## PROGRAM PLANNING WORKSHEET

M.A. Marriage, Couple and Family Therapy 60 semester hours total

## **Catalog Year 2016-2017**

				Term	Term	
Course (	Credit		Corequisite	Prerequisite	Intended	Taken
MCFT 502	1	Intro to MCFT			Fall 2016	
MCFT 504	3	Family Therapy: Theory & Practice			Fall 2016	
MCFT 511	3	Equity in Family Therapy			Fall 2016	
MCFT 510	2	Ethical & Legal Issues in MCFT	MCFT 502		Fall 2016	
MCFT 506	2	Applied Child & Adolescent Development		MCFT 504	Spring 2017	
CPSY 522	2	Diagnosis of Mental & Emotional Disorders		MCFT 502	Spring 2017	
MCFT 526	3	Practical Skills for MCFT		MCFT 504; MCFT 502; MCFT 510	Spring 2017	
MCFT 516	2	Family Development			Spring 2017	
MCFT 560	3	Couple Therapy		MCFT 504	Summer 2017	
CPSY 564	2	Treating Addictions in MCFT		MCFT 504	Summer 2017	
MCFT 543	1	Domestic Violence Treatment in Family Therapy		MCFT 504	Summer 2017	
MCFT 553	1	Sex Abuse Issues in MCFT		MCFT 504	Summer 2017	
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 2017	
CPSY 530	3	Research Methods & Statistics I			Fall 2017	
MCFT 541	2	Systemic Assessment & Treatment Planning	CPYS 530 or CPYS 538	MCFT 504 MCFT 543 MCFT 553 MCFT 564	Fall 2017	
MCFT 523	1	Psychopharmacology & Medical Issues in Family Therapy		MCFT 504	Spring 2018	
MCFT 562	3	Advanced Ecosystemic Relational Therapy		MCFT 504	Spring 2018	
MCFT 569	2	Sex Therapy		MCFT 504 MCFT 560	Spring 2018	
MCFT 563	3	Treatment Issues in Marriage and Family Therapy Various Topics		MCFT 504	Anytime	
MCFT 580	4	Practicum in Marriage, Couple and Family Therapy *		consent	Summer 2018	
MCFT 582	10	Internship in Marriage, Couple and Family Therapy *		MCFT 580; consent	Fall 2018, Spring 2019, Summer 2019	
Elective	4					
	total					
Elective						
Elective						1
	+					
Elective						

<sup>\*</sup>Must have successfully completed all MCFT requirements or permission from instructor.

APPROVED TRAN	SFER COURS	SES (list inform	ation exactly as it	appears on the	transfer transcript)			
School		Dept.	Course #		Title	Cred	it Grad	e
APPROVED WAIV	ERS FOR LE	WIS & CLARI	K COURSES					
Prefix	Course #			Title				
COMMENTS:								
Student Signature_					Date			
Adviser Signature					_ Date			
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