
Table of Contents

Section 1 – Program Mission and Educational Objectives 2

Section 2 – Program Description and History..... 3

 Program History..... 3

 Program Location: Klamath Falls Campus Only 4

 Program Enrollment..... 4

 Program Graduates..... 5

 Employment Rates and Salaries..... 5

 Board and Licensure Exam Results 6

 Industry Relationships 6

 Success Stories 7

 Program Changes..... 8

Section 3 – Program Student Learning Outcomes..... 9

Section 4 – Curriculum Map..... 11

Section 5 – Assessment Cycle 12

Section 6 –Assessment Activity* 19

Section 7 – Data-driven Action Plans* 19

Section 8 –Closing the Loop* 19

Appendix 20

**Please refer to Concluding Note regarding Sections 6, 7, and 8 as found at the end of this assessment report.*

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, 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 MS MFT program supports and strengthens mental health care and child and family services in rural southern Oregon.

It is anticipated that graduates of the MS MFT program will work in mental health, substance use disorder treatment, or integrative behavioral health care settings directly following graduation and upon becoming Licensed Marriage and Family Therapy Registered Interns, 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, correctional 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 on with their education as students in a mental health related doctoral program.

Mission Alignment

The MS MFT program's mission dovetails 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 in the MFT Trauma and Recovery class wrote a White Paper with recommendations for developing Trauma Informed Space at Transformations Wellness Center (TWC) -- a community based residential substance use disorder treatment facility in Klamath Falls. TWC will soon be building a new facility and will integrate recommendations outlined in the White Paper. Klamath Tribes Youth and Family Guidance Center is in conversation with Dr. Adams about having students provide the same service to them.

- 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 of the preparation students have received in the MS 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. In fact, three out of six of our recent graduating cohort of students were offered jobs upon graduating, from where they completed their practicum experience.

Section 2 – Program Description and History

Program History

Dr. Maria Lynn Kessler championed the M.S. MFT program at the Oregon Institute of Technology beginning in 2009. She laid the groundwork for the development and approval of the program with great support from Dr. Mark Neupert, Chair of the Humanities and Social Sciences Department. After much research, Dr. Kessler decided that the master's level program offering should specifically be Marriage and Family Therapy (MFT), as opposed to a master's in counseling or social work, because there are no other MFT programs in southern Oregon. This makes the MS MFT program at the Oregon Institute of Technology a unique program due to its geographic locale.

After an extensive search for a qualified Program Director of the MS MFT program, Dr. Kathleen Adams was hired in the spring of 2014 and began at the Oregon Institute of Technology in the Fall term of 2014. During her first year at the Oregon Institute of Technology (Fall 2015 – Summer 2016), Dr. Adams met with and listened to multiple community partners in designing and building the MS MFT program's curriculum. It was important that the community's needs were central in the development of MS MFT program.

In developing the MS MFT program, the impression that Dr. Adams received from her meetings with community partners was that prospective MS MFT students were waiting in line to apply. However, since the program started in the Fall of 2016, this has not been the case. Additionally, when Dr. Kessler originally proposed the development of the MS MFT program, it was to be run by three (3) full-time faculty. However, the program is currently being run by two (2) full-time faculty and one (1) full-time instructor.

The MS MFT program's first group of students, or cohort*, started in the Fall term of 2016 and graduated in June 2019. This cohort was the first to graduate in June 2019. The second cohort of students will be graduating in June 2020. The third and fourth cohorts of the MS MFT Program have started the program and will graduate in 2021 and 2022, respectively.

**The program operates on a “cohort” model wherein a group of students start together each fall and continue together through the three year program, until they graduate. Some circumstances warrant students taking courses over or later in the program. When this happens, students become part-time status and may finish when another cohort does.*

Program Location

The MS MFT program is offered on the Oregon Institute of Technology campus in Klamath Falls, Oregon. Classes are offered via face-to-face and blended (i.e., hybrid) formats. Near the end of the program, students complete a hands-on practicum experience at agencies within the community or surrounding areas, while meeting for practicum supervision group weekly and completing their remaining coursework in the MS MFT program.

Program Enrollment

The following table depicts enrollment within the MS MFT program since the first group of students started in the Fall term of 2016.

Term/Year Cohort Started Program	Number of Students Enrolled Who Started	Attrition	Enrollment status* FT = Full time PT = Part time	Number of Students Who Graduated
Fall 2016	9	3	FT = 6	6 (first cohort of graduates in June 2019)
Fall 2017	13	7	FT = 4 PT = 2	N/A (have not graduated yet)
Fall 2018	6	3	FT = 3	N/A (have not graduated yet)
Fall 2019	5	0	FT = 4 PT = 1	N/A (have not graduated yet)

**The program operates on a “cohort” model wherein a group of students start together each fall and continue together through the three year program, until they graduate. Some circumstances warrant students taking courses over or later in the program. When this happens, students become part-time (PT) status and may finish when another cohort does.*

Program Graduates

As illustrated in the table above within the “Program Enrollment” section, the first cohort of MS MFT students started the program in the Fall term of 2016. Nine (9) students started in this

cohort and a total of six (6) students graduated in June 2019. This was the first cohort to graduate from the MS MFT program. The next cohort will graduate in June 2020.

Employment Rates and Salaries

Employment rates. The table below shows the current employment status (rates, part- or full-time) and work settings of the first cohort of MS MFT graduates.

Graduation Year	Rate of MS MFT graduates working in a mental health related job	Work Status		Work setting (community mental health, private practice, corrections, medical facility)
		Full Time	Part Time	
2019	100% (6 of 6)	5	1	Private Practice: 2 Community Mental Health Agency: 3 Corrections: 1

Employment salaries. According to the Bureau of Labor Statistics (2017)*, MFTs across the U.S. have a mean annual salary of \$53,860 and MFTs in Oregon have an average annual salary of \$50,350.

It is important to note that, to become a fully licensed MFT (i.e., LMFT) in the state of Oregon, graduates need to first become Licensed Marriage and Family Therapy (LMFT) Registered Interns. LMFT Registered Interns work under the supervision of a state approved supervisor while accruing a total of 2,400 hours of direct client contact. In addition to completing the required clinical hours and prior to becoming fully licensed, LMFT Registered Interns must also take and successfully pass the National MFT Exam, as well as take and successfully pass the Oregon State Laws and Rules Exam.

LMFT Registered Interns are typically paid less than fully licensed MFTs (i.e., LMFTs). All of the recent graduating cohort who are working in a mental health related job (6 out of 6) currently hold LMFT Registered Intern status or are working toward this designation. This is important information to consider when comparing the mean annual salary of recent graduates to the national average of MFTs (who are typically fully licensed).

Although not fully licensed, the salary data from recent Oregon Tech MS MFT graduates (who are working full-time) shows that, on average, they are making a salary slightly below the Oregon annual mean for MFTs. This is to be expected as recent graduates are not yet fully licensed. Please refer to the table below for the comparison of salaries from recent MS MFT graduates, the Oregon average annual salary, and the U.S. mean annual salary.

Estimated average annual salary for recent graduates working in mental health related position full time	Oregon average annual salary*	U.S. average annual salary*
\$47,087 (Data provided from 4 graduates)	\$50,350	\$53,860

*According to the Bureau of Labor Statistics (2017).

Board and Licensure Exam Results

None of the six (6) MS MFT graduates currently working in mental health have taken the National MFT Exam, though they report planning to do so within the next calendar year. This needs to be taken prior to application to become fully licensed.

None of the six (6) MS MFT graduates currently working in mental health have taken the Oregon Rules and Laws Exam. This is usually taken just prior to applying for full licensure once all required clinical hours have been completed while under supervision of a state approved supervisor.

Industry Relationships

Current practicum sites and community partners. Since the beginning of the MS MFT program in 2015, MS MFT faculty have worked diligently to develop and foster relationships with industry partners within the community and in surrounding areas. For example, the majority of current practicum students (those who have not yet graduated; they will graduate in June 2020) are completing their practicum experience at Klamath Basin Behavioral Health in Klamath Falls, Oregon. One practicum student is working with Klamath Tribal Health at the Klamath Tribal Health and Wellness Center in Chiloquin, Oregon.

Dr. Adams, since starting at the Oregon Institute of Technology in the Fall of 2015, has worked closely with the Klamath Tribes. It is important for graduates of the MS MFT program to be well-informed about the experiences and history of Klamath Tribes members. For example, Monica Yellow Owl from the Klamath Tribes has been a guest speaker in multiple MS MFT classes, so that students are well-informed of the experiences of Klamath Tribal members.

Faculty in the MS MFT program greatly value the services provided to students by practicum supervisors in the community. This is why faculty provide monthly trainings to practicum supervisors, as well as to other mental health and addictions counselors, in the community. Additionally, when webinar trainings are shown to MS MFT students, MS MFT faculty open these trainings up to practicum supervisors and community partners. This provides industry

partners with free trainings, free continuing education units, and an opportunity to be trained alongside students.

MS MFT faculty are expected to be involved in fostering industry partnerships in the community. As illustrated above, MS MFT faculty are involved in outward facing service and outreach to community partners. Additionally, two (2) MS MFT faculty currently provide supervision in the community to those working toward full licensure as LMFTs and LPCs. One (1) MS MFT faculty member currently provides part-time clinical services at a local mental health agency.

It is important to note that a supervisor at KBBH expressed interest in hiring graduates of the MS MFT program at Oregon Tech, and three (3) recent graduates of the program were offered jobs where they completed their practicum experience. Other industry-related agencies in the community have also expressed an interest in hiring MS MFT graduates.

Former practicum site feedback. In an effort to continually evaluate the effectiveness of its preparation of well-trained MFTs, the MS MFT program recently developed and sent a survey to practicum supervisors of the recent MS MFT graduates (those who graduated in June 2019). When asked to give their overall satisfaction, where 1 = not satisfied at all and 10 = very satisfied, with recent MS MFT graduates, three (3) of the five (5) supervisors gave students a rating of "8" (with one being an "8+") and two (2) of the five (5) supervisors gave students a rating of "10". This data stands as evidence that supervisors were impressed with the quality of practicum students in the MS MFT program at Oregon Tech.

Success Stories

It is important to reiterate that six (6) of the six (6) MS MFT graduates (100%) have successfully procured employment related to their MS MFT education at Oregon Tech.

Several graduates shared what they appreciated most about their education and training within the MS MFT program at Oregon Tech. Here is what they shared:

- *"[I am] very grateful to have had the assessment, diagnosis, and treatment planning component to our coursework as it is a vital and central part of helping individuals and families."*
- *"The OIT MS MFT program has helped me in multiple ways, one of which is gaining the confidence to sit with a client and engage in tested and proven therapeutic techniques to better help the client with their presenting problems. Another way the program has helped me is that it has instilled in me a sense of importance and seriousness of the field and also providing me with the tools necessary to professionally execute my duties."*
- *"I feel that learning the different therapeutic models provides me the opportunity to work specifically with each individual client depending on their needs. Additionally,*

having the hands-on learning in play therapy has helped me feel comfortable implementing sandtray, art, and play [techniques] with individual clients...Facilitating groups also has been extremely comfortable because we facilitated 'mock' groups in [instructor's] class. The assignment of creating a group in the class has prepared me for establishing a new group at [agency] for families of addiction."

Program Changes

Faculty. Dr. Adams brought with her to the Oregon Institute of Technology many years of clinical and teaching experience. She has been the Program Director of the MS MFT program since she started at the Oregon Institute of Technology in the Fall of 2015. Dr. Anne Prouty was brought on as the Clinical Director in 2016, but was not a good fit for Oregon Tech and left after one year. Dr. Kevin Garrett joined the faculty as Clinical Director in the Fall of 2017. In the summer of 2019, Dr. Adams took on Clinical Director responsibilities, allowing Dr. Garrett time to focus on curriculum development, program assessment and program accreditation. Dr. Garrett has worked on developing and strengthening the program's emphasis on Medical Family Therapy. A new instructor, Dr. Torgerson, was hired to work predominantly in the MS MFT program. She started in the Fall of 2018. She has helped with the development and inclusion of coursework related to the addiction and recovery field in the MS MFT program's curriculum. She worked closely with other MS MFT faculty to make necessary changes to the existing MS MFT curriculum and, as a result, students who graduate from the MS MFT program will now complete the educational coursework needed to obtain the Certified Alcohol and Drug Counselor (CADC) III credential.

Curriculum changes. Since the Fall term of 2018, the MS MFT faculty have met at least monthly to discuss how the program is running and to make necessary adjustments. Since May 2019, MS MFT faculty have met, on average, weekly for program meetings. In these meetings, the MS MFT program's curriculum has been the central focus.

In response to community needs, the curriculum was revised to include the necessary coursework requirements for the CADC III designation. This sets the MS MFT program at the Oregon Institute of Technology apart from other programs, as we are the only program in the state of Oregon to include all coursework for certified alcohol and drug counseling credentialing in combination with the coursework necessary to be a licensed marriage and family therapist.

Other important adjustments have been made to existing Medical Family Therapy, human development, and rural mental health care courses. The revised curriculum still meets the rigorous standards of the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) and the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The Graduate Council at Oregon Tech recently approved these needed changes to the MS MFT curriculum.

Ongoing assessment and future changes. MS MFT faculty anticipate making future adjustments within the program, when indicated, based upon feedback from students, community partners, and program faculty experiences as the program continues, and as the current cohort of students in practicum graduates in June 2020.

Section 3 – Program Student Learning Outcomes

Program Student Learning Outcomes (PSLOs)

Students who graduate from the MS 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 MS MFT program is not required to collect data on ESLOs as part of the program's assessment process. However, the MS 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 MS MFT PSLOs are specifically linked to corresponding COAMFTE standards, and this document is found in the Appendix section.

Origin and External Validation

The above six (6) PSLOs were set by Dr. Kathleen Adams, Program Director of the MS MFT program, when she developed the MS MFT program's curriculum at Oregon Tech in 2015. The PSLOs 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 MS MFT program meets the curriculum standards and has been approved by the OBLPCT. In fact, recent MS MFT program graduates, who have applied to be LMFT Registered Interns in Oregon, have been approved because the curriculum meets the standards of the OBLPCT.

Changes

There have been no changes made to the MS MFT program's PSLOs since they were originally developed in accordance with state and national standards (as aforementioned). There are no indications that such changes need to be made to the PSLOs. However, future changes may be made based upon assessment data collected during the 2019-20 academic year and subsequent evaluative periods.

Section 4 – Curriculum Map

MS Marriage and Family Therapy Student Learning Outcomes Table

F = Foundation (Introduction/Core)

P = Practice (Application)

C = Capstone (Synthesis)

Course	Outcome One	Outcome Two	Outcome Three	Outcome Four	Outcome Five	Outcome Six
Couples Therapy	F/P					
Theory of Change	C					
Practicum		P			P	P
Ethics			F			
Culture				F		F
Rural Considerations in SUDs Treatment & Prevention				F/P		
Research Methods					F	
Self of Therapist						C
Lifespan Development					F/P	
MFT Capstone	C	C	C			C

Outcome One = Theoretical Knowledge

Outcome Two = Clinical Knowledge

Outcome Three = Professional Identity and Ethics

Outcome Four = Cultural Competency

Outcome Five = Research

Outcome Six = Interpersonal Effectiveness

Section 5 – Assessment Cycle

NOTE: It is important to mention that, as a graduate program, the MS MFT program is not required to collect data on ESLOs as part of the program's assessment. However, the MS 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, 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, Capstone III) during the last three quarters they were in the program, taking one class per quarter. Students first learned about self-of-the-therapist work as it directly and indirectly relates to clinical work and client outcomes. Next, students developed their preferred theory of change, articulating how they integrate primary models of therapy and clinical interventions when working with individuals and families. Finally, students completed an in-depth literature review and clinical application paper and presentation where they demonstrated mastery of the PSLOs. MS 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 have recently been revised. Students will now take a Using Self in Therapy course and a MFT Theories of Change course before taking their Capstone course. Revisions of the Capstone process occurred based on student and faculty experiences and feedback. The cohort graduating in 2020 will complete a Clinical Capstone Portfolio in order to graduate, where they will demonstrate mastery of PSLOs through capstone assignments and the inclusion of identified assignments (supportive artifact / evidence) from previous courses. Many of the revised assignments for the Capstone class are being used as direct measures for students' achievements of PSLOs. These direct measures are found in the table below, which link specific assignments/artifacts with corresponding PSLOs.

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

Final: 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 assignments
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 MS MFT program (with their name and identifying information removed), which is found in the Appendix section of this assessment report titled "Student Learning Outcomes".

MS Marriage and Family Therapy Program Student Learning Outcomes: Cycle, Direct and Indirect Measures, and 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 MS 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	2019-20	2020-21	2021-22
One: Theoretical Knowledge	<u>Direct Measures:</u> <ol style="list-style-type: none"> Succinct Theory of Change Paper (MFT Capstone course; 3rd year) Healthy Couple Interview Assignment (MFT 522: Couples Therapy course; 3rd year) <u>Indirect Measures:</u> <ol style="list-style-type: none"> Graduate Exit Survey Item (3rd year) Learning Objectives/Reflection Paper (Applicable MFT courses; 1st, 2nd, 3rd years) 		

Two: Clinical Knowledge			<p><u>Direct Measures:</u></p> <ol style="list-style-type: none"> 1. Clinical Knowledge Development Paper (MFT Capstone course; 3rd year) 2. Clinical Competence Evaluation (MFT 574: Practicum IV course; 3rd year) <p><u>Indirect Measures:</u></p> <ol style="list-style-type: none"> 1. Graduate Exit Survey Item (3rd year) 2. Learning Objectives/ Reflection Paper (Applicable MFT Courses; 1st, 2nd, 3rd years)
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<p>Three: Professional Identity & Ethics</p>	<p><u>Direct Measures:</u></p> <ol style="list-style-type: none"> 1. Professional Identity Statement (MFT Capstone course; 3rd year) 2. Multiple Relationships in Rural Communities Assignment (MFT 550: Ethics course; 1st year) <p><u>Indirect Measures:</u></p> <ol style="list-style-type: none"> 1. Graduate Exit Survey Item (3rd year) 2. Learning Objectives/ Reflection Paper (Applicable MFT courses; 1st, 2nd, 3rd years) 		
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<p>Four: Cultural Competency</p>		<p><u>Direct Measures:</u></p> <ol style="list-style-type: none"> 1. Cultural Roots Paper (MFT 560: Cultural Competence course; 2nd year) 2. Rural Mental Health Care Paper (MFT 562: Rural Considerations in SUDs Tx & Prevention course; 1st year) <p><u>Indirect Measures:</u></p> <ol style="list-style-type: none"> 1. Applicable Graduate Exit Survey Item (3rd year) 2. Learning Objectives/ Reflection Paper (Applicable MFT courses; 1st, 2nd, 3rd years) 	
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<p>Five: Research</p>			<p><u>Direct Measures:</u></p> <ol style="list-style-type: none"> 1. Literature Review Assignment (MFT 502: Lifespan Development course; 1st year) 2. Clinical Competence Evaluation Literature Review (MFT 574: Practicum IV course; 3rd year) <p><u>Indirect Measures:</u></p> <ol style="list-style-type: none"> 1. Graduate Exit Survey Item (3rd year) 2. Learning Objectives/ Reflection Paper (Applicable MFT Courses; 1st, 2nd, 3rd years)
<p>Six: Interpersonal Effectiveness</p>		<p><u>Direct Measures:</u></p> <ol style="list-style-type: none"> 1. Three (3) Letters of Professional Reference (Prior to MFT Capstone course; 3rd year) 2. Applicable Items on BSED (Practicum courses; 3rd year) <p><i>(Refer to indirect measures on next pg.)</i></p>	

		<u>Indirect Measures:</u> 1. Applicable Graduate Exit Survey Item (3 rd year) 2. Learning Objectives/ Reflection Paper (Applicable MFT courses; 1 st , 2 nd , 3 rd years)	
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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
	80% achieve a grade of A or B, or passing score	Learning Objectives/ Reflection Paper
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
	80% achieve a grade of A or B, or passing score	Learning Objectives/ Reflection Paper
Three: Professional Identity & Ethics	80% achieve a grade of A or B, or passing score	Professional Identity Statement
	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
	80% achieve a grade of A or B, or passing score	Learning Objectives/ Reflection Paper

(This is a continuation of table on previous pg.)

Program Outcomes (PSLOs)	Minimal Acceptable Performance	Assessment
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
	80% achieve a grade of A or B, or passing score	Learning Objectives/ Reflection Paper
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
	80% achieve a grade of A or B, or passing score	Learning Objectives/ Reflection Paper
Six: Interpersonal Effectiveness	100% submitted and all achieve ratings of Superior or Satisfactory	Three (3) Letters of Professional Reference (Prior to MFT Capstone course)
	80% achieve a passing score	Applicable Items on BSED
	80% achieve a rate of 3 or 4	Graduate Exit Survey Item
	80% achieve a grade of A or B, or passing score	Learning Objectives/ Reflection Paper

Sections 6, 7, and 8 – Please refer to Concluding Note below.

CONCLUDING NOTE: It is important to emphasize that this is the first assessment report for the MS MFT program at Oregon Tech. The first group of MS MFT graduates recently completed the program in June 2019. Therefore, there is no data to report. From here on, the above direct and indirect measures will be used to collect data on the aforementioned programmatic outcomes (PSLOs). As we have not yet collected data, Sections 6, 7, and 8 were not completed for this specific assessment report. Sections 6, 7, and 8 on subsequent assessment reports will be completed.

APPENDIX

Order of Supporting Documents

Direct Measures.....	21
Rubrics for Direct Measures	22
Instructions & Rubrics for Direct Measures.....	26
Other Direct Measures, Instructions, & Rubrics.....	31
Indirect Measures	32
University-Level Exit Survey Items – Related to Each PSLO – Titled “MMFT Program Questions”	33
Exemplar Student Learning Outcomes Reflection Paper – Titled “Student Learning Outcomes”	35
PLSOs and Corresponding COAMFTE Standards – Titled “Program Learning Outcomes and COAMTE Core Competencies”	40

DIRECT MEASURES

Grading Rubric for Clinical Capstone Portfolio – MS Marriage and Family Therapy Program

Theoretical Knowledge				
SLO: Apply principles and constructs of various human development and systems theories to marriage and family practice				
	Superior	Satisfactory	Needs Improvement	
	Student demonstrates an in-depth reflection on, and articulation of, their integrated theory of therapy. Viewpoints and interpretations of theoretical knowledge are insightful and well-supported. Clear, detailed examples are provided. Assignment includes all components of the assignment prompt.	Student demonstrates a general reflection on, and articulation of, their integrated theory of therapy. Viewpoints and interpretations of theoretical knowledge are supported. Appropriate examples are provided. Assignment includes all components of the assignment prompt.	Student demonstrates minimal reflection on, and articulation of, their integrated theory of therapy. Viewpoints and interpretation of theoretical knowledge are unsupported or supported with flawed arguments. Examples, when applicable, are not provided or are irrelevant to the assignment. Assignment is missing components of the assignment prompt.	Unacceptable Student demonstrates a lack of reflection on, and articulation of, the integrated theory of therapy. Viewpoints and interpretations of theoretical knowledge are missing, inappropriate, and/or unsupported. Examples, when applicable are not provided. Assignment is missing components of the assignment prompt.
Capstone Assignment (Succinct Theory of Change)	Original assignment is included, in full, in the Clinical Capstone Portfolio.	Original assignment is included, in full, in the Clinical Capstone Portfolio.	Original assignment is not included in the Clinical Capstone Portfolio.	
Theory of Change Paper	Original assignment is included, in full, in the Clinical Capstone Portfolio.	Original assignment is included, in full, in the Clinical Capstone Portfolio.	Original assignment is not included in the Clinical Capstone Portfolio.	
Additional Assignment	Original assignment is included, in full, in the Clinical Capstone Portfolio.	Original assignment is included, in full, in the Clinical Capstone Portfolio.	Original assignment is not included in the Clinical Capstone Portfolio.	

Grading Rubric for Clinical Capstone Portfolio – MS Marriage and Family Therapy Program

Clinical Knowledge	Superior	Satisfactory	Needs Improvement	Unacceptable
<p>SLO: 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.</p>	<p>Student demonstrates an in-depth reflection on, and application of the development of clinical knowledge and clinical skills. Viewpoints and interpretations are insightful and well supported. Clear, detailed examples are provided. Assignment includes all components of the assignment prompt.</p>	<p>Student demonstrates a general reflection on, and application of the development of clinical knowledge and clinical skills. Viewpoints and interpretations are supported. Appropriate examples are provided. Assignment includes all components of the assignment prompt.</p>	<p>Student demonstrates minimal reflection on, and application of, the development of clinical knowledge and clinical skills. Viewpoints and interpretations are unsupported or supported with flawed arguments. Examples, when applicable, are not provided or are irrelevant to the assignment. Assignment is missing components of the assignment prompt.</p>	<p>Student demonstrates a lack of reflection on, and application of, the development of clinical knowledge and clinical skills. Viewpoints and interpretations are missing, inappropriate, and/or unsupported. Examples, when applicable, are not provided. Assignment is missing components of the assignment prompt.</p>
<p>Capstone Assignment (Clinical Knowledge Development)</p>	<p>Original assignment (with instructor feedback) is included, in full, in the Clinical Capstone Portfolio.</p>			
<p>CCE Template with Instructor Feedback</p>	<p>Original assignment is not included in the Clinical Capstone Portfolio.</p>			
<p>BSED for Practicum I, II, III</p>	<p>Original assignments are not included in the Clinical Capstone Portfolio.</p>			

Grading Rubric for Clinical Capstone Portfolio – MS Marriage and Family Therapy Program

Interpersonal Effectiveness	
SLO: Achieve personal development and demonstrate positive relationship skills via effective communication	
	Needs Improvement / Unacceptable
Letter 1	Professional letter of reference does not include evidence of competency in clinical and theoretical knowledge, cultural competency, ethical practices, and overall professionalism; OR letter is written by a friend or family member; OR letter is not recent.
Letter 2	Professional letter of reference does not include evidence of competency in clinical and theoretical knowledge, cultural competency, ethical practices, and overall professionalism; OR letter is written by a friend or family member; OR letter is not recent.
Letter 3	Professional letter of reference does not include evidence of competency in clinical and theoretical knowledge, cultural competency, ethical practices, and overall professionalism; OR letter is written by a friend or family member; OR letter is not recent.

Three (3) letters of Professional Reference

Grading Rubric for Clinical Capstone Portfolio – MS Marriage and Family Therapy Program

Professional Identity and Ethics

SLO: 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 and cultural humility

	Superior	Satisfactory	Needs Improvement	Unacceptable
Capstone Assignment (Professional Identity Statement)	Student demonstrates an in-depth reflection on, and articulation of, professional identity and ethics, as related to the marriage and family therapy identity. Viewpoints and interpretations of professional identity are insightful and well supported. Clear, detailed examples are provided. Assignment includes all components of the assignment prompt.	Student demonstrates a general reflection on, and articulation of, professional identity and ethics, as related to the marriage and family therapy identity. Viewpoints and interpretations of professional identity are supported. Appropriate examples are provided. Assignment includes all components of the assignment prompt.	Student demonstrates minimal reflection on, and articulation of, professional identity and ethics, as related to the marriage and family therapy identity. Viewpoints and interpretations of professional identity are unsupported or supported with flawed arguments. Examples, when applicable, are not provided or are irrelevant to the assignment. Assignment is missing components of the assignment prompt.	Student demonstrates a lack of reflection on, and articulation of, professional identity and ethics, as related to the marriage and family therapy identity. Viewpoints and interpretations of professional identity are missing, inappropriate, and/or unsupported. Examples, when applicable, are not provided. Assignment is missing components of the assignment prompt.
Professional Disclosure Statement	PDS is included. PDS contains all components required as outlined by the OBLPCT.	PDS is not included in the Clinical Capstone Portfolio;	<i>OR</i> all components required, as outlined by the OBLPCT, are not included on the PDS submitted.	
Professional Vita	Up-to-date professional vita is included. Vita is logically organized, appropriately flows, and includes an overview of professional activities – including clinical, research, teaching, and other relevant work.	Professional vita is not included in the Clinical Capstone Portfolio; <i>OR</i> submitted vita is lacking organization and overall professionalism.		
Multiple Relationships in Rural Communities Assignment	Original assignment is included, in full, in the Clinical Capstone Portfolio.	Original assignment is not included in the Clinical Capstone Portfolio.		

Assignment 1: **Healthy Couples Interview Assignment**

What: You are to interview two couples whom you believe have healthy relationships, and you are to develop a formal presentation, of approximately one hour in length, that you will present to class on Saturday, January 26th.

- Each couple must represent a different stage of the family life cycle.
- These couples can be friends, family, coworkers, etc.
- The couples are **NOT to be considered as clients**. Emphasize to your couples that the interview is **NOT INTENDED TO BE THERAPEUTIC**.
- If you choose to record your interviews, you must have the written permission of the individuals you are recording.

Why: To integrate information from the required readings about characteristics of healthy couples with your direct experience with two couples who have healthy relationships ~ gathering information about what these couples believe contributes to their healthy relationships. **The purpose of these interviews is only to identify positive, functional, interactive strengths.**

How: See Syllabus, Appendix A, for examples of information gathering. Essentially, you want each partner to describe the strengths of the relationship, how conflict is resolved, how difficult or challenging times are managed, and basically how each partner accounts for the success of the relationship.

- You are to refer to the required readings in Long and Young, and reference them throughout your presentation (APA style)

Grading **Rubric** for Assignment I: Healthy Couples Presentation

Component	Possible points	Points Earned
Professionalism in presentation ~ clarity, graphics, talking points on slides ~ not paragraphs, etc.	10	
Professionalism in materials / handouts Format: grammar, sentence structure, effective use of outline format, APA style referencing, etc. Applicability: Effective summaries, merit, applicability, clarity, etc.	10	
Knowledge Description of the couples, each of the partners, the life stage of the couple, length of relationship. This section should include information about race, gender, sexual identity, ethnicity, culture, religion, employment, socio-economic status etc. Why you chose this couple as example of "healthy relationship." (<i>Reference Long and Young</i>)	20	

<p>Referencing APA style referencing Explanation of why you chose the questions you chose Reference to material in Long and Young</p>	<p>10</p>	
<p>Information Specific documentation of the information you gathered: these are the self-identified positive, functional, interactive strengths identified by the couples, with <i>specific references to the readings in Long and Young</i>.</p>	<p>30</p>	
<p>In summary:</p> <ul style="list-style-type: none"> • Any inconsistencies / incongruencies in the information provided to you, and your commentary on same • As you project into your future as an MFT, what material will or will not stay with you and why/why not • Questions / curiosities that the material raises for you • Ways the material challenges your worldview or previous assumptions and how you are thinking / feeling about those challenges • Ways the material increases your self-awareness, insight into your own family of origin and/or current family system and how that insight can contribute to your development as an MFT 	<p>20</p>	
<p>Total points</p>	<p>100</p>	

Assignment #3: Literature Review (Worth 100 points). – Lifespan Development

Here are the instructions for completing this assignment:

- You will write a literature review on a pertinent topic specifically related to the intersection of lifespan development and MFT. This assignment is specifically geared towards application of course content with the field of and practice of MFT. Some possible examples, which are not exhaustive, include: (1) systemic treatment approaches with those in late adulthood who are battling with marital problems or (2) substance use and/or risk-taking behaviors among adolescents and relational treatment approaches for this population.
- Prior to completing this assignment, you will need to run your proposed topic and how it intersects with MFT by Dr. Garrett for his approval. Please email and get Dr. Garrett's approval on this assignment no later than Friday, October 18, 2019 by 11:59 pm Pacific.
- Your paper will be written in APA style and will be 6-8 pages in length (not including the title and References pages). Refer to the APA (2019) Publication Manual or Purdue University's Owl APA Style website (<https://owl.english.purdue.edu/owl/resource/560/01/>) for help with writing in APA style.
- This assignment will require you to research the scholarly literature (peer-reviewed journal articles; or professional, edited books) and use and cite at least 10 separate scholarly sources within your paper (other than your textbooks or materials already posted for this course). NOTE: Do not use sources for your paper that are older than 7 years ago (sources need to be published from 2012-2019). If you are having difficulty finding scholarly sources this recent, you will likely need to research another topic. If you need to change the topic, please email Dr. Garrett and get his approval first before starting on the new one.
- If you have specific questions about this assignment, please contact Dr. Garrett. A rubric for this assignment will be posted in Canvas early in the Fall term, so you can see how it will be scored.
- Here are 2 helpful resources regarding literature reviews:
<https://www.youtube.com/watch?v=2IUZWZX4OGI>
<https://www.youtube.com/watch?v=SD08Hcw6U0U>

SEE RUBRIC FOR LITERATURE REVIEW ON NEXT PAGES.

Rubric for Literature Review

Criteria	Superior	Satisfactory	Needs Improvement	Unacceptable
Intersection of Lifespan Development w/ MFT 10 points possible	10 points Intersection of lifespan development w/ MFT is clearly articulated and communicated	8 points Intersection of lifespan development w/ MFT is clearly stated, but the writing may digress from it	6 points Intersection of lifespan development w/ MFT is not consistently clear throughout the paper	0 points Intersection of lifespan development w/ MFT is missing from the assignment
Summary of the Extant Research Literature 30 points possible	30 points Assignment demonstrates strong evidence of an exhaustive synthesis/summary of the existing research literature on this topic/intersection. Gaps in the existing research literature are covered.	24 points Assignment demonstrates evidence of an adequate/satisfactory synthesis/summary of the existing research literature on this topic/intersection. Gaps in the existing research literature are covered adequately.	18 points Assignment demonstrates weak/inadequate evidence of an acceptable synthesis/summary of the existing research literature on this topic/intersection. The research literature summarized is clearly lacking.	0 points Assignment shows no evidence of synthesis/summary of the existing research literature on this topic/intersection. The research literature summarized is clearly lacking.
Required Components 20 points possible	20 points Assignment includes all components and meets or exceeds all requirements in the instructions. Each question or part of the assignment is addressed thoroughly.	16 points Assignment includes all components and meets all requirements in the instructions. Each question or part of the assignment is addressed.	12 points Assignment is missing some components and/or does not fully meet the requirements indicated in the instructions. Some questions or parts of the assignment are not addressed.	0 points Assignment excludes essential components and/or does not address the requirements indicated in the instructions. Many parts of the assignment are addressed minimally, inadequately or not all.
Structure/Organization 10 points possible	10 points Writing is clear, concise, and well organized with excellent sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than three spelling, grammar, or syntax errors per page of writing.	8 points Writing is mostly clear, concise, and well organized with good sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than five spelling, grammar, or syntax errors per page of writing.	6 points Writing is unclear and/or disorganized. Thoughts are not expressed in a logical manner. There are more than five spelling, grammar or syntax errors per page of writing	0 points Writing is unclear and disorganized. Thoughts ramble and make little sense. There are numerous spelling, grammar, or syntax errors throughout the response.

Criteria	Superior	Satisfactory	Needs Improvement	Poor
Quality of References 10 points possible	10 points All references are from peer-reviewed professional journals or other scholarly sources.		6 points References are primarily, but not exclusively from peer-reviewed professional journals or other scholarly sources.	0 points Peer reviewed professional journals or other scholarly sources are not included in the assignment. Non-scholarly sources may be used or references were not used and the material is plagiarized
Use of References 10 points possible	10 points Student understands and critically evaluates sources used in the assignment. Sources are appropriately and accurately cited using APA formatting.	8 points Student shows careful reading of sources, but may not evaluate them critically. Sources are appropriately cited using APA formatting with minimal (fewer than 5) errors.	6 points Student shows basic comprehension of sources, with lapses in understanding. Sources are cited throughout; however, they are not appropriately cited using APA formatting.	0 points Student neglects to use sources when necessary to support statements.
APA Formatting 10 points possible	10 points APA formatting is used accurately and consistently in the paper.	8 points APA formatting is used with no more than 5 errors per page.	6 points APA formatting is used with several errors per page.	0 Points APA formatting has not been used on the assignment.

OTHER DIRECT MEASURES, INSTRUCTIONS, & RUBRICS

As the following revised, direct measures were just agreed upon and approved by MS MFT faculty, the rubrics for these are currently being developed. They will be included in future MS MFT Assessment Reports as appropriate.

NOTE: Other direct and indirect measures not found on this page, are found within the Appendix section of the 2018-19 MS MFT Assessment Report.

PSLO Two: Clinical Knowledge and PSLO Five: Research: **CLINICAL COMPETENCE EVALUATION & CLINICAL COMPETENCY EVALUATION LITERATURE REVIEW** (Practicum IV; 3rd year)

- Instructions, expectations, and rubric for this are currently being developed.

PSLO Three: Professional Identity and Ethics: **MULTIPLE RELATIONSHIPS IN RURAL COMMUNITIES ASSIGNMENT** (Ethics; 1st year)

- Instructions, expectations, and rubric for this are currently being developed.

PSLO Four: Cultural Competency: **CULTURAL ROOTS PAPER** (Cultural Competence; 2nd year)

- Instructions, expectations, and rubric for this are currently being developed.

PSLO Four: Cultural Competency: **RURAL MENTAL HEALTH CARE PAPER** (Rural Considerations in SUDs Treatment & Prevention; 1st year)

- Instructions, expectations, and rubric for this are currently being developed.

PSLO Six: Interpersonal Effectiveness: **APPLICABLE ITEMS ON BASIC SKILLS EVALUATION DEVICE (BSED)** (Practicum; 3rd year)

- This instrument is an evaluation tool completed by practicum supervisors who oversee the clinical work of MS MFT students completing their practicum/clinical/externship experience at their agency in the community. These are completed near the end of each term and are essential in the progression of students' clinical work, as well as giving MS MFT faculty important information about how well the student is doing at their practicum site, especially regarding interpersonal effectiveness with colleagues and clients alike.

INDIRECT MEASURES

MMFT- PROGRAM QUESTIONS (4 QUESTIONS)

Q 1

Please rate your proficiency in the following areas.

	High Proficiency	Proficiency	Some Proficiency	No Proficiency

Q 1

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 and family 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 applicable laws and regulations, with particular attention to cultural 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:

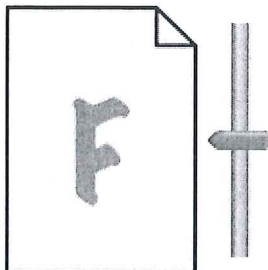
research, and translating research findings for improvement of family therapy services using statistics and program evaluation methods.

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?



- A
- B
- C
- D
- F

Student Learning Outcomes
(Student Name Omitted)
Oregon Institute of Technology

Student Learning Outcomes

In the Oregon Institute of Technology course titled Child and Adolescent Therapy MS MFT 521 taught by MFT Advisor/Instructor Dr. Kathleen Adams, there were six important and unique student learning outcomes that were required for the students to be able to both learn and apply in the field of Marriage and Family Therapy. This graduate student was able to master all six of the student learning outcomes, but this paper will outline three of those six student learning outcomes. The following student learning outcomes will be included in this paper: MFT 521.2 Demonstrate skill in the use of play therapy, art therapy, and sand tray therapy; MFT 521.3 Describe the use and value of Parent Child Interactive Therapy (PCIT); and MFT 521.1 Describe ethical and legal considerations specific to therapy with children and adolescents.

Firstly, this graduate student was able to achieve the knowledge necessary to master student learning outcome MFT 521.2 “Demonstrate skill in the use of play therapy, art therapy, and sand tray therapy” through a variety of reading materials, class assignments, and clinical hours throughout the duration of the course. This graduate student was able to obtain knowledge regarding play therapy by reading the textbook titled “Play Therapy: The Art of the Relationship” (Landreth, 2012). In this book, the author explains the various aspects of play therapy that are beneficial to take into consideration when working with children and adolescents. This student was able to learn about art therapy through the textbook titled “Child Art Therapy” (Rubin, 2005). This book highlights the important aspects of art therapy that a therapist must learn to navigate when working with children and adolescents. This student was able to master the skills necessary to learn about sand tray therapy by reading the textbook titled “Sand Tray Therapy: A Practical Manual” (Homeyer & Sweeney, 2017). This book was extremely helpful in talking about issues from cultural considerations to even what type of sand

and how many different figurines one should acquire for their sandtray figurine collection. The book suggests that a decent figurine collection should contain around 300 figurines in order for the client to have enough variety to be able to express themselves.

Secondly, this graduate student was able to master the skills necessary to achieve the requirements in student learning outcome MFT 521.3 Describe the use and value of Parent Child Interactive Therapy (PCIT). This student was able to obtain the necessary skills to master this student learning outcome by reading the material titled "History of PCIT" (Funderburk & Eyberg, 2011). This excerpt outlines the history of PCIT and explains the importance of it as an evidence-based treatment in helping families with children. The excerpt states that best age range for Parent-Child Interactive Therapy is between ages 2 and 7 and they need to be diagnosed with some type of "disruptive behavior disorder" (Funderburk & Eyberg, 2011).

Thirdly, this graduate student achieved the necessary skills in order to master the knowledge needed for student learning outcome MFT 521.1 "Describe ethical and legal considerations specific to therapy with children and adolescents." One of the reading materials that was introduced in the course during weeks 1 and 2 of the term was an article titled "Minor Rights Access and Consent to Health Care: A resource for providers, parents and educators" (OHA, 2016). This article was interesting because it stated many important ethical practices to be aware of as a mental health provider serving the child and adolescent population in the state of Oregon. One of the main issues mentioned in this article was a minor's ability to obtain mental health services on their own and at what age that is possible for a minor to access those services without their parent consent.

In conclusion, there were three other student outcomes not mentioned in this paper that were required skills for each graduate student in this course to achieve. This student was able to

master all six of the required student outcomes outlined in the syllabus for this MFT 521 Child and Adolescent Therapy course. This course was very informational, and this student liked the format of this course for many reasons. For example, this course offered a wide variety of mediums for the students to learn the information. The students not only completed online coursework and/or trainings, but there were also reading assignments outside of the classroom; in-class assignments; clinical hours in the Applied Behavioral Analysis clinic for OIT; as well as clinical hours being held at a local mental health agency where the students learned about Parent-Child Interactive Therapy (PCIT).

Lastly, The wide variety of coursework delivery methods was very educational in a modern and creative way for students to learn and be able to apply important therapy skills. This student finds this course delivery method to be very effective, because it sets the students up for success at being able to access multiple modes of information using a variety of techniques. This variety of course delivery is very similar to how these students will be obtaining information in the real-world once they are working full-time in the field of marriage and family therapy post-graduation.

References

- Funderburk, Beverly W., Eyberg, Shelia. *History of psychotherapy: Continuity and change* (2nd ed.). Norcross, John C. (Ed.); Freedheim, Donald K. (Ed.); Washington, DC, US: American Psychological Association, 2011. pp. 415-420. [Chapter]
- Homeyer, L., & Sweeney, Daniel S. (2017). *Sandtray therapy: A practical manual* (Third ed.). New York: Routledge, Taylor and Francis Group.
- Landreth, G. (2012). *Play Therapy : The Art of the Relationship*. (3rd ed.). Hoboken: Taylor & Francis.
- Oregon Health Authority. *Minor Rights: Access and Consent to Health Care*. (2016). Retrieved from <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Documents/minor-rights.pdf>.
- Rubin, J. (2005). *Child art therapy 25th anniversary edition* (3rd ed.). Hoboken, NJ: John Wiley.

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. Includes 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 professional 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, integrating that knowledge into ethical practice as marriage 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 others.

1. Theory: Graduates will demonstrate understanding of theories of human development and theories of individual, couple, family and group therapies, 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 ethical practice as marriage and family therapists. Formal assessments document that graduates demonstrate the following AAMFT core competencies.

2.1.6	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.
6.3.2	Executive	Use current MFT and other research to inform 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 codes of 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 marriage and family therapy.
5.1.4	Conceptual	Understand the process of making an ethical decision
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.
5.3.1	Executive	Monitor issues related to ethics, laws, regulations, and professional 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 therapy.
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 through self-supervision, collegial consultation, professional reading, and continuing educational activities.