Commission on Accreditation for Marriage and Family Therapy Education

Accreditation Standards Version 12: Interpretation Guide

Adopted: May 2017

Eligibility Interpretation Guide

Eligibility Criterion	Rubric for Response	Required Documents
Criterion A: Program Identity as Educating MFTs	• Using the Criterion A Mapping Templates (Tables A and B), map program materials, curriculum, mission, goals, and outcomes with relevant Criterion A requirements • Provide examples of program materials that demonstrate the program's identity • Goals must include knowledge, practice, diversity, research, and ethics competencies in addition to any other program specific goals • SLOs should only be used for one Program Goal, although programs can have multiple SLOs to support one Program Goal	1. Criterion A Tables A and B 2. Specific links, copies, and page numbers (when relevant) of program materials
Criterion B: Faculty Identity as MFTs	• Provide information about faculty professional identities and affiliations, contributions to the field specifying their contribution to scholarship, teaching, supervision, and practice/service, and provide supporting documentation by completing the table provided • Complete tables with faculty (including non-clinical faculty), Program Director, and supervisor's credentials and experience. Include Faculty CV • Provide the number of core faculty in the program and how the program defines who their "core faculty" are	1. Criterion B Tables for core and non-clinical faculty 2. Faculty curriculum vitae 3. Faculty chart listing each faculty's licensure and supervisor status, education, association affiliation, contributions to scholarship, teaching, supervision, and practice/service, and other relevant experience congruent with the Programs Goals and outcomes 4. Copies of MFT organization membership certification 5. Copies of MFT licenses 6. Copies of MFT Approved Supervisor or Candidate designation
Criterion C: Program Leadership	• Describe the supervisory status of the Program Director (PD) or whoever has or shares ultimate program responsibilities • Describe the PD's responsibilities as they relate to oversight of curriculum, clinical training, facilities, services, and maintenance and enhancement of program's quality	1. Criterion C Table 2. Documentation showing that the PD or whomever has or shares ultimate program responsibilities has a current credential as an AAMFT Approved or Supervisor Candidate

		3. Job description, policy in program/university materials (e.g. program handbook, etc.) for PD 4. If program utilizes two PDs, both must have current credentials as AAMFT Approved Supervisor or Supervisor Candidate 5. Documentation showing PD and/or designee provides year- round program direction (e.g. a letter from program's institutional administration, signed by an administrator of the school where the program is housed, attesting that the program is managed throughout the year) 6. If the PD is a Supervisor Candidate, identify when that person assumed the PD role
Criterion D: Institutional Accreditation/Oversight	• Narrative of source of authority and supporting documentation	1. Verification of regional accreditation or charter or state license for degree or certificate authority 2. Documentation of governance board
Criterion E: Evidence of Program Implementation	**Programs renewing their accreditation should indicate "Not Applicable" for this criterion** • Master's degree and post degree programs will provide a list of graduates from the most recent graduate cohort • Doctoral degree programs will provide a list of students in the program that have completed required curriculum and experience components • Provide data related to student/graduate achievement	1. Criterion E Table 2. List of graduates and students 3. Student achievement data
Criterion F: Accuracy and Program Transparency in Publications	• Complete the table with locations of materials found in publications	1. Criterion F Table 2. Program's published materials (electronic) 3. Program's website 4. For all above, a link to a specific page or webpage in the document referenced or specific excerpt from document referenced must be included

| Criterion G: Establishment and Accessibility of Policies | • List of program policies should include but are not limited to the following:
  o Student recruitment
  o Anti-discrimination
  o Admission
  o Retention
  o Graduation
  o Complaints and grievances
  o Remediation and dismissal
  o Grading/assessment
  o Codes of Conduct (if applicable)
  o Portability of degree
  o Technology Requirements
  o Authenticity of Student Work
  o Technical training for students, faculty, and supervisors | 1. Criterion G Table
2. Program's published materials (electronic)
3. Program's website
4. Chart depicting the referenced policy
5. For all program policies listed above, a link to a specific page in the document referenced or specific excerpt from document referenced must be included

Note: Anti-discrimination policy must include all identities listed. Also, anti-discrimination policy must address that it applies to recruitment, admission, codes of conduct, hiring, retention or dismissal of faculty, students, and supervisors or other educators. UNLESS program with religious affiliation, then the policy must be accessible to public and contextualize the policy.

Examples of Technical Requirements might include learning management system such as Blackboard or Canvas; case management software; clinic recording equipment; etc.

Examples of evidence for Technical Training might be meeting minutes demonstrating when the training took place, a student handbook or university catalog with instructions for using a learning management system, or a clinic handbook containing instructions for the use of case management software. |
| Criterion H: Diversity in Program Composition | • Describe the program's systematic efforts and comprehensive strategy to attract and retain a diverse student body, faculty, and supervisors
• Link to where diversity composition of program is published and accessible to the public | 1. Description of or link to program's comprehensive strategy (recruitment/retention of a diverse student body, faculty, and supervisors)
2. Provide a URL link to where the program publishes diversity composition information |

Criterion I: Student Concerns, Complaints, and Grievances	• Complete the Eligibility Criterion I Table • Link to program formal and informal policies regarding student concerns	1. Criterion I Table 2. Provide a URL link to or a document containing program policies regarding student concerns 3. Describe procedure of maintaining written complaints

Standards Interpretation Guide

Accreditation Standards: Programs must demonstrate compliance with each of the Accreditation Standards, Key Element by Key Element.		
Standard I: Outcome-Based Education		
Key Element	**Rubric for Response**	**Examples of Evidence/Documents**
I-A: Outcome-Based Education Framework	• Identify institutional mission • Identify program's mission • Describe how the program's mission fits with the institutional setting of the program • State Program Goals (the program, students and graduates) and how they support the program's mission and the development of MFTs • Link measurable Student Learning Outcomes (SLOs) to appropriate Program Goal • Identify Evaluation/Assessment mechanisms for each SLO • Identify Targets and Benchmarks for each SLO	1. Chart linking institutional mission with the program's mission 2. Student Learning Outcomes Chart aligning Program Goals, Benchmarks and Targets, Assessment and Evaluation Mechanisms (SS7 - Mission, Goals, and Outcomes Template) 3. Contextual explanation for how Program Goals and SLOs support the mission and the development of Marriage and Family Therapists 4. Program's electronic and printed materials 5. Location of Program Goals and SLOs in the program's materials

I-B: Assessment Plan with Mechanisms and Timeline	• Program has a clear assessment plan:
	  o Discuss how data is collected for each SLO and Student/Graduate Achievement, by whom, aggregated, analyzed and how findings are used to promote program improvement
	  o Plan addresses assessment of student support services, curriculum and teaching/learning practices, resources, and discusses sufficiency of these to attain program outcomes
	• Describe the review and revision process for the program's outcome-based education framework and assessment plan
		1. Chart depicting when the Program Goals and SLOs were reviewed, what was reviewed, by whom and how the program was advanced as a result and timeline
		2. Examples of Faculty/Supervisors meeting minutes evidencing this process took place
		3. Flow chart depicting assessment plan, mechanisms, timeline, and review process
		4. Examples of how Infrastructural/Environment Supports and Curriculum and Teaching/Learning Practices have been revised as a result of the assessment process

	• Plan includes description of how feedback from identified Communities of Interest (COI) will be utilized	5. Documents illustrating examples of ways Program Goals and SLOs, assessments, etc. are incorporated in the assessment plan
I-C: Communities of Interest	• Identify COI, including diverse, marginalized, and/or underserved groups across these communities • Discuss how informal and formal feedback from each COI is used to facilitate the review of the program's mission, goals and outcomes and for program improvement	1. Meeting minutes or surveys evidencing how and when COI are involved to facilitate achievement of the program's mission, goals, and SLOs 2. Examples of ways goals and outcomes have been informed by COI feedback

Standard II: Commitment to Diversity and Inclusion		
Key Element	**Rubric for Response**	**Examples of Evidence/Documents**
II-A: Multiculturally-Informed Education Approach	• Provide a definition of diversity • Link the program's definition of diversity to the Mission Statement, Program Goals and Student Learning Outcomes • Link the multiculturally-informed Course Offerings, Didactic and Clinical Teaching/Learning Practices to the Program Goals and outcomes	1. Curriculum Map depicting elements of diversity covered 2. Provide a URL link/location to where the program includes a definition of diversity 3. Program Manual/Handbook 4. Course Syllabi 5. Curriculum Elements, Clinical/Internship, Practice Components 6. Faculty Meeting Minutes
II-B: Program Climate of Safety, Respect, and Appreciation	• Identify policies and procedures for supporting a climate of safety, respect and appreciation for all learners • Describe the process of evaluating the program climate • Provide examples of how the program has responded to feedback as applicable.	1. Program Handbook/Manual 2. Program Website 3. Course Syllabi 4. Aggregated evaluations for assessing program climate & data 5. Faculty meeting minutes

II-C: Experience with Diverse, Marginalized, and/or Underserved Communities	• Describe how the program provides experiences for students with Diverse, Marginalized and/or Undeserved Communities.	1. A list of experiences that students have with diverse, marginalized and/or underserved communities. 2. Aggregated Data reflecting client diversity or communities 3. Student Evaluations by Supervisors, Advisors, Supervisees, etc.

Standard III: Infrastructure and Environmental Supports		
Key Element	**Rubric for Response**	**Examples of Evidence/Documents**
III-A: Fiscal and Physical Resources	• Describe the program's Fiscal and Physical Resources • Explain how fiscal and physical resources are sufficient to achieve the program's mission, Program Goals and SLOs • Describe the process of review and revisions.	1. Program's budget 2. Faculty meeting minutes 3. Aggregated data from surveys to demonstrate sufficiency 4. Polices regarding fiscal and physical resources review
III-B: Technological Resources	• Describe program's Technological Resources • Documentation of policies and procedures and assessment of security and privacy, including compliance with HIPAA (if relevant) • Explain how technological resources are sufficient to achieve the program's mission, Program Goals and SLOs • Describe the process of review and revisions.	1. Types of technology in offices and classrooms 2. Faculty meeting minutes 3. Aggregated data from surveys 4. Program/Clinic Handbooks 5. Institutional Policies and Procedures for Data Management
III-C: Instructional and Clinical Resources	• Describe Instructional and Clinical Resources • Explain how instructional and clinical resources are sufficient to achieve Program Goals and SLOs • Describe the process of review and revisions.	1. Types of instructional and clinical resources 2. Aggregated data from surveys 3. Faculty meeting minutes 4. Program/Clinic handbooks 5. Institutional documents 6. Program budget

III-D: Academic Resources and Student Support Services	• Describe Academic and Student Support Services and how these are accessible to students • Explain how resources are sufficient to achieve Program Goals and SLOs • Explain how core faculty and students provide feedback • Describe how the program takes action and/or advocates for institutional change based on review of resources/services	1. Aggregated data from surveys 2. Faculty meeting minutes 3. Meeting minutes with students 4. Program/Clinic handbooks 5. Institutional documents 6. Provide examples of program action/advocacy for change
III-E: Faculty Qualifications & Responsibilities	• Describe faculty roles in teaching, scholarship, service and practice • Link faculty roles to mission, Program Goals and outcomes • Describe how core faculty members contribute to the profession through scholarship, teaching, supervision, practice, and/or service. • Describe faculty academic professional qualifications and expertise in areas of teaching and content delivery • Explain mechanisms for reviewing and evaluating faculty effectiveness and link faculty evaluations to mission, Program Goals and SLOs	1. Faculty CVs 2. Evaluations of faculty 3. Job description that describes faculty roles in specific courses taught 4. Scholarship 5. Service 6. Practice expectations and/or involvement
III-F: Faculty Sufficiency	• Identify faculty-student ratio and how this is deemed sufficient • Describe the process for identifying ongoing sufficiency of faculty resources, as well as how these are reviewed and revised as needed to support program effectiveness • Link faculty sufficiency to achievement of mission, Program Goals and SLOs • Identify core faculty and how they are involved in ongoing program development, delivery and evaluation • Describe how all faculty are engaged in the program and involved in the achievement of SLOs	1. Aggregated Data from evaluations and surveys 2. Faculty meeting minutes 3. Program budget 4. Program handbook 5. Examples of how sufficiency of faculty enables the program to achieve program effectiveness

III-G: Governance of Program	• Describe faculty members and students' roles in the governance of the program • Demonstrate how faculty and student governance roles contribute to meeting the program's mission, Program Goals, and SLOs • Demonstrate that both the program and institution have in place decision-making processes/procedures specifically for the purpose of supporting program operations and effectiveness	1. Copies of meeting minutes where faculty and student governance was executed 2. Job descriptions 3. Program manual/handbook 4. University policies and procedures 5. Examples of program improvement directly linked to student and faculty governance 6. Examples of program improvement directly involving program and institutional levels
III-H: Supervisor Qualifications & Responsibilities	• Display required supervisor qualifications in a table that aggregates data from Supervisor CVs. • Demonstrate that the supervisor's role is presented as separate from the role of classroom faculty • Describe how the program determines adequate academic, professional, and experiential supervisor qualifications • Demonstrate that the supervisor's role and qualifications are linked to the program's mission, goals, and SLOs • Explain how the program determines supervisor equivalency and congruency with applicable Program Goals and SLOs • Describe how students receive full disclosure about Supervisor Equivalency and linked to the program's published policies and procedures	1. AAMFT Approved Supervisor Certificate and/or Documentation of Supervisor's Candidacy 2. Documentation for each Supervisor Equivalent 3. Supervisors' CVs 4. Document that describes supervision roles and responsibilities 5. Job description that describes Supervisors' roles and linked to the program's mission, Program Goals and SLOs 6. Program/Practicum/Internship Handbook

| III-I: Supervisor Sufficiency | • Description of how the program determines supervisor sufficiency
• Description of how the program uses a supervisor-student ratio as a factor in determining supervisor sufficiency to meet its mission, Program Goals, and SLOs
• Demonstration that supervisory resources both in number and performance are reviewed and revised as needed specifically to support program outcomes
• Demonstration of a stated process for evaluating ongoing supervisor sufficiency
• Demonstration of program mechanisms to assure all supervisors are involved in the program's efforts to accomplish its SLOs | 1. Aggregated Data from evaluations and surveys
2. Meeting minutes
3. Program budget
4. Program handbook
5. Examples of how sufficiency of supervisors enables the program to achieve program effectiveness |

Standard IV: Curriculum		
Key Element	**Rubric for Response**	**Examples of Evidence/Documents**
IV-A: Curriculum and Teaching/Learning Practices	• Provide a curriculum map that aligns required program courses with PMFTPs and SLOs. • Explain how the curriculum and the practice component are logically sequenced and how this allows the program to achieve relevant Program Goals, and SLOs. • Describe the processes and procedures the program uses to monitor student progress across the curriculum and practice components. • Describe the process and procedure for the governance of the program and how these are used for designing, approving, implementing, reviewing, and changing the curriculum • List the program's key teaching/learning practices and describe how the key teaching/learning practices assist in the accomplishment of Program Goals, outcomes and SLOs.	1. Curriculum Map that aligns courses with PMFTPs and SLOs 2. Table linking Practice Components to Curriculum Map 3. Written Policies/Procedures for designing approving, implementing, reviewing and changing the curriculum in Program manual/handbook 4. Faculty meeting minutes 5. Including selected PMFTPs (programs do not need to include every PMFTP; only those that are relevant to the program's mission, goals and outcomes) and SLOs in each course syllabi 6. Evaluations of an on-site and off-site supervisors, practicum's and internship's sites, capstone projects or other program requirements

IV-B: Foundational and Advanced Curricula	• Identify where and/or how the FCAs or ACAs are addressed in the curriculum. • Programs offering the Advanced Curriculum demonstrate they offer course work and/or that students have completed course work, in all the areas contained in the foundational curriculum or that students demonstrate competence in those areas. • Programs offering the Foundational Curriculum provide a description of and rationale for the program's required integrative/capstone experience. • Programs offering the Advanced Curriculum describe how the balance of skills and competencies developed are appropriate to the program's mission, goals, and outcomes as well as the program's local context.	1. Syllabi 2. Chart connecting curriculum content with FCA and ACA areas 3. Policies and procedures for determining how doctoral and post-degree programs evaluate if students have fulfilled the Foundational Curriculum and evaluate competence.
IV-C: Foundational and Advanced Application Components	• Programs that teach the foundational curriculum describe your program's requirements for meeting the Foundational Practice Component (FPC) for clinical contact hours. • Describe how the application component's placement in the curriculum, duration, focus, and intensity is consistent with their program's mission, goals, and outcomes. • Programs using equivalent competency level, rather than 500 clinical contact hours, describe how the equivalency is defined and measured, what evidence the program has that students achieve a competency level that is equivalent to the same level of competency if they had required 500 client contact hours of all students in their program, how consistency of outcomes is assured across all students, how it relates to the program's mission, goals, and outcomes, and how students are informed about possible licensure portability issues related to the equivalency. • Programs that teach the foundational curriculum describe the program's commitment to relational/systemic-	1. Sample placement agreement forms 2. Documentation/program materials showing how students are informed of these program requirements. 3. Program manual/handbook 4. Program Policies and Procedures

	oriented supervision and how the standard's minimum supervisory requirements are accomplished, including specific description of digital technology's use when applicable. • Describe how the program's agreements with practice sites accomplish the minimum requirements presented in the standard. • Programs that teach the advanced curriculum, describe the Advanced Practice Component (APC) areas utilized by the program and verify that they include at least two from those presented by the standard with a duration of at least 9 months for a doctoral degree, or at least one with duration of 6 months for a post-graduate program. • Programs that teach the advanced curriculum demonstrate how students receive appropriate and adequate mentoring during the APC.	
IV-D: Program and Regulatory Alignment	• Provide program documentation and regulatory requirements for entry-level practice in the state or location the program resides • Describe how students are informed of these requirements • Describe how students are informed of the regulatory requirements in the state or location they plan to practice.	1. Program manual/handbook 2. Documentation to show that students have been informed 3. Course assignments or projects
IV-E: Curriculum/ Practice Alignment with Communities of Interest	• Identify COI relevant to curriculum and practice • Describe how feedback from these COI is obtained • Describe how the needs and expectations of these COI are considered in curriculum/practice revision • Provide examples of how the review process has led to curriculum/practice improvement	1. Chart of relevant COI and methods for collecting feedback 2. Timeline for requesting feedback

Standard V: Program Effectiveness and Improvement		
Key Element	**Rubric for Response**	**Examples of Evidence/Documents**
V-A: Demonstrated Student/Graduate Achievement	• Identify the areas of student/graduate achievement selected by the program for data collection • Describe ongoing data collection process for each student/graduate achievement • Analyze and present aggregated data for student/ graduate achievement	1. Aggregated student/graduate achievement data 2. Narrative information of graduate achievement data collection and analyses process 3. Faculty and/or committee minutes 4. COI meeting minutes
V-B: Demonstrated Achievement of Program Goals	• Present aggregated data produced by the Outcome Based Education framework and assessment measures described in Standard I with clear targets and benchmarks for each Student Learning Outcome, and demonstrate how data from SLOs allows the program to determine if it is meeting Program Goals. • Describe ongoing processes for analyzing aggregated data	1. Evaluation templates/rubrics for SLOs 2. Aggregated SLO data 3. Narrative how SLO data demonstrates meeting program goals 4. Aggregated Program Outcome data (sample if a large document) 5. Narrative information of how SLO data allows program to achieve the Program Goals.
V-C: Demonstrated Achievement of Faculty Effectiveness	• Describe the ongoing evaluative process and measures used to determine PD effectiveness in achieving the program's mission, goals, and outcomes • Present aggregated data of PD effectiveness • Describe the ongoing evaluative process and measures used to determine program faculty and supervisor effectiveness in achieving the program's mission, goals, and outcomes • Present aggregated data of program faculty and supervisor effectiveness	1. Aggregated PD data 2. Narrative information of PD data analyses 3. Aggregated faculty and supervisor effectiveness data (sample if a large document) 4. Narrative information of faculty and supervisor effectiveness data analyses

| V-D: Demonstrated Program Improvement | • Describe how the analysis of data in the areas listed in the standards (Program Goals and SLOs, student/graduate achievement, COIs, evaluations of curriculum and teaching/learning practices, fiscal and physical resources, technological resources, instructional and clinical resources, academic resources, academic resources, and student support resources) has led to program improvement where needed or future program improvement.
• Data should demonstrate that the program is meeting its goals and benchmarks. If data indicated any of the area listed above is not meeting the program's benchmark or goal, indicate what plans does the program has for meeting or modifying its goals. | 1. Summary table indicating program improvements and/or future improvements for areas outlined in the key element
2. Narrative information of program improvement based on data analyses |

Maintenance Interpretation Guide

Maintenance Criteria: Programs must demonstrate ongoing compliance with the following Maintenance of Accreditation Criteria.	
Maintenance Criterion	**Rubric for Response**
Criterion A: Ongoing Fiscal and Physical Resources	• Provide evidence of financial viability (for example: program budget worksheet, or chart with updated multi-year comparison of selected budget lines, or statement from institutional administrator, or others.) • Provide evidence (for example: budget, aggregated data, meeting minutes, survey results) used in your review of continuing sufficiency for <u>every resource</u> listed in MC-A during the past reporting year and how this evidence supports on-going sufficiency • If insufficiency is identified, describe any action taken to address deficiency. If no insufficiency was identified, state so.
Criterion B: Ongoing Evidence of Student/Graduate Achievement	• Describe the program's collection procedure of student/graduate achievement information • Provide updated data for Student Achievement Criteria for per cohort of the program. • Complete all sections of the Student Achievement Criteria Data Disclosure table that is required to be published on the program's website, including initial accreditation date, minimum/advertised/maximum graduation rates and percentage rates for each track of the program. • Provide the URL link to the program's landing/homepage which must clearly display the COAMFTE Student Achievement Criteria Data Disclosure Table either on the homepage itself or be "one click away" in a button or link on the homepage that is clearly identifiable that directly leads to the SAC table. The URL link must be a working link. • Update the data on the COAMFTE Student Achievement Criteria Data Disclosure Table that is published on the website annually so that the data is consistent with the Student Achievement Criteria Data that is reported in the program's Annual Report.
Criterion C: Substantive Changes	See Accreditation Manual for list of substantive changes required to be reported prior to implementation • Description of proposed change • Describe how it complies with applicable accreditation standards

Clarification of Terms

Alternative Hours is a clinical activity involving a therapist and person(s) receiving the alternative service in the same physical space and a therapeutic meeting that is more than clerical in nature and focus. Examples may include interactive experiences that are therapeutic, psychoeducational, or assessment in nature and designed to support a therapeutic goal. All therapeutic activity completed as alternative hours must be evaluated for student competency and included in the clinical student's supervision process.

Examples of Alternative Hours:
- Interactive experiences with specific diverse or marginalized populations (KE II-C] designed to be responsive to the therapeutic needs of the persons involved and offered in a manner that is respectful of the person and context
- Interactive activity, individually or in a group, structured to promote specific therapeutic goals such as PTSD symptom management skills, parent-child attachment, couple/family relationship skills, trauma/abuse/domestic violence recovery, or community disaster stress management/support.
- Short-term assessment focused activity using a structured interview process, instrument, or task (e.g. genogram) as part of a personal/relational enrichment experience.

Financial viability refers to a program's ongoing access to institutional funding necessary to achieve its mission, goals, and outcomes and serve its students. Minimal evidence of financial viability includes but is not limited to any of the following: a program budget worksheet indicating funding for program operations, a two or three year comparative display of designated funding for primary program resources, or a statement from an institutional leader affirming the program's financial viability.

Governance refers to the transparent structures and processes through which decision-making occurs related to specified program functions. Such program decision-making activity involves multiple levels of influence such as institutional, department, and program. Program faculty and student participation in any specific level of decision-making or any decision-making task should be defined and transparent. Such participation may include roles and processes for identified bodies such as the program's core faculty, student advisory groups, program director, clinical director, or department council. Such participation may also include identified informal processes by which individuals may influence decision-making specific to program, faculty and/or student concerns. Program governance activities may include program resources review, curriculum review, instructional and supervisory effectiveness, student-faculty relationships, or other areas directly affecting the program's achievement of its mission, goals, and student learning outcomes. The primary purpose for clarification of decision-making roles and processes is to support open and transparent access to influence by all persons directly involved in the learning environment.

Examples of Governance:
- Student Representative
- Faculty Meetings
- Advisory Council

Student Concerns are informal and relate to minor issues that can be solved between individuals such as student/instructor or student/program director and are usually communicated to the program director or faculty verbally or through informal written communication (i.e., email). Examples may include concerns about course scheduling, timeliness of faculty feedback, etc. Programs do not generally keep formal records of student concerns, although they should have a policy in place for responding to them.

Student Complaints are communicated to the program in writing regarding issues that have significant negative impact on students' learning experiences. Examples may include a grade appeal or appeal of an admissions decision. Complaints usually require a formal process within the program to bring about resolution, and records regarding their resolution are generally kept on file for a period of time based on the program's and/or university's policy.

Student Grievances refer to formal complaints filed with the program and/or the university through a formal grievance channel. They refer to issues that may violate students' rights. Examples include sexual harassment and discrimination. Records regarding the resolution of grievances are generally kept on file for a period of time based on the program's and/or university's policy.

Relational hours is a category of clinical contact hours which requires that a practitioner deliver therapeutic services with two or more individuals, in the same physical location, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, and enduring friendship/community support subsystems. Short-term and long-term residential/situationally focused subsystems may also provide **relational hours** experience when the context includes ongoing relationship interaction beyond sessions with significant influence on the individuals involved. Typical group therapy sessions of otherwise non-related individuals are not considered as relational hours.