PROGRAM PLANNING WORKSHEET M.A. Marriage, Couple and Family Therapy 60 semester hours total Catalog Year 2018-2019

	a n		a	D	Term	Term
	Credit		Corequisite	Prerequisite	Intended	Taken
MCFT 502	-	Intro to MCFT			Fall 2018	
MCFT 504	4 3	Family Therapy: Theory & Practice			Fall 2018	
MCFT 511	3	Equity in Family Therapy			Fall 2018	
MCFT 510) 2	Ethical & Legal Issues in MCFT			Fall 2018	
MCFT 506	5 2	Applied Child & Adolescent Development		MCFT 504	Spring 2019	
CPSY 522	2	Diagnosis of Mental & Emotional Disorders		MCFT 502	Spring 2019	
MCFT 526	5 3	Practical Skills for MCFT		MCFT 504; MCFT 502; MCFT 510	Spring 2019	
MCFT 516	5 2	Family Development			Spring 2019	
MCFT 560) 3	Couple Therapy		MCFT 504	Summer 2019	
CPSY 564	2	Treating Addictions in MCFT		MCFT 504	Summer 2019	
MCFT 543	3 1	Domestic Violence Treatment in Family Therapy		MCFT 504	Summer 2019	
MCFT 553	3 1	Sex Abuse Issues in MCFT		MCFT 504	Summer 2019	
CPSY 514 <u>or</u> CPSY 515	3	Group Counseling With Children/Adolescents <u>or</u> Group Counseling With Adults		MCFT 504; MCFT 506; MCFT 526	Fall 2019	
CPSY 530	3	Research Methods & Statistics I			Fall 2019	
MCFT 541	2	Systemic Assessment & Treatment Planning	CPSY 530 or CPSY 538	MCFT 504 MCFT 543 MCFT 553 MCFT 564	Fall 2019	
MCFT 523	3 1	Psychopharmacology & Medical Issues in Family Therapy		MCFT 504	Spring 2020	
MCFT 562	2 3	Advanced Ecosystemic Relational Therapy		MCFT 504	Spring 2020	
MCFT 569	, 2	Sex Therapy	MCFT 562	MCFT 504 MCFT 560	Spring 2020	
MCFT 563	3 3	Treatment Issues in Marriage and Family Therapy Various Topics		MCFT 504	Anytime	
MCFT 582	2 14	Internship in Marriage, Couple and Family Therapy *		consent	Summer 2020, Fall 2020, Spring 2021, Summer 2021	
Elective	4				2021	
	total					
Elective	total			1		
Elective						
Elective						
LICCUVE	0	Convocation				

*Must have successfully completed all MCFT requirements or permission from instructor.

APPROVED TRANSFER COURSES (list information exactly as it appears on the transfer transcript)

School	Dept.	Course #	Title	Credit	t Grade

APPROVED WAIVERS FOR LEWIS & CLARK COURSES

Prefix Course # Title COMMENTS:

Student Signature_____ Date _____

Adviser Signature_____ Date _____