code should be entered in the header portion of the document so that it appears on every page. Students should not include their names on any portion of the exam. After the exams have been graded, students will receive an email on behalf of the Program Director informing them of the results of the exam.

Grading Policy of Comprehensive Exam

Rubric for Comprehensive Exam Grading				
Category	0 – Unsatisfactory	1 – Marginal	2 – Satisfactory	3 - Accomplished
Completeness of Answer	Response demonstrates little or no understanding of the question. Information is missing and substantial parts of the question are not answered fully.	Response demonstrates some basic understanding of the question, but is incomplete. Some information is missing and a few parts of the question are not answered fully.	Response demonstrates adequate understanding of the question. Factual information is provided and all parts of the question are answered.	Response demonstrates thorough understanding of the question. Response goes beyond factual information demonstrating nuanced understanding of the question. All parts of the question are thoroughly answered.
Validity of Content	The majority of the facts, conclusions, and statements are incorrect and/or invalid.	Some of the facts, conclusions, and statements are incorrect and/or invalid.	The facts, conclusions, and statements are accurate and/or valid with only minor inaccuracies.	All facts, conclusions, and statements are accurate and/or valid. They also logically support the topic being discussed.
Integration of Theory and Practice	No or very little integration of theory and practice is present. There appears to be no connection between proposed actions and a theoretical rationale.	Integration of theory and practice is present, yet sometimes weak. Some reference to a theoretical rationale but minimal connection between proposed actions and a theoretical rationale or inconsistent use of theory.	Integration of theory and practice is present. Actions are based on an articulated theoretical rationale.	Integration of theory and practice is strong. Nuanced presentation of the relationship between theoretical rationale and actions.
Quality of Writing	Response contains an abundance of errors in grammar, usage, and mechanics so that meaning is obscured. There is no or little organization in the response.	Response contains noticeable errors in grammar, usage, and mechanics so that the reader is distracted from the content. There is limited organization in the response.	Response is free of most errors in grammar, usage, and mechanics so that the reader is minimally distracted from the content. The response is adequately organized.	Response is free of errors in grammar, usage, and mechanics that would distract the reader from the content. Clear organization is obvious.

The policy for comprehensive exams is as follows:

Comprehensive exams are taken by all master's degree students. Students are given a multiple-part question in marriage and family therapy and a multiple-part question in research methods and statistics. Each part of the overall question is graded separately using this rubric. Scores across the four evaluation categories will be averaged for each part. Faculty grades the exams as either pass or fail. A score of 2 or greater is passing. If one or two parts are failed, the student will retake them. If three or more parts are failed, the student will retake the entire exam area (e.g., if 3 parts in the MFT area are failed, the student will re-take the entire MFT exam).

Failing 1 or 2 questions or the entire exam area requires re-taking the failed question(s)/entire exam area within 6 weeks of when the student is advised that they have failed. The faculty will specify which questions will need to be re-taken and the format for re-taking the question(s)/entire exam area. If the student fails the re-taken question(s)/entire exam area, they may re-take a newly written exam (content and format determined by the faculty) no

sooner than the next semester after they are advised that they have failed. Again, if the student fails part or all of the second attempt, they may re-take the failed portions in a format decided by the faculty. Failing to pass after this second re-administration will result in academic dismissal from the program.

PRACTICUM

The minimum time for completing practicum is one year, with a minimum of 500 face-to-face client contact hours at the Virginia Tech Center for Family Services and optionally at an approved off-site placement. (Most students will require longer than one year to complete the 500 hour requirement.) At least 250 of the accumulated hours must be with couples or families.

A practicum placement cannot be finalized until the student has been screened for admission into the clinical practicum (see Screening Process, Section 6).

Early each spring a meeting is held to explain the requirements for practicum.

At the end of each semester, the practicum student and their supervisor are to complete Evaluation Forms regarding the student's clinical work during the semester.

The Virginia Tech Marriage and Family Therapy Program's philosophy regarding the clinical training component is as follows:

1. We see our goal in clinical training as helping students develop their own model and approach to therapy within a systemic framework. It is our contention that there are many paths to problem-solution. However, there are some basic principles that underlie the work we do at the Center for Family Services, and we train students in models that are based on these principles.
2. While we are aware of pathology, our primary goal is to support the strengths and work with the competencies of our clients to arrive at solutions to their problems.
3. As systems thinkers, we agree that interventions on a variety of levels may be needed. In this program, however, we emphasize intervention at the interpersonal level that attempts primarily to change. This can be done even when meeting with a client individually.
4. Our goal is to help clients receive "enough" therapy based on their goals and wishes. To that end, we may see clients for a few sessions or for several months. We try not to be constrained by preconceived notions that therapy should be either "longterm" or "brief."

Finally, personal development is an important part of learning to be a therapist. Supervision is not, and should not be therapy, but it may involve looking at aspects of oneself and one's experiences that impact on how one is as a therapist. To this end, we also see clinical training as a time to "stretch" oneself. Clients come to the Center for Family Services seeking help for a variety of life situations which students may find challenge their own life experiences and values. We encourage students to work with clients whose views diverge from their own and we will do our best as supervisors to support students in this work. Of course, the client's

welfare is always the primary concern and both student and supervisor must be on guard to make sure that the student's training and professional development issues, as well as any personal issues, do not interfere with the client receiving the best services available to them.

Clinic Schedule

The Center for Family Services works on the calendar year, not the academic calendar. Master's therapist interns are expected to earn their 500 face-to-face clinical hours in our training clinic and, if approved, in off-site placements. Master's students must fulfill at least two semesters in the clinic before they may apply for an off-site placement (students must discuss any potential off-site placements with the Clinical Director BEFORE applying). Master's therapist interns typically begin in May or August and end two years later in August or when they have reached their 500 hours. When students enroll for each semester in the clinic, it is expected and required that the students commit to working in the clinic the entire semester. Students are also expected to continue in the clinic without disruption for the full year or two years commitment. **Master's students generally begin Practicum in the Summer or Fall, after completing their first year of studies.**

COMPETENCIES AND STUDENT LEARNING OUTCOMES

Student Learning Outcome	General Competencies	Specific Competencies	Taught	Assessed
<p>1. Students will secure employment as MFT Professionals after program graduation</p>	<p>1. Graduates will be able to take the necessary steps to become involved as MFT professionals</p>	<p>1.1. Be able to pass successfully the National Licensing Exam</p> <p>1.2. Be able to become state licensed as a marriage and family therapist</p> <p>1.3. Be able to find an MFT related job</p>	<p>All required courses</p>	<p>After program graduation</p>
<p>2. Students will demonstrate competence in providing systemic-oriented therapy services across varied settings with individuals, couples, and families</p>	<p>2. Graduates will demonstrate competence in initiating the treatment process up to the point where a therapeutic contract is established</p>	<p>2.1.Determine who should attend therapy and in what configuration (e.g. individual, couple, family, extra-familial resources)</p> <p>2.2.Obtain consent to treat from all responsible persons</p> <p>2.3.Determine a clear and mutual contract with clients which includes practice setting rules, record keeping, fees, rights and responsibilities of each party, including privacy and confidentiality policies, and duty to care to client or legal guardian</p>	<p>5734</p> <p>5964</p> <p>5474</p>	<p>5964</p>
	<p>3. Graduates will build and maintain a functional structure for therapy</p>	<p>3.1.Form and maintain an appropriate therapeutic relationship</p> <p>3.2. Maintain and modify the therapeutic contract as needed</p>	<p>5734</p> <p>5964</p> <p>5404</p> <p>5434</p>	<p>5964</p>

		<p>3.3. Appropriately balance client directed and therapist directed initiative in treatment</p> <p>3.4. Match treatment modalities and techniques to clients' needs, goals and values</p> <p>3.5. Distinguish between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes</p> <p>3.6. Engage each family member in the treatment process as appropriate</p> <p>3.7. Continue or modify therapeutic approach and goals in response to client feedback and therapist assessment of progress</p> <p>3.8. Conclude treatment in an appropriate manner</p> <p>3.9. Maintain appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships with clients, other professionals, classmates, supervisors and staff</p>		
	<p>4. Graduates will systematically assess and diagnose clients to develop treatment plans</p>	<p>4.1. Identify presenting problems from the perspective of each member of the therapeutic system</p>	<p>5734</p> <p>5444</p> <p>5964</p>	<p>5964</p>

		<p>4.2. Demonstrate ability to apply DSM-V-TR criteria to determine diagnoses and inform treatment planning</p> <p>4.3. Integrate clients' needs and strengths with knowledge about the following components into assessment and treatment planning: Human development, cultural diversity, human sexuality, psychopathology, psychopharmacology, couple and family development</p> <p>4.4. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process, treatment planning</p> <p>4.5. Demonstrate ability to determine whether client's issues are within the scope of MFT practice</p> <p>4.6. Develop hypotheses and treatment plan consistent with assessment, diagnosis, and MFT theory</p>	<p>5404</p> <p>5434</p> <p>5424</p> <p>5344</p> <p>5744M</p>	
	5. Graduates will base their clinical	5.1. Demonstrate awareness of principles of systems theory and	5404	Comps

	<p>interventions on an articulated theoretical foundation</p>	<p>an understanding of a variety of theoretical models/concepts</p> <p>5.2. Demonstrate ability to integrate theoretically driven conceptualization and interventions to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics</p> <p>5.3. Provide education and information to clients as needed to achieve treatment goals</p> <p>5.4. Evaluate clients' responses to interventions and modify them accordingly to better fit clients' needs and personal styles</p>	<p>5434</p> <p>5444</p> <p>5484</p> <p>5964</p>	<p>5964</p>
	<p>6. Graduates will assess for and manage risk issues and appropriately manage the administrative structure of therapy</p>	<p>6.1. Routinely observe and assess for indications of abuse, danger to self, or others</p> <p>6.2. Develop and implement plans to reduce the potential for danger</p> <p>6.3. Recognize the need for, and make, appropriate referrals for adjunct services</p> <p>6.4. Complete needed documentation in a timely, accurate, and complete manner</p>	<p>5484</p> <p>5734</p> <p>5474</p> <p>5964</p>	<p>5964</p>

		6.5. With proper consent, regularly communicate with other professionals and stakeholders to inform treatment		
	7. Graduates will make appropriate use of supervision	7.1. Present cases for supervision in a clear and organized manner 7.2. Take initiative to obtain and use supervisory input 7.3. Demonstrate openness to incorporating supervisory feedback into therapy process 7.4. Pro-actively consult with supervisor if personal issues, attitudes, beliefs, or emotional reactions threaten to adversely impact clinical work 7.5. Understand the need for a plan for on-going supervision or peer consultation after graduation	5964 5734 5434 5744M 5474	5964 5474
	8. Graduates will recognize and manage their personal impact on the therapeutic process and the impact of the therapeutic process on them	8.1. Monitor attitudes, biases, Personal well-being, and personal issues to ensure they do not impact the therapeutic relationship adversely 8.2. Evaluate reactions to the treatment process (e.g. transference, family of origin, current stress level, current life situation, cultural context) and	5744M 5404 5434 5964	5964

		<p>their impact on effective intervention and clinical outcome</p> <p>8.3. Make use of appropriate resources to deal with reactions to the therapy process and to support therapist well-being</p>		
<p>3. Students will demonstrate competence in understanding and being compliant with legal requirements, ethical principles, and professional standards</p>	<p>9. Graduates will recognize and adhere to all the legal and ethical obligations of therapy</p>	<p>9.1 Demonstrate awareness of legal, regulatory and ethical context in which therapy occurs</p> <p>9.2. Inform clients of the therapist's legal, regulatory and ethical obligations</p> <p>9.3. Manage mandatory reporting responsibilities appropriately</p> <p>9.4. Protect client confidentiality</p> <p>9.5. Comply with work setting policies and procedures</p>	<p>5474</p> <p>5734</p> <p>5964</p>	<p>5964</p>
<p>4. Students will demonstrate competence in understanding contextual issues to provide culturally sensitive therapy services</p>	<p>10. Graduates are able to understand clients in context and work respectfully with them</p>	<p>10.1. Demonstrate awareness and understanding of major characteristics of various contexts as defined by gender, race, ethnicity, SES, religion, age, disability, sexual orientation, and any other relevant group of belongingness</p> <p>10.2. Maintain a curious, non-judgmental stance regarding</p>	<p>5744M</p> <p>5404</p> <p>5434</p> <p>5424</p> <p>5964</p> <p>5344</p>	<p>5964</p>

		<p>client’s cultural and contextual background</p> <p>10.3. Manage therapy in a culturally sensitive way</p> <p>10.4. Evaluate strengths, limitations, and contraindications of specific therapy models, in their application across various diverse contexts</p>		
<p>5. Students will demonstrate competence in understanding research and its role in providing evidence-based therapy services</p>	<p>11. Graduates will demonstrate competence in understanding and using research to enhance their clinical work</p>	<p>11.1. Demonstrate knowledge of the principles of evidence based</p> <p>11.2. Understand social science research methodologies</p> <p>11.3. Understand legal, ethical, and contextual issues involved in the conduct of research</p> <p>11.4. Use current MFT and other research to inform clinical practice</p> <p>11.5. Critique professional research and assess the quality of research studies and program evaluations</p> <p>11.6. Demonstrate ability to administer assessment instruments for clinical and research purposes</p>	<p>5514</p> <p>6514</p> <p>5434</p> <p>5744M</p> <p>Thesis Credits</p>	<p>5964</p> <p>Comps</p> <p>Thesis/Project</p> <p>6514</p>

		11.7. Contribute to the development of new knowledge		
6. Students will demonstrate knowledge of relational systemic theories, as evaluated by their clinical supervisors in the Practicum Evaluation.	12. Graduates will base their clinical interventions on an articulated systemic theoretical foundation	<p>12.1 Demonstrate ability to integrate theoretically driven conceptualization and interventions to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics</p> <p>12.2 Develop hypotheses and treatment plan consistent with assessment, diagnosis, and MFT theory</p> <p>12.3 Demonstrates knowledge of principles of systems theory and an understanding of a variety of theoretical models/concepts</p>	5404 5434 5444	5964

OPPORTUNITY FOR FIRST YEAR MASTER'S STUDENTS TO BEGIN ACQUIRING CONTACT HOURS

The MFT faculty offer first year master's students the opportunities to begin earning client contact hours in the spring of their first academic year. Students can volunteer to co-facilitate groups. This is completely voluntary on the part of the student. Once approved by the Clinical Director, Master's students who wish to begin earning client contact hours are responsible for contacting agencies that might have a need for a graduate student in Family Therapy to co-facilitate a group. The group must: (1) be co-led by a person with more experience; (2) the agency offering the group must maintain responsibility for clients being seen in the group; (3) they must screen and admit individuals into the group; (4) if a crisis arises regarding a group member, the agency must be responsible for emergency supervision. In some cases, a Memorandum of Agreement, detailing the responsibilities of the agency and VT, can be signed and put in effect.

Students may also count up to 75 hours of mental health/behavioral support activities if they are employed in an agency that provides them with direct client contact with the objective of providing psycho-educational or counseling to families under the supervision of a licensed clinician. As above, these hours may only be counted starting the second and third semester in the program, however, these hours can continue until the end of the program or the accumulation of 75 hours is reached. No more than 75 hours can be counted in these categories singly or combined.

Faculty have agreed to provide weekly dyadic supervision for Master's students who are co-facilitating groups so that the client contact hours can count as part of the required 500 hours. Students who are planning to co-facilitate groups will need to meet with another student and a faculty member for at least 30 minutes each week that they see clients. The supervision will be arranged at a time convenient to faculty and students. All supervision will be provided during the daytime. Students may accrue a maximum of 75 client contact hours through doing co-facilitation. Co-facilitation may continue through the summer if the student can arrange faculty supervision. Co-facilitation hours cannot be counted in the students' second or subsequent years.

You will need to track client contact hours through the regular clinic procedures. When you have found an appropriate group, you will need to contact the Clinical Director with information about the group experience. If you are interested in earning Employment Credit you will need to present a written request for approval. S/he will arrange for you to learn about the tracking procedures and will arrange for one of the faculty to provide supervision. The faculty has the discretion of limiting the number of contact hours that a student may earn. Earning group hours in the second semester of the first year does not exempt students from the regular screening process for admission to the clinical program. It is possible for a student to earn group hours in their first year and still not be formally admitted to the clinical program, or to be admitted with restrictions as described in the program manual.

Fairfax County and Alexandria County often need co-facilitators for their men's anger management groups. The County Extension office or the Bailey's Crossroads Extension project may need co-facilitators for parenting classes. You may call the various County Volunteer Clearinghouses to find out about other possibilities. Please let us know if you find opportunities that you are not able to take so that we can share these opportunities with other students.

CHOOSING BETWEEN THE RESEARCH THESIS OPTION & THE CLINICAL PROJECT OPTION

Students seeking a master's degree in Marriage and Family Therapy at Virginia Tech in Northern Virginia must choose between completing a research thesis and clinical project to meet academic requirements. The research thesis option requires 54 semester hours including 6 hours of Research and Thesis (HD 5994) to complete the degree, whereas the clinical project option requires 51 semester hours including 3 hours of Independent Study (HD 5974) to complete the degree. Research theses provide students the option to engage in the process of scientific inquiry to answer a particular question of substantiated importance by synthesizing relevant literature, employing appropriate research methods, presenting results, and indicating clinical applications of the results. Clinical projects provide students the option to focus in depth on a specific area of clinical interest, and develop a product that focuses on clinical theory, clinical practice, or clinical evaluation in that area.

Students should work closely with their Advisor and potential Chairs when determining which option is the best fit for them. The following table provides comparisons for both options.

Research Thesis vs. Clinical Project

Question	Research Thesis	Clinical Project
What are they?	A formal research study that involves research question development, literature review, data collection, analysis, and synthesis. The thesis may be qualitative or quantitative.	Clinical projects provide the option for students to focus in depth on a specific area of clinical interest, and develop a product that focuses on clinical theory, clinical practice, or clinical evaluation in that area. The content and form of a project is quite flexible.
What's involved?	Develop a formal research proposal (1st three chapters of the thesis), have a proposal meeting where the committee refines the proposal, work with the chair to collect data, analyze it, write the document and defend it.	Develop a brief proposal for the project that conveys the need and value, review the literature to ground the "product" in the literature, produce the project, optionally deliver it if it is a workshop or group, evaluate, describe the process in written format, and defend it

Who is it best for?	<ul style="list-style-type: none"> • Students who wish to pursue advanced graduate training (Ph.D.). The M. S. is the only degree required for clinical practice in MFT. • Students who have a true passion for research and are willing to devote the time and effort that a research project requires. 	<ul style="list-style-type: none"> • Students who plan to have a clinical career and who do not intend to pursue advanced academic training. • Students who wish to develop a product or knowledge area that they can use as a specialty area in their practice • Students who would like program development and/or evaluation experience
Course Registration	At least 6 hours of Research and Thesis credits	At least 3 hours of Independent Study .

Financial support for theses and projects may be available to students from the following sources. Please discuss with your thesis advisor if you would like to pursue funding for your thesis or project.

Potential department, college, and university level awards:

- [AAMFT Graduate Student Research Award](#)
- [Kappa Omicron Nu Human Services Honor Society](#)
- [National Women's Studies Association](#)

PRESENTATION OF RESEARCH THESIS PROPOSAL OR CLINICAL PROJECT PROPOSAL

Upon successful completion of the comprehensive examination, students will prepare and present a proposal to their committee. Students will work directly with their Chair to prepare their proposal. Only after the Chair's approval will the proposal be circulated to other committee members. At least 10 days prior to the proposal presentation, typed electronic copies of the proposal must be emailed to committee members (hard copies should be distributed upon request).

Faculty are not available for formal thesis or project proposal or defense committee meetings between the final graduate school date to defend (in the Spring) and the start of the Fall semester. Thesis and project defenses may only be scheduled during the academic year between the first week of the Fall semester and the final graduate school date to defend (in the Spring).

Research Thesis Proposal

The purpose of the thesis proposal is to tell the reader the what, why, and how of your study. You must convince the reader that your study makes sense in light of research that is already available, that it is worth doing, and that you have developed appropriate procedures for getting the information you need in order to achieve your objectives. It must also show how you plan to take precautions to protect the identity and the well-being of participants.

The proposal should be clearly written and thoughtfully organized. Follow the guidelines provided in the APA manual for tips on writing, arranging headings and subheadings, and citing literature. The work of existing scholars needs to be summarized and properly credited throughout the proposal. Literature must be used throughout the proposal to support establish the setting, develop the rationale and theoretical framework, and to support the selected research design and methods. The majority of your citations should be from work published in professional journals within the last 10 years.

Research thesis proposals must be approved by the Thesis Committee and by the Institutional Review Board (IRB) at Virginia Tech if data are being collected. In order to receive approval to use human subjects from the IRB, the student must submit a completed Human Subjects Investigations Form, which can be obtained from the IRB website at www.irb.vt.edu, and a proposal. When the proposal is approved by the Thesis Committee and approved by the IRB, then the student may proceed with data collection.

Research Thesis Proposal Format

Students are encouraged to use manuscript length for their theses (i.e., approximately 30 pages including references, key tables, and key figures) to facilitate timely submission for publication in scholarly outlets. Consequently, thesis proposals should be approximately 15 pages in length (including references but excluding front matter [e.g., title page, table of contents] and

supplemental material included as appendices [e.g., recruitment materials, measures/instruments). In general, students should follow the outline below. Each student can expect to address each of these components. The order and specific additions or deletions of components will be agreed to by the student and their Chair.

A. Title Page & Table of Contents

B. CHAPTER 1: INTRODUCTION

Study Overview (1-2 paragraphs)

- What problem are you investigating?
- Why is it important study this problem? What is the purpose of the study?
- What contribution to knowledge and/or practice will studying this problem make?
- What theoretical framework guides your study and what is its application to the problem
- Why study this problem using the proposed design?

C. CHAPTER 2: LITERATURE REVIEW

- Review of relevant literature Section headings
- Research Questions/Hypotheses

D. CHAPTER 3: METHODS Design of the study

- How will you investigate this problem?
- What type of design will be employed?

Participants

Who, how many, where and how will study participants be recruited?

Procedures

Provide chronological, step-by-step description of data collection events including obtaining consent

Instruments

Describe methods of measuring constructs

For qualitative studies, outline your interview and proposed questions Address issues of validity and reliability

Proposed Analyses

How the data will be analyzed

E. References

- Use APA style to cite sources. Each citation in the reference list must include the names of all authors, the name of the book or journal, volume number, page

numbers, and year of publication.

F. APPENDICES

- Consent forms
- Instruments
- Advertising materials
- Permissions

Please keep in mind that the Department does not provide graduate students with these items as part of their thesis research:

- Copy facilities or services.
- Postage for off campus or return mailing.
- Telephone services.
- Departmental assistance for typing rough or final copies of instruments, theses, dissertations, or other manuscripts necessary to meet degree requirements.
- Copyrighted research instruments which must be purchased.
- Official letterhead stationery and envelopes (special circumstances permit alteration of this policy by Program Director approval).
- Purchasing of special equipment or instruments. (Where future Departmental use justifies such purchase, this policy may be altered by Program Director approval.)

Clinical Project Proposal

To complete the clinical project, students will be required to:

1. Work with their Chair in developing the project concept. Projects are often interventional in nature – that is, they use professional and scholarly information as the basis for clinical intervention. This typically has taken the form of a psychoeducational program for the lay public or an educational program for professionals.
2. Review existing literature on project topic. The project must do two things. First, it must fill a demonstrated gap in the field, and second, it must be based in the scholarly literature. The gap may be in terms of content (there is a lack of information or training about a given area) or in terms of delivery (pre-marital therapy programs, for instance, involved multi-session meetings but none may be available for couples to complete online and this would make them accessible to more couples). Literature reviews are not sufficient for a clinical project.

Clinical Project Proposal Format

Students will present a brief proposal that outlines their proposed clinical project. The clinical project needs to use the literature to inform clinical theory, clinical practice, or clinical evaluation with an intervention focus. The proposal must contain the following elements in the order presented:

- A. Title page
- B. Completed Clinical Project Proposal Overview Table (see schema below)
- C. Text description: using the categories from the Clinical Project Proposal Overview Table as section headings, provide brief descriptions for each category replete with citations from relevant literature
- D. Reference list

Schema for Clinical Project Proposal Overview Table

Problem	What is the problem your intervention aims to address?
Target Population	Who is the target population that your intervention is intended to effect? What is your rationale for targeting that population?
Identified Needs	Based on the literature, what needs of the population do you plan to address? List these needs.
Theoretical Framework	What theoretical framework will guide your project and what is its application to the identified problem and target population?
Content	For each identified need, what content do you intend to present that will address that need? What research or rationale supports that content?
Strategies	For each need, what strategies, activities, and methods will you use to present the content?
Outcome	For each need, what do you propose the outcome of your intervention will be?
Impact	How will the outcomes affect the problem you have set out to address?

FINAL EXAMINATION/DEFENSE OF THESIS OR CLINICAL PROJECT

Upon completion of the research thesis or clinical project, each candidate must participate in a final examination, sometimes referred to as a “defense.” Students must have the verbal approval from their Chair to schedule their final examination. At least two weeks before the examination date, a Request to Electronic Final Exam Request form must be submitted to the Graduate School with the time, date, and location of the examination; the title of the thesis/project; and the names of the examining committee. The completed thesis/project must be distributed electronically via email to the committee members at least 2 weeks prior to the examination date (hardcopies of theses should be distributed upon committee member request; color hardcopies of projects should typically also be distributed to committee members, especially if they are graphic in nature such as a manual, handbook, brochure, etc.).

Approximately 4 weeks before the final defense is to take place, the student should make arrangements to meet with the MFT Program Coordinator to discuss filling out the appropriate paperwork for defense of thesis and graduation. All forms must be received in the Graduate Records Office no later than 2 weeks before the examination date. Forms required include:

- Change of Advisor/Committee Form
- Program Changes Form
- Forms are available at www.graduateschool.vt.edu or by contacting the Program Coordinator.

The following conditions specified by the Graduate School must be met:

1. The student must be registered for a minimum of three hours during the semester the final examination is taken or be registered as a Start of Semester Exception Request (See Start of Semester Exception Request Status Policy, #18).
2. The examining committee must have at least three members, at least one whom is MFT program faculty.
3. All fees must be paid prior to the administration of the final examination.
4. Results of the final examination should be sent to the Graduate School within 24 hours after its completion.
5. Students who have selected the thesis option have 2 weeks to complete the Electronic Thesis Defense (ETD) and submit it to the Graduate School.
6. In order to pass the final examination, a student may receive no more than one negative vote from the examining committee.
7. A failed examination requires at least 15 weeks (one full semester) before scheduling the

second examination.

8. A student may receive no more than two opportunities to pass the final examination.
9. Defense of thesis will be scheduled during Fall and Spring semesters.

Research Thesis Defense Format Guidelines

A. FRONT MATTER

- See University guidelines
- Abstract

B. CHAPTERS 1-3 (THESIS PROPOSAL)

- Reflecting all changes requested at the proposal meeting

C. CHAPTER 4: RESULTS

- Present research findings
- Consult the current edition of the Publication Manual of the American Psychological Association for guidance on writing style, reporting the results of statistical tests, and a whole host of other issues related to presenting research results

D. D.CHAPTER 5: DISCUSSION

- Summary of findings with comparisons to initial literature review/existing studies; critical analysis & conjecture
- Limitations
- Clinical, programmatic, and research implications Conclusion

E. REFERENCES

- Use APA style to cite sources. Each citation in the reference list must include the names of all authors, the name of the book or journal, volume number, page numbers, and year of publication.

F. APPENDICES

- Consent forms
- Instruments
- Advertising materials
- Permissions
- If utilizing manuscript format, supplemental materials such as non-essential tables and figures.

Reminder: Include instruments used in your thesis in the electronic version sent to Blacksburg only if you have written permission to do so from the author(s) and/or copyright holder(s). If you

do not have such permission, but used an instrument of someone else's in your questionnaire, in place of the instrument in the appendix containing the questionnaire, insert a page indicating where the instrument might be found/obtained, or a citation. In other words, you may have permission to reproduce the instrument for research purposes, but you may need to obtain additional permission to reproduce it in a "published" copy of the document that is available in the library or on the internet.

Criteria for Passing Research Thesis Defense

Successful	Unsuccessful
Defense presentation is clear, coherent, and represents that student's work accurately.	Defense presentation is unclear, incoherent, and does not present the student's work accurately.
Student provides appropriate background to set the context of the issue being studied.	Student provides only limited background information or does not provide a context for the current study.
Student's research question is clear and guides the study.	Student's research question is unclear and/or is only tangentially related to the study.
Student chooses data collection and analysis strategies appropriate to the question being studied.	Data collection and analyses do not address the research question well.
Results are presented in a clear and understandable manner.	Results are presented in a confused or unclear manner. Difficult to understand what the student found.
Student relates findings to existing literature, notes similarities and differences, and locates current findings in the context of the larger field.	Student provides only cursory discussion of how the current study is part of the larger field.
Student provides thoughtful interpretation of how current study may influence clinical practice and future research.	Student does not provide, or provides only superficial, interpretation of how current study may influence clinical practice or future research.

Clinical Project Defense Guidelines

Students must follow steps for Final Examination / Defense of Thesis, even though this is clinical project; however, **NO** final copies of the clinical project need to be registered with the Graduate School. An electronic copy of the final project will be given to the department and made available to other students and faculty. Handouts and video presentations are appropriate.

Criteria for Passing Clinical Project Defense

Successful	Unsuccessful
Defense presentation is clear, coherent, and represents that student's work accurately.	Defense presentation is unclear, incoherent, and does not present the student's work accurately.
Student provides appropriate background to set the context of the issue being addressed in the project.	Student provides only limited background information or does not provide a context for the current project.
Student's purpose in the project is clear and guides the project.	Student's purpose in the project is unclear and/or is only tangentially related to the project.
If evaluation data are gathered, student chooses data collection and analysis strategies appropriate to the question being studied.	Data collection and analyses do not clearly help evaluate the success of the project.
The "product" produced as part of the project is presented in a clear and understandable manner.	The "product" is presented in a confused or unclear manner. Difficult to understand what the student did.
Student relates the project to existing literature, notes similarities and differences, and locates the project in the context of the larger field.	Student provides only cursory discussion of how the current project is part of the larger field.
Student provides thoughtful interpretation of how the project may influence clinical practice and future research.	Student does not provide, or provides only superficial, interpretation of how the project may influence clinical practice or future research.

WALKING AT GRADUATION BEFORE DEFENDING RESEARCH THESIS OR CLINICAL PROJECT

In order to participate in Spring Commencement, students must have had their thesis or project proposal approved by March 1 (graduate school deadline for filing the application for Degree Card on Hokie Spa). Students must then complete their thesis/project defense prior to the end of the spring semester or have scheduled the defense for completion by the final graduate school date to defend (in the spring) to walk in commencement.

START OF SEMESTER EXCEPTION REQUEST

A "Defending Student" status (for registration purposes) has been created by the University Council.

The intent of the policy is to allow graduate students who intend only to "defend" their thesis or dissertation, to register and pay a fee (not to exceed the cost of one semester hour) rather than register for a minimum of 3 semester hours. The final examination/defense of thesis must be scheduled within the first 5 weeks of the semester in which the student has registered as "defending student status". Please check the Graduate School schedule for each semester's deadline.

Approximately 4 weeks before the final defense is to take place, the student should make arrangements to meet with the MFT Program Coordinator to discuss filling out the appropriate paperwork for defense of thesis and graduation. All forms must be received in the Graduate Records Office no later than 2 weeks before the examination date. Forms required include:

- Certification of Defending Student Status Form (signed form should be presented at the Registration Office when registering for 1 credit hour defense)
- Request to Admit Candidate to the Final Defense Form (signed form should be returned to the Program Secretary)
- Program Changes Form (signed form should be returned to the Program Secretary)
- Application for Degree Card (on Hokie Spa)- Due March 1 for Spring semester and October 1 for Fall semester.

The One Credit Hour Defense should not be included in the student's Program of Study.

Students will be graded for one hour, one credit as an equivalent credit course ("EQ") grade.

Students who fail or do not take their examination when scheduled must resign and re-register for a second defense.

The tuition paid is non-refundable and must be paid for each subsequent registration.

CRITERIA FOR REMAINING IN GOOD STANDING

In order to retain good standing as an M.S. student, an individual must, on a continuing basis, be judged by the Departmental faculty as making satisfactory progress toward completion of degree requirements. Each student's progress is formally reviewed by the faculty yearly to assess satisfactory progress. Students may be advised of concerns about their progress by the faculty at any time. The more important criteria by which this judgment is made are:

- A. Students must maintain a 3.0 Quality Credit Average (QCA). Students placed on academic probation have one semester to raise their QCA to 3.0.
- B. Grades of "C" or better must be earned in each of the courses on the student's program of study.
- C. Students should be able to complete individual course requirements within the semester in which the course is taken. Incomplete grades are expected only under circumstances which justifiably hinder the student's progress. A pattern of incomplete grades may be viewed as inadequate progress. Incomplete grades are calculated as an "F" for QCA purposes until they are changed by the instructor. Incompletes not removed during the designated time are automatically changed to an "F."
- D. Students must submit an approved program of study to the Graduate School prior to completing 12 credit hours.
- E. The student must meet all of the other stated expectations of the Graduate School, including examinations and time limits. The decision to deny permission to continue for failure to make satisfactory progress may be reached by the Advisory Committee, a committee in the Department, or recommended to the Graduate School.
- F. Comprehensive examinations are taken by all master's degree students through arrangements made with the chair of their committee. Comprehensive exams are administered once each year, following completion of the spring semester. The exam consists of a research question and a therapy question. Both questions are standardized.
- G. The MFT program faculty takes responsibility to ensure the quality and competence of graduates to practice as marriage and family therapists and have developed a formal screening process for admission into the clinical practicum. For the clinical screening process, see page 14-15 of the Marriage and Family Therapy Master's Degree Student Guide.
- H. Clinical supervisors can conclude that the clinical proficiency of a student is not progressing at the rate needed for the student to continue practicum experiences at that time. The clinical supervisors have the professional responsibility to protect clients from harm. Should a student's behavior be deemed detrimental to clients' welfare, the

student may be required to discontinue practicum until a remediation plan is developed and implemented. As part of the remediation plan, personal therapy may be required along with a specified training program. A student may also be deemed clinically not proficient and, while a degree may be granted, it will not include the clinical component. Such a student will not be allowed to complete the 500 clinical contact hours required for graduation. The student will be apprised of this possibility as early as possible and will work closely with program faculty and clinical supervisors to correct deficiencies.

- I. A student's performance in a university graduate assistantship and/or wage position can be considered in the Graduate Student Annual Review.
- J. Before graduation from the program, students must complete a final examination consisting of thesis defense or presentation of the clinical project. In order to pass the final examination, a student may receive no more than one negative vote from the examining committee. A failed examination requires at least 15 weeks before scheduling the second examination.
- K. The following are criteria for triggering mid-year review of the student:
 - Students who have completed all content coursework and clinical requirements, and have not completed thesis/project requirement
 - Students with GPA below 3.0 (academic probation)
- L. If an unsatisfactory rating is given at mid-year or annual review – a remediation plan must be written and reviewed with the student. The remediation plan must include specific assignments, indicators of quality and staggered due dates during academic semesters, as well as a next evaluation date.
- M. Two unsatisfactory evaluations are sufficient for dismissal from the program.

DEPARTMENTAL FINANCIAL AID

A. GRADUATE ASSISTANTSHIPS

Graduate Assistant is a broadly defined designation that permits assignment to any Departmental responsibility, except that of principal instructor of a class.

Hours of assistantship vary from 5 to 20 in increments of 5. Most assistantships are for 10 or 20 hours weekly, permitting the Department to meet its responsibilities and offer aid to a greater number of students.

Graduate assistants are paid on the 1st and 16th of each month. Out-of-state students who are awarded an assistantship of 10 or more hours are eligible for in-state tuition. The department normally provides a maximum of 4 semesters of assistantship for master's degree students.

Assistants are usually assigned to work with a faculty or staff member. Schedules can be flexible and are determined by the needs of the department.

To be eligible for an assistantship, a student must be admitted to the Graduate School on a "regular" full-time basis as defined in the catalog. To retain eligibility, a student must maintain a quality credit average of 3.0 or higher and make satisfactory progress toward completion of degree requirements.

Although assistantship assignments are normally made for the academic year period, the department may reassign a student to a different responsibility at any time, depending on departmental need, the student's performance, or unanticipated circumstances. If the student demonstrates inability to carry out the work required by an assistantship, the position may be withdrawn at the discretion of the Program Director.

B. TUITION SCHOLARSHIPS

Students who receive a 20 hour per week assistantship from the university will be awarded a full tuition scholarship. Students with a less than 20 hours per week assistantship will be awarded tuition scholarships proportionally (e.g., 10 hour assistant will receive 50% tuition scholarship).

C. DEPARTMENTAL WAGE POSITIONS

Departmental wage positions are available to HD graduate students on an as needed basis. Payment for these wage positions varies according to the responsibilities of the particular position and the funding source.

D. ROSEN RESEARCH FUND

Karen H. Rosen Research Support Award

Donations from faculty, students and alumni have made possible awards to current students to support their thesis research or clinical project. To be considered for this award, students must submit an application.

Guidelines for the award:

1. To be used for thesis research or clinical project preparation
2. Limit of \$150.00
3. Money is to be used for actual expenses for conducting your project --- printing, copying, software, audio tapes, etc.
4. Students must have had their thesis or project proposal approved by their committee and gotten IRB approval if needed before applying for an award
5. To apply, students submit a 1-2 page proposal with a budget
6. The student's thesis chair must sign the proposal indicating the approval of the request for funds
7. Proposal format
 - Summary of the research to be conducted
 - Justification for items being funded – why the software is necessary, for instance
 - c. Line item budget
8. MFT faculty will review and approve requests if they seem merited

Rosen Award funds are paid after the fact. Students must keep their receipts for their expenses and submit them to Pat for reimbursement.

For those of you who did not know Karen, she was a faculty member in the MFT program from 1992 until she was diagnosed with a malignant brain tumor in the summer of 2004. Prior to 1992, she was the Director of the Clinic. During her time at Tech, Karen taught the Research course and conducted research on domestic violence. She specialized in qualitative research and was a gifted clinician and teacher. Karen died in April, 2008.

REFUND POLICY

Students are entitled to a refund of tuition under the following conditions:

DROPS (reduced course load): A full refund of tuition will be made if the course or courses are dropped by the drop deadline. There will be an adjusted refund for courses or thesis hours dropped after the deadline (see the Graduate Catalog). There is no refund for any transaction made after the semester is over.

WITHDRAWALS: A student may withdraw (drop all courses) without academic penalty prior to the midpoint of the semester. Students wishing to withdraw with any kind of refund must follow the prescribed deadlines provided on the refund schedule (See the Graduate Catalog). Students must inform the office (in person or by letter) of their intention to withdraw. The official and effective date of withdrawal is the date on which the Registration Office receives written notification of the decision, not the date on which a student ceases to attend classes. The official date of withdrawal will determine the amount of refund the student is entitled to receive. In all instances involving refunds, only tuition is refundable. No fees or other charges will be refunded. Students should allow 6- 8 weeks for the receipt of any refund payment.

Information regarding the Drop and Withdrawal schedule will be sent to students via email in the Graduate Student Services weekly message.

DISCRIMINATION POLICY

Virginia Tech does not discriminate against employees, students, or applicants on the basis of age, color, disability, sex (including pregnancy), gender, gender identity, gender expression, genetic information, national origin, political affiliation, race, religion, sexual orientation, socioeconomic status, relationship status, health status or veteran status. The university is subject to Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, The Age Discrimination in Employee Act, The Vietnam Era Veteran Readjustment Assistance Act of 1974, Federal Executive Order 11246, Governor Gilmore's State Executive Order Number Two, and all other rules and regulations that are applicable. Anyone having questions concerning any of those regulations should contact the Equal Opportunity/Affirmative Action Office, 336 Burruss Hall, Blacksburg, Virginia 24061, 540/2317500, TDD 540/231-9460.

Individuals with disabilities desiring accommodations in the application process should contact the Dean of Students Office, 540/231-3787; TDD/PC 1-800-828-1120; Voice 1-800/828-1140 by the application deadline.

GRIEVANCE PROCEDURES

A. Departmental Program Grievance Issues:

- This includes issues that reflect policy idiosyncratic to the program itself, issues involving supervision of clinical students, and both required and supplemental course work.
- Introductory Stage:
 - Students have an opportunity to express their concerns, complaints, and grievances to their cohort student representative (See section 25). Before program area concerns develop into problems, students are encouraged to present these issues in the form of constructive suggestions and give them to the appropriate faculty for discussion and resolution of the problem. If this stage of communication does not produce reasonable satisfaction, movement to level 1 is appropriate.
 - Level 1. Student may request a meeting with the individual faculty/supervisor involved to present and discuss their concerns. (If the Program Director happens to be the individual involved in the student's grievance, the student's request to meet with him/her would follow the same procedure as level 1). If satisfactory resolution is not forthcoming at this level, the student may move to the next level.
 - Level 2. Student may request a meeting with the Program Director and provide in writing their concerns. (If the Program Director happens to be the individual involved in the student's grievance, the student should request a meeting with another full-time faculty member in the program.) If satisfactory resolution is not forthcoming at this level, the student may move to the next level.
 - Level 3. The student may request a meeting with the individual faculty member and the Department Head to try to resolve the issue. The Department Head will act as arbitrator of options after hearing the grievance and the faculty position.

B. Department-Wide Grievance Issues:

- I.e., issues that reflect policy for students across programs, e.g., departmental requirements, assistantships, fee waiver issues assignments.
- Level 1. Student should request meeting with department administrator directly involved with implementing policy. If satisfactory resolution of the grievances is not forthcoming at this level, move to level 2. Do not proceed to level 2 until level 1 has been attempted.

- Level 2. Student may request meeting with all department administrators (currently, Head and Assistant Head) to hear the student's grievance. If satisfactory reconciliation of grievance is not forthcoming at this level, move to level 3. Do not proceed to level 3 until level 2 has been attempted.
- Level 3. See Graduate Student Appeals, Appendix II, page 262 in the Graduate Catalog.

SEXUAL HARASSMENT POLICY

The following information is taken from the 2001-2003 Graduate Catalog. For additional information, please contact the program office.

Sexual harassment is considered to be a form of discrimination based on sex and falls within the statutory prohibitions against sex discrimination. The university is committed to maintaining a working and a study environment free of sexual harassment. Accordingly, in compliance with Section 703 of Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972, it is the university's policy not to tolerate any verbal, nonverbal, or physical behavior which constitutes sexual harassment. Personnel with supervisory responsibilities are required to take immediate and appropriate action when incidents of alleged sexual harassment are brought to their attention. Violations of the policy prohibiting sexual harassment may lead to disciplinary actions, including reprimand, suspension, or termination of employment or academic status.

Sexual Harassment is defined as unwelcome sexual advances, request for sexual favors, and other verbal, nonverbal, or physical conduct of a sexual nature when: 1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic decisions; or 2. submission to or rejection of such conduct by an individual is used as the basis for employment or academic decisions; or 3. such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment.

Faculty, staff, students, and applicants for employment or admission with complaints of sexual harassment should contact the Virginia Tech Office for Equity and Inclusion on a confidential basis and request an informal investigation. The phone number is (540) 231-7500.

Faculty, staff, and students may file formal complaints outside the university. Students may file formal complaints with the Office of Civil Rights of the Department of Education. Faculty may file formal complaints with the Equal Employment Opportunity Commission. Staff may contact the State EEO Office or the Equal Employment Opportunity Commission.

STUDENT REPRESENTATIVES

Each year, a student is elected from each cohort and meets with the faculty once each semester during a faculty meeting to share concerns, issues, or requests that the students wish the faculty to hear about the program in general – clinical and academic. Either the student representatives or the faculty can ask for more meetings if they deem it necessary. There will be 3 student representatives at any given time – one each representing the 1st year cohort, the 2nd year cohort, and the 3rd year cohort and beyond. No student will serve as a student representative past the end of their 3rd academic year after admission to the program. Student representatives will be selected by the classes at the beginning of the fall semester. New representatives will be chosen each year. Student representatives may be re-elected to multiple terms if their cohort chooses to do so.

RESPONSE TO REQUESTS FOR LICENSURE MATERIALS AND OTHER FORMS

We understand that students often need information from the program to complete licensure applications, job or school applications, and for other matters. We will respond to these requests as quickly as we can, but students should understand that we may not be able to provide these materials immediately. Please give us at least 10 business days to process your requests and remember that the Center for Family Services office and the MFT Program office are closed during University holidays and vacations, and this may further delay our ability to respond.