CFT STUDENT ANNUAL SELF REPORT

The CFT Student Yearly Self Report is made up of a student's self-assessment of the AAMFT Core Competencies and other questions related to the student's general progress in the program. This is not intended to be a stressful process, but a way to determine where the student is currently and what they may need to further their progress in the program.

Please re	respond to the following questions and as they apply to the	year April 1,	_ to March
31,	If you are a first year student, use the period of Septembe	er 1 to March 31.	

Name your documents as follows:

- Last name, First name MFT Self Report 20XX and
- Last name, First name AAMFT Core Competencies 20XX

Email your documents to the Coordinator of Graduate Studies by April 30th. **This is a hard deadline.**

CFT PROGRAM EDUCATIONAL OUTCOMES & AAMFT CORE COMPETENCIES SELF EVALUATION

	Student Name: Date:				
	Year Entered Program				
	My clinical master's degree is from a COAMFTE Accredited Prog	gram.	Yes	No	
	Complete this form to the best of your ability by assessing each item with regard to your level of competency with the activity described. This is an opportunity to problem solve if there are problem areas in your clinical training. Please use the comment sections to elaborate on any issues you would like to bring to our attention.				
	CFT Program Educational Outcom	ies			
	In this area, please indicate if you feel you are "Below" "At" or "Elevel for each category. The CFT faculty expects that most student being "At" their developmental level because most students are act process.	s would	l rate them	iselves as	
	(I am learning to) / or I am:				
•	(Be) a knowledgeable consumer and producer of relationally-orier research that seeks to improve the health and well-being of individuals, couples, families and societies.	ented			
•	(Be) prepared to independently teach at the University level				
•	(Be) prepared to articulate the diverse social contexts that influen my work and the influence of my work on those diverse social contexts	ice			
•	(Be) a competent C/MFT clinician (that can work with a wide ran of families and populations) and am on track with meeting the didactic requirements to be an AAMFT Approved Supervisor.	nge			
Co	omments:	L			

AAMFT Core Competencies

In the area below rate your competency with each activity on a scale of 1 (not competent) to 5 (very competent). A score of 3 or higher shows competency while a 2 or below would indicate room for improvement. Add comments as necessary.

COMPETENCY		
MFT Theories	Rating	Comments
Apply systems concepts, theories, and techniques of		
marriage and family therapy.		
Human and Family Development		
Understand principles of human and family development,		
human sexuality, gender development, trauma,		
psychopathology, psychopharmacology, trauma,		
recovery-oriented care, and their implications for treatment.		
Cultural and Contextual Awareness		
Conduct assessment and therapy with sensitivity to		
contextual and systemic dynamics (e.g., gender, age,		
socioeconomic status, culture/race/ethnicity, sexual		
orientation, spirituality, religion, larger systems, social		
context).		
Selecting Treatment Models		
Recognize strengths, limitations, evidence base, and		
contraindications of marriage and family therapy models		
consistent with contextual factors, including culture,		
diagnosis, and trauma history and adapts and integrates		
models as appropriate for client needs.		
Therapeutic Relationship		
Establish and maintain appropriate and productive		
therapeutic alliances with clients from a position of cultural		
humility, recognizing when to involve significant others and		
extrafamilial systems.		
Diagnosis		
Diagnose and assess client behavioral and relational health		
concerns systemically and contextually utilizing current		
models for assessment and diagnosis.		
Relational Assessment		
Assess interpersonal patterns, family history,		
biopsychosocial functioning, social position as they relate to		
the presenting problem using genogram, systemic		
interviewing techniques, structured interview, and symptom		
inventories to conceptualize treatment systemically and		
develop relational hypothesis		
Treatment Planning		

Develop measurable outcomes, treatment goals, treatment	
plans, appropriate referrals, and aftercare plans utilizing a	
systemic perspective.	
Treatment Intervention and Practice	
Deliver systemic interventions that are consistent with	
model of therapy, evidence base, cultural and contextual	
dynamics, practice setting, and goals of the treatment plan.	
Safety Planning	
Screen and develop adequate safety plans for substance	
abuse, maltreatment of children and vulnerable adults,	
domestic violence, physical violence, suicide potential, and	
danger to self and others.	
Collaboration	
Work collaboratively with stakeholders, including family	
members, other significant persons, and professionals that	
empower clients to navigate complex systems of care.	
Law and Ethics	
Practice within state, federal, and provincial	
laws/regulations and professional ethical standards	
Supervision and Consultation	
Contribute to supervision and consultation by providing	
rationales for interventions, assessment information, and	
systemic understanding of clients' context and dynamics.	
Self-of-Therapist	
Monitor personal reactions to clients and treatment process	
(e.g., family of origin, boundaries, triangulation, current	
stress level, current life situation, cultural context,	
transference, supervision) and their impact clinical	
outcomes practice	
Measure Effectiveness	
Measure the effectiveness of one's own clinical practice,	
using outcome measures, and client feedback.	
Research	
Use current MFT and behavioral health research to inform	
clinical practice.	

AAMFT Core Competencies evaluation has been adapted from:

Northey Jr, W. F., & Gehart, D. R. (2020). The condensed MFT core competencies: A streamlined approach for measuring student and supervisee learning using the MFT core competencies. *Journal of Marital and Family Therapy, 46,* 42-61. doi:

10.1111/jmft.12386

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Academic Progress

- 1. List the courses you have taken this year and the grades you received.
- 2. Indicate whether you and your adviser have reviewed your FSoS Doctoral portfolio this year and comment on how you see your progress in this area.

Clinical Progress

- 3. Briefly (one paragraph) describe the development of your clinical abilities during the past year.
- 4. List site(s) where you have practiced this year, your onsite supervisor(s), your average hours per week in each setting, and your primary responsibilities.
- 5. How many total clinical hours have you logged this year? How many relational hours?
- 6. How many supervision hours have you logged this year? Individual? Group? How many with access to raw clinical data?
- 7. Are your records of clinical and supervision hours up to date (as **of March 31**, ____) with the Coordinator of Graduate Studies? YES NO

If "No" explain why not:

Professionalism

8. How would you evaluate your professionalism this year, including your degree of engagement in the program (e.g., fully participating in coursework, supervision, and other activities), development of professional relationships within the CFT program and department, and managing logistical expectations (e.g., being on time, completing clinical hours forms in a timely fashion)?

Areas of Concern

9. Indicate concerns you have about your engagement and progress in the program (including class, supervision, classmates' relationships, faculty relationships, etc).

Feedback to the MFT Program

- 10. Indicate what you see as program strengths and weaknesses.
- 11. Describe any suggestions you have for improving the program.