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# Section 1 – Program Mission and Educational Objectives

## Program Mission

Oregon Tech's Master of Science (MS) in Marriage and Family Therapy (MFT) Program prepares graduates to become skilled Marriage and Family Therapists with multicultural competence, expertise in rural mental health care, and advanced specialty training in medical family therapy and substance use disorder treatment.

In strong collaboration with local child and family service organizations, health care and mental health care providers, the MFT Program supports and strengthens mental health care and child and family services in rural southern Oregon.

Graduates of the MFT Program work in mental health, substance use disorder treatment, or integrative behavioral health care settings directly following graduation and upon becoming MFT Associates, who will work under supervision to complete their full licensure requirements. Mental health and substance use disorder treatment settings in which our students will work include, but are not limited to, the following: community mental health centers, private practice clinics, residential substance use disorder treatment centers, corrections facilities, hospitals and medical centers, churches and religious institutions, and government agencies.

In five to ten years following graduation, it is anticipated that students will be fully licensed MFTs, working as clinicians, supervisors, managers, and/or continuing their education as students in a mental health related doctoral program.

## Mission Alignment

The MFT Program's mission aligns well with the Oregon Institute of Technology's mission for the following reasons:

- Students in the program complete work throughout the curriculum that is directly applicable to their future practice as Marriage and Family Therapists. For example:
  - Students practice therapeutic skills within their classes and receive feedback on this from well-trained faculty.
  - Students complete shadowing experiences with experts in the community, thus getting exposure to the myriad of possible work settings following graduation.
- Students complete a hands-on practicum experience during the last four quarters of the program. This gives students the opportunity to perform clinical work and other related duties in a community agency. The practicum experience is the culmination of all the preparation students have received in the MFT Program. Completing the practicum experience gives students the real-life experience of working in a clinical setting, which enables them to be extremely marketable upon graduation. All our graduates are practicing in the mental health field in the state of Oregon.

# Section 2 – Program Student Learning Outcomes

## Program Student Learning Outcomes (PSLOs)

Students who graduate from the MFT Program at Oregon Tech will have attained the following six (6) PSLOs as a result of their education and hands-on training:

## Outcome One: Theoretical Knowledge

Apply principles and constructs of various human development and systems theories to marriage and family practice.

#### Outcome Two: Clinical Knowledge

Apply family therapy skills and techniques to assess, structure and direct therapy, help clients to find solutions, identify strengths, and stay engaged in the therapeutic process.

#### **Outcome Three:** Professional Identity and Ethics

Develop professional identity consistent with professional attitudes and behaviors outlined in the AAMFT Code of Ethics and applicable laws and regulations, with particular attention to cultural competence

## Outcome Four: Cultural Competency

Demonstrate knowledge about systemically and culturally contextualized experiences of members of socio-cultural majority and minority groups, integrating that knowledge into ethical practice as marriage and family therapists.

#### Outcome Five: Research

Analyze research, and translate research findings for improvement of family therapy services using statistics and program evaluation methods.

## **Outcome Six:** Interpersonal Effectiveness

Achieve personal development and demonstrate positive relationship skills via effective communication, respect for others, and awareness of their impact on others.

## Essential Student Learning Outcomes (ESLOs)

NOTE: It is important to mention that, as a graduate program, the MFT Program is not required to collect data on ESLOs as part of the program's assessment process. However, the MFT Program will be collecting data on direct and direct measures that meet the MFT state (i.e., OBLPCT) requirements and discipline-specific (i.e., COAMFTE) requirements. The MFT PSLOs are specifically linked to corresponding COAMFTE standards, and this document is found in the Appendix section.

# Section 3 – Curriculum Map

# MS Marriage and Family Therapy Program Student Learning Outcomes Table

- F = Foundation (Introduction/Core)
- P = Practice (Application)
- C = Capstone (Synthesis)

Course	Outcome One: Theoretical Knowledge	Outcome Two: Clinical Knowledge	Outcome Three: Professional Identity & Ethics	Outcome Four: Cultural Competency	Outcome Five: Research	Outcome Six: Interpersonal Effectiveness
Couples Therapy	F/P					
Theory of Change	С					
Practicum		Р			Р	Р
Ethics			F			
Culture				F		F
Rural Considerations in SUDs Treatment & Prevention				F/P		
Research Methods					F	
Self of Therapist						С
Lifespan Development					F/P	
MFT Capstone	С	C	С			С

# Section 3: Curriclum Map (Cont'd)

## Origin and External Validation

The above six (6) PSLOs were established in 2015 and were developed in accordance with the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) competencies and the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) standards. The OBLPCT is the professional board that licenses Marriage and Family Therapists in the state of Oregon. COAMFTE is the national accreditation body for Marriage and Family Therapy education programs. Oregon Tech's MFT Program meets the curriculum standards and has been approved by the OBLPCT.

#### **Changes**

There have been no changes made to the MFT Program's PSLOs since they were originally developed in accordance with state and national standards. There are no indications that such changes need to be made to the PSLOs. However, future changes may be made based upon indicative assessment data collected during the 2021-22 academic year and subsequent evaluative periods.

# Section 4 – Assessment Cycle

**NOTE:** It is important to mention that, as a graduate program, the MFT Program is not required to collect data on ESLOs as part of the program's assessment. However, the MFT Program collects data on direct and direct measures that meet the MFT state (i.e., OBLPCT) requirements and discipline-specific (i.e., COAMFTE) requirements, as explained below.

**Direct measures.** The first cohort to graduate in June 2019 completed a series of three (3) Capstone classes (Capstone I, Capstone II, and Capstone III) during the last three quarters in the program. In Capstone I, students first learned about self-of-the-therapist work as it directly and indirectly relates to clinical work and client outcomes. In Capstone II, students developed their preferred theory of change, articulating how they integrate primary models of therapy and clinical interventions when working therapeutically with individuals and families. Finally, in Capstone III, students completed an in-depth literature review, clinical application paper, and presentation where they demonstrated mastery of the PSLOs. MFT Faculty evaluated the paper and presentation using rubrics. Successful completion of the project indicated approval to graduate.

The assignments related to the Capstone classes were revised. Students now take a Using Self in Therapy (SOTT) course and a MFT Theories of Change course before taking their Clinical Capstone course. Revisions of the Capstone process occurred based upon student and faculty experiences and feedback. The cohorts which graduated in 2020, 2021, and 2022 completed a Clinical Capstone Portfolio necessary to graduate, wherein they demonstrated mastery of PSLOs through capstone assignments and the inclusion of identified assignments (i.e., supportive artifacts/evidence) from previous courses. Many of the supportive artifact assignments for the Clinical Capstone class are being used as direct measures for students' achievements of PSLOs. These direct measures are found in the table below starting on page 8, which link specific assignments/artifacts with corresponding PSLOs. This 2021-22 assessment cycle's direct measures (which are reported on within this report) are listed first, followed by the next assessment cycle's measures, and so on, within the Appendix section.

*Indirect measures.* Graduating students complete a university-level exit interview survey. Included on this Exit Survey are specific questions asking them about their learning of the six program outcomes below. The questions on the Exit Survey are found in the Appendix section at the end of this assessment report on page 29. Another indirect measure was used by Dr. Adams when she taught in the program in some of her MFT classes. For this indirect measure, students were asked to choose and write about three (3) of the course outcomes they attained in that class. Specifically, here are the instructions for completing this indirect measure in Dr. Adams's classes:

# **<u>Final</u>:** Learning Objectives / Reflection Paper

Students will choose 3 of the Student Learning Outcomes (from page 1 of this syllabus), and will write a paper no longer than five (5) pages, APA style, describing specifically how the course addressed the identified outcomes, what the student learned about the identified outcomes, and how the student learned the identified information (i.e. readings, practice sessions, discussions, etc.)

Grading:

10 points for completing this assignment 30 points for thoroughness, APA referencing, clarity, for each SLO chosen

Attached is an exemplar Learning Objectives/Reflection Paper completed by a student in the MFT Program (with their name and identifying information removed), which is found in the Appendix section of this assessment report titled, "Student Learning Outcomes," on page 50.

PLEASE SEE TABLE STARTING ON PAGE 8.

### MS Marriage and Family Therapy Program Student Learning Outcomes: Cycle, Direct & Indirect Measures, & Assessment Periods

The table below shows the direct and indirect measures that will be used to assess student learning of the following program outcomes (PSLOs) during each assessment period. All measures will be collected annually by the MFT Program, but data will be reported for the following direct and indirect measures, as indicated below, during each evaluative period every three (3) years.

Outcome	2021-22	2022-23	2023-24
One: Theoretical Knowledge		Direct Measures:1.Succinct Theory of Change Paper (MFT Capstone course; 3 <sup>rd</sup> year)2.Healthy Couple Interview Assignment (MFT 522: Couples Therapy course; 3 <sup>rd</sup> year)Indirect Measures:1.1.Graduate Exit Survey Item (3 <sup>rd</sup> 	
Two: Clinical Knowledge	Direct Measures:1. Clinical Knowledge Development Paper (MFT Capstone course; 3 <sup>rd</sup> year)2. Clinical Competence Evaluation (MFT 574: Practicum IV course; 		

Three:		Direct Measures:	
Professional		1. Professional Identity Statement	
Identity & Ethics		(MFT Capstone course; 3 <sup>rd</sup> year)	
		2. Multiple Relationships in Rural	
		Communities	
		Assignment Ethical Dilemma #2	
		(MFT 550: Ethics course; 1 <sup>st</sup> year)	
		Indirect Measures:	
		1. Graduate Exit Survey Item (3 <sup>rd</sup>	
		year)	
		2. Learning Objectives/	
		Reflection Paper (Applicable MFT	
		courses; 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> years)	
Four: Cultural			Direct Measures:
Competency			1. Cultural Roots Paper (MFT 560:
			Developing Cultural Competencies
			course; 1 <sup>st</sup> year)
			2. Rural Mental Health Care Paper (MFT
			562: Rural Considerations in MH Care
			class; 1 <sup>st</sup> year)
			Indirect Measures:
			1. Graduate Exit Survey Item (3 <sup>rd</sup> year)
Five: Research	Direct Measures:		
	1. Literature Review Assignment		
	(MFT 502: Lifespan		
	Development course; 1 <sup>st</sup> year)		
	2. Clinical Competence		
	Evaluation Literature Review		
	(MFT 574: Practicum IV		
	course; 3 <sup>rd</sup> year)		
	Indirect Measures:		
	1. Graduate Exit Survey Item		
	(3 <sup>rd</sup> year)		

Six:	Direct Measures:
Interpersonal	1. Select items on the Basic Skills
Effectiveness	Evaluation Device related to
	interpersonal effectiveness (MFT
	599: Clinical Practicum; 3 <sup>rd</sup> year)
	Indirect Measures:
	1. Graduate Exit Survey Item (3 <sup>rd</sup> year)

# **Section 5 – Assessment Data Collection Processes**

# Performance Targets & Activities (Assessments)

MS Marriage and Family Therapy Program Student Learning Outcomes: Targets & Measures

Program Outcomes (PSLOs)	Minimal Acceptable Performance	Assessment	
One: Theoretical Knowledge	80% achieve a grade of A or B, or passing score	Succinct Theory of Change Paper	
	80% achieve a grade of A or B, or passing score	Healthy Couple Interview Assignment	
	80% achieve a rate of 3 or 4	Graduate Exit Survey Item	
Two: Clinical Knowledge	80% achieve a grade of A or B, or passing score	Clinical Knowledge Development Paper	
	80% achieve a grade of A or B, or passing score	Clinical Competence Evaluation	
	80% achieve a rate of 3 or 4	Graduate Exit Survey Item	
Three: Professional Identity &	80% achieve a grade of A or B, or passing score	Professional Identity Statement	
Ethics	80% achieve a grade of A or B, or passing score	Multiple Relationships in Rural Communities	
		Assignment	
	80% achieve a rate of 3 or 4	Graduate Exit Survey Item	
Four: Cultural Competency	80% achieve a grade of A or B, or passing score	Cultural Roots Paper	
	80% achieve a grade of A or B, or passing score	Rural Mental Health Care	
		Paper	
	80% achieve a rate of 3 or 4	Graduate Exit Survey Item	
Five: Research	80% achieve a grade of A or B, or passing score	Literature Review Assignment	
	80% achieve a grade of A or B, or passing score	Clinical Competence Evaluation Literature Review	
	80% achieve a rate of 3 or 4	Graduate Exit Survey Item	
Six: Interpersonal Effectiveness	80% achieve a passing score	Applicable Items on BSED	
	80% achieve a rate of 3 or 4	Graduate Exit Survey Item	

# Samples, Reliability, & Rubrics

The below table highlights the PSLO, samples (% of students who completed the assessment/activity), reliability of each activity, and provides information about the rubrics – if any – utilized for that activity during this evaluative period.

PSLO	Activity (assessment)	Samples (% of students who complete activity)	Reliability	Rubrics (if any used/needed)
Two: Clinical Knowledge	Clinical Knowledge	100%	Dr. Garrett was the only	Please see rubric for this
	Development Paper		instructor to grade this	activity in the Appendix
	(direct)		activity. As he is the only	section.
			core MFT faculty member	
			presently, he is the only	
			one to score this activity.	
	Clinical Competence	100%	Dr. Garrett and Dr. Linville	Please see rubric for this
	Evaluation (direct)		(adjunct instructor in MFT	activity in the Appendix
			program) both scored this	section.
			activity separately and	
			agreed – using the rubric –	
			if students passed.	
	Graduate Exit Survey	33% (only 1 of 3 students	Graduating students	N/A
	Item (indirect)	completed the exit	complete the exit survey	
		survey)	and answer a question	
			specific to this indirect	
			activity.	
Five: Research	Literature Review	NOTE: This assignment	N/A – see NOTE to the	<b>N/A</b> – see NOTE to the left.
	Assignment	was not used during this	left.	
		evaluative period as		
		another instructor (not in		
		the MFT program) taught		
		this course and it was co-		
		listed between two		
		different programs. This		
		was not required to be		
		utilized by this instructor		
		as she was assisting with		
		coverage of this course.		
		The next time this activity		

	is assessed, it taught by an MFT instructo assess this ac	adjunct or or who will	
	ompetence 100% on Literature	Dr. Garrett and Dr. L (adjunct instructor in program) both score activity separately a agreed – using the ru if students passed.	n MFT within the Appendix section ed this and in the Clinical nd Competency
Graduate	e Exit Survey NOTE: 33% (c students com exit survey)	,	rvey on

# Section 6 – Assessment Activity

Performance Criteria	Assessment Methods/Activities	Performance Target	Results	Target Met?
PSLO Two: Clinical Knowledge	Clinical Knowledge Development Paper (direct)	80% achieve a grade of A or B, or passing score	100% (3 of 3 students) scored a grade of A or B, or passing score in the Capstone class.	Yes
	Clinical Competence Evaluation (direct)	80% achieve a grade of A or B, or passing score	100% (3 of 3 students) scored a grade of A or B, or passing score in the Capstone class.	Yes
	Graduate Exit Survey Item (indirect)	80% achieve a rate of 3 or 4	Only 1 of 3 students completed the exit survey, though the 1 student did score themselves at a 4 on this item.	Not sure. Inconclusive. See explanation to the left.
PSLO Five: Research	Literature Review Assignment	80% achieve a grade of A or B, or passing score	This was not assessed during this evaluative period due to students in this class being combined with students in another program's class. This will be assessed again within the MFT program when this is measured again.	N/A – This was not assessed during this evaluative period.
	Clinical Competence Evaluation Literature Review	80% achieve a grade of A or B, or passing score	100% (3 of 3 students) scored a grade of A or B, or passing score in the Capstone class.	Yes
	Graduate Exit Survey Item	80% achieve a rate of 3 or 4	Only 1 of 3 students completed the exit survey, though the 1 student did score	Not sure. Inconclusive. See explanation to the left. 14

Graduation Rate	University Dashboard		themselves at a 4 on this item. See note about Graduation Rates below.	N/A
Retention	University Dashboard		See note about Graduation Rates below.	N/A
Certification	Accreditor's Report	The MS MFT program had to place seeking accreditation on hold due to only having one core MFT faculty member. COAMFTE (MFT's accreditation body) said that at least 2 core MFT faculty are needed.	See note about this to the left.	N/A
DFWI	University Dashboard	MFT program <12%	2.3% (2021-22 evaluative period)	Yes

# **Evidence of Improvements in Student Learning**

# **PSLOs**

This is the first time these 2 PSLOs were assessed/measured in the MFT program. The MFT program's first assessment period and report were for the 2019-20 academic year.

# **Graduation Rates**

The MFT program does not have graduation improvement rates to report based upon university data, as the first MFT cohort started after this data was collected.

## Retention

The MFT program does not have retention or persistence improvement rates to report based upon university data, as the first MFT cohort started after this data was collected.

# Certification

The MS MFT program had to place seeking accreditation on hold due to only having one core MFT faculty member. COAMFTE (MFT's accreditation body) said that at least 2 core MFT faculty are needed.

# DFWI

Over the four (4) years that DFWI rates have been tracked for the MS MFT program, the program has never surpassed 12%. Please note that the DFWI rates for the 2021-22 evaluative period have been the lowest since the MFT program's inception, only being 2.3%.

# Section 7 – Data-driven Action Plans

# Action To Be Taken

*Exit survey items*. Low completion rates for students completing the Exit Survey indirect measure is something that the MFT Program Director will continue to look. Emails to students who are preparing to graduate may help to improve Exit Survey completion, which will give the MFT Program more representative data on the program outcomes being measured.

Action specifics. Based upon the 2021-22 assessment cycle data collected and reported above, as students met the minimum allowable targets on direct measures, no changes to instruction or assessment appear indicated. However, poor completion rate for the Exit Survey Items is something MFT faculty will focus on remedying. Also, the Literature Review assignment used in MFT 502: Lifespan Development will be used again in the future as this course is now being taught again by MFT faculty/instructors and this assessment (activity) will be assessed again.

# Section 8 – Closing the Loop

# **Improvements & Faculty Discussions**

The data reported in this 2021-22 assessment report is the first measured and collected for Outcomes Two and Five in the MFT program's history. Therefore, there are no previous action plans to report on, nor are there any previous outcomes to assess or compare to the current data. However, the next time this assessment data is collected, the Literature Review assignment in MFT 502: Lifespan Development will again be used and completed in this course, so this writer will have data to report on for this measure/activity. Additionally, this writer will work with adjunct instructors to be sure that we are both grading/scoring these assessments for this report. Lastly, this writer also plans to continue to email graduating students to complete the exit survey, so data from the indirect measures can be more accurately gathered.

# APPENDIX

Direct Measures	
Clinical Knowledge Development Rubric	20
Clinical Competency Exam Rubric (with applicable sections related to the Lite highlighted in yellow)	
Indirect Measure	24
PLSOs and Corresponding COAMFTE Standards – Titled "Program Learning Outcomes and COAMTE Core Competencies"	26

2021-22 DIRECT MEASURES

Clinical Knowledge	Clinical Knowledge					
SLO: Apply family therap	SLO: Apply family therapy skills and techniques to assess, structure and direct therapy, help clients to find solutions, identify					
strengths, and stay engage	d in the therapeutic process	N_				
	<b>Superior</b>	<b>Satisfactory</b>	<mark>Needs Improvement</mark>	<b>Unacceptable</b>		
	Student demonstrates an	Student demonstrates a	Student demonstrates	Student demonstrates a		
	in-depth reflection on,	general reflection on,	minimal reflection on,	lack of reflection on, and		
	and application of the	and application of the	and application of, the	application of, the		
	development of clinical	development of clinical	development of clinical	development of clinical		
	knowledge and clinical	knowledge and clinical	knowledge and clinical	knowledge and clinical		
	skills. Viewpoints and	skills. Viewpoints and	skills. Viewpoints and	skills Viewpoints and		
	interpretations are	interpretations are	interpretations are	interpretations are		
	insightful and well	supported. Appropriate	unsupported or	missing, inappropriate,		
	supported. Clear,	examples are provided.	supported with flawed	and/or unsupported.		
	detailed examples are	Assignment includes all	arguments. Examples,	Examples, when		
	provided. Assignment	components of the	when applicable, are not	applicable, are not		
	includes all components	<mark>assignment prompt.</mark>	provided or are	provided. Assignment is		
	of the assignment		irrelevant to the	missing components of		
	<mark>prompt.</mark>		assignment. Assignment	the assignment prompt.		
Capstone Assignment			is missing components			
<mark>(Clinical Knowledge</mark>			of the assignment			
Development)			prompt.			
CCE Template with	Original assignment (with	instructor feedback) is	Original assignment is not	t included in the Clinical		
Instructor Feedback	included, in full, in the Cl	inical Capstone Portfolio.	Capstone Portfolio.			
<b>BSED</b> for Practicum	Original assignments are i		Original assignments are a			
terms summer, fall, and	Clinical Capstone Portfoli	0.	Clinical Capstone Portfoli	0.		
spring						

# [Student Name] Completed by [Instructor's Name] Clinical Competency Exam/Evaluation Presentation Rubric

			Needs	
Professionalism & Mechanics	Superior	Satisfactory	Improvement	Unacceptable
(26 points possible)	5	4	3	0
Presenter is dressed in an appropriate and professional manner (business				
casual attire is appropriate).				
Speaker maintains good eye contact with the audience and is appropriately				
animated (e.g., gestures, moving around, etc.) using a clear, audible voice.				
Delivery is poised, controlled and smooth.				
	Superior 8	Satisfactory 7	Needs Improvement 5	Unacceptable 0
The Formal Case Presentation Template is completed in a professional				
manner. All relevant information is provided. Grammar, spelling, and				
formatting errors are minimal.				
The Formal Case Presentation is orally presented in a professional and				
organized manner. Student utilizes PowerPoint slideshow to organize and				
display relevant information.				
			Needs	
Inclusion of Video	Superior	Satisfactory	Improvement	Unacceptable
(14 points possible)	14	12	10	0
Student includes 20 minutes of therapy video in the presentation				
<b>Inclusion of Relevant Information</b> (Oral) (30 points possible)	Superior 5	Satisfactory 4	Needs Improvement 3	Unacceptable 0
Case Conceptualization / Information about the Case				
Other Pertinent Information about the Case				
Treatment Planning				
Theory and Interventions				
Self of the Therapist and Use of Self				
Review of Literature (integrated throughout)				
Inclusion of Relevant Information (Written)	Superior	Satisfactory	Needs	Unacceptable
(30 points possible)	5	4	Improvement	0

		3	
Case Conceptualization / Information about the Case			
Other Pertinent Information about the Case			
Treatment Planning			
Theory and Interventions			
Self of the Therapist and Use of Self			
Review of Literature (integrated throughout)			
Results:			

# Additional Comments and Feedback:

[Please use this space to type in your comments and feedback – both positive and constructive; I typically use a bullet pointed list, start this section with their name, and sign it with my name]

2021-22 INDIRECT MEASURES Marriage and Family Therapy, M.S. Department Chair: Maria Lynn Kessler Program Director: Kevin Garrett Assessment Coordinator: Kevin Garrett

MM FT- PROGRAM QUESTIONS (4 QUESTIONS)

Ql

Please rate your proficiency  $\ensuremath{\mathrm{in}}$  the following areas.

Proficiency

Some Proficiency

No Proficiency

Ql

How much has your experience at Oregon Tech contributed to your knowledge, skills, and personal development in the following areas.

Very much (4) Quite a bit (3) Somewhat (2) Very little (1)

#### Theoretical Knowledge:

Applying principles and constructs of various human development and systems theories to marriage andfamily practice.

#### **Clinical Knowledge:**

Applying family therapy skills and techniques to assess, structure and direct therapy, help clients to find solutions, identify strengths, and stay engaged in the therapeutic process.

# Professional Identity and Ethics:

Developing a professional identity consistent with professional attitudes and behaviors outlined in the AAMFT Code of Ethics and applicabl e laws and regulations, with particular attention to cultur al competence.

#### **Cultural Competency;**

Demonstrating knowledge about systemically and culturally contextualized experiences of members of socio-cultural majority and minority groups, integrating that knowledge into ethical practice as marriage and family therapists.

#### Research Analyzing;

research, and translating research findings for improvement of family therapy services using statistics and program evaluation methods.

#### Interpersonal

effectiveness: Achieving personal development and demonstrate positive relationship skills via effective communication, respect for others, and awareness of their impact on others.

Q2 What is your overall rating of the quality of education you received?

#### Program Learning Outcomes (SLOs) and COAMFTE Core Competencies

*Program Learning Outcomes* are statements that clearly articulate what students should be able to do, achieve, demonstrate, or know, including statements of student/graduate achievement. Incudes program aggregate data on SLOs at the program level.

## **MS MFT Program Outcomes**

#### 1. Theoretical Knowledge

**Competency:** Apply principles and constructs of various human development and systems theories to marriage and family practice.

#### 2. Clinical Knowledge

**Competency:** Apply family therapy skills and techniques to assess, structure and direct therapy, help clients to find solutions, identify strengths, and stay engaged in the therapeutic process.

#### 3. Professional Identity and Ethics

**Competency:** Develop profession al identity consistent with professional attitudes and behaviors outlined in the AAMFT Code of Ethics and applicable laws and regulations, with particular attention to practicing with cultural competence

#### 4. Cultural Competency

**Competency:** Demonstrate knowledge about systemically and culturally contextualized experiences of members of socio-cultural majority and minority groups, integrat ing that knowledge into ethical practice as ma rriage and family therapists.

#### 5. Research

**Competency:** Analyze research, and translate research findings for improvement of family therapy services using statistics and program evaluation methods.

#### 6. Interpersonal Effectiveness

**Competency:** Achieve personal development and demonstrate positive relationship skills via effective communication, respect for others, and awareness of their impact on ot he rs.

1. Theory: Graduates will demonstrate understanding of theories of human development and theories of individual, couple, family and, and will use theoretical knowledge to guide assessment and treatment. Formal assessments document that graduates demonstrate the following AAMFT core competencies.

1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
3.1.1	Conceptual	Know which models, modalities, and/or techniques are most effective for presenting problems.

# 2. Clinical Skill: Graduates will demonstrate mastery of individual, family, and group therapy skills. Formal assessments document that graduates demonstrate the following AAMFT Core Competencies.

-----

2.3.1	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.
2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.
3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
4.4.1	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.

3. Cultural Awareness and Cultural Humility: Graduates will understand systemically and culturally contextualized experiences of members of socio-cultural majority and minority groups; and will integrate that understanding into thical practice as marriage and family therapists. Formal assessments document that graduates demonstrate the following AAMFT core competencies.

2.16	Conceptual	Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
4.3.2	Executive	Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
4.4.1	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.

4. Research and Program Evaluation: Graduates are able to critically analyze research and its applications to clinical practice and program evaluation. Formal assessments document that graduates demonstrate the following AAMFT core competencies.

6.1.2	Conceptual	Understand research and program evaluation methodologies, quantitative and qualitative, relevant to MFT and mental health services.
6.32	Executive	Use current MFT and other research to info rm clinical practice.
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.

5. Ethics and Professional Development : Graduates will demonstrate understanding of the laws and codesof ethics pertaining to professional practice as Marriage and Family Therapists, with commitment to ongoing personal and professional development. Formal assessments document that graduates demonstrate the following AAMFT core competencies.

5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marri ageand family therapy.
5.1.4	Conceptual	Understand the process of making an ethical decision
5.2.2	Perceptual	Recognize ethical dilem mas in practice setting.
5.31	Executive	Monitor issues relat ed to ethics, laws, regu lations, and prof essional standards.

6. Interpersonal Effectiveness: Graduates will demonstrate a commitment to ongoing personal and professional development as Marriage and Family Therapists. Formal assessments document that graduates demonstrate the following AAMFT Core Competencies.

5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marriage and family t he rapy.
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.
5.3.10	Executive	Implement a personal program to maintain professional competence.
5.4.2	Evaluative	Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.
5.5.2	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
5.5.3	Professional	Pursue professional development throug h self-supervision, collegial consultation, professional reading, and continuing educational activities.