2019-20
M.S. Marriage & Family Therapy
Assessment Report
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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 Licensed MFT 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 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 of our graduates are practicing in the mental health field in the state of Oregon.

Section 2 – Program Description and History

Program History

Dr. Maria Lynn Kessler championed the 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 MFT Program at the Oregon Institute of Technology unique due to its geographic locale.

After a search for a Program Director of the 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 2015. 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 MFT Program's curriculum. It was important that the community's needs were central in the development of MFT Program.

After garnering community feedback and due to its unique geographic position in southern Oregon, Dr. Adams built the MFT Program at Oregon Tech around a heavy emphasis on rural mental healthcare. This rural emphasis is embedded within the curriculum and taught throughout the program. Additionally, after continually gathering community needs and feedback since the MFT Program's start, MFT faculty have developed and embedded advanced specialty trainings in Medical Family Therapy and Substance Misuse and Disorder Treatment in the curriculum. These specialties within the program set the MFT Program apart from regional competitors who do not offer this advanced training in their curricula, which make students marketable upon graduating from the program.

The 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 from the MFT Program. The second cohort of students recently graduated in June 2020. The third cohort will graduate in June of 2021, and so on.

**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 MFT Program is offered on the Oregon Institute of Technology campus in Klamath Falls, Oregon. Given the recent COVID-19 pandemic, MFT courses have been taught primarily through

synchronous virtual and online platforms starting with the Spring 2020 term. Prior to COVID-19, classes were 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 MFT Program.

Program Enrollment &Program Graduates

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

Admission Year	Number of Students Who Accepted Admission & Enrolled in Courses	Attrition	Number of Students Still Enrolled in the Program	Number of Students Who Graduated	Employed as LMFT Registered Intern
Fall 2016	9	3	0	6	6
Fall 2017	13	8	1	4	4
Fall 2018	6	3	3	N/A	N/A
Fall 2019	5	2	3	N/A	N/A
Fall 2020	5	1	4	N/A	N/A

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 MFT graduates.

Graduation Year	Rate of 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
2020	100% (4 of 4)	2	2	Private Practice: 2 Community Mental Health Agency: 2

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 (LMFTs). All of our graduates of the program currently hold LMFT Registered Intern status. This is important information to consider when comparing the mean annual salary of recent graduates to the national average of fully licensed MFTs.

Although not fully licensed, the salary data from 2019 and 2020 Oregon Tech MFT graduates shows that, on average, they are making a salary above the Oregon annual mean for MFTs. The average annual salaries of those working part-time are also above the Oregon annual mean for MFTs. Please refer to the table below for additional information.

Cohort graduation year	**Estimated average annual salary for graduates working in mental health related position part- (PT) and full time (FT)**	**Oregon average annual salary***	**U.S. average annual salary***
2019	FT = $54,740 PT = Unknown	$50,350	$53,860
2020	FT = $78,000 PT = $78,000 (Based upon data from 4 out of 4 graduates)	$50,350	$53,860

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

Board and Licensure Exam Results

None of our current graduates have taken the National MFT Exam, though the majority of them report planning to do so within the next calendar year. This needs to be taken and passed prior to application to become fully licensed. Graduates may take the exam up to two years after

they have completed accruing hours towards licensure. This means that graduates may not sit for the exam until 2023 or 2024.

None of our current graduates have taken the Oregon Rules and Laws Exam. This exam 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 MFT Program, MFT faculty have worked diligently to develop and foster relationships with industry partners within the community and in surrounding areas. MFT Students are placed at mental health agencies and with private practitioners throughout the county for the practicum experience.

MFT faculty have worked closely with the Klamath Tribes. It is a priority for graduates of the MFT Program to be well-informed about the experiences and history of Klamath Tribes members. Students are provided opportunities to learn from professionals working at Klamath Tribal Health and Family through guest lectures and agency tours and discussions. Moreover, MFT Faculty invite providers from KBBH, LCS, TWC, and BestCare into classes for students to hear about services and treatment approaches. Medical providers and professionals are also invited into the classroom to provide guest lectures about mental health in medical settings. The MFT Program relies on local professionals to teach in the program as adjuncts, which allows students to learn from full-time mental health providers directly serving in the community.

Faculty in the MFT Program greatly value the services provided to students by practicum supervisors in the community. This is why, prior to the COVID-19 pandemic, faculty provided monthly trainings to practicum supervisors, as well as to other mental health and addictions counselors, in the community. Additionally, when program-wide webinar trainings are shown to MFT students, 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.

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

Former practicum site feedback. In an effort to continually evaluate the effectiveness of its preparation of well-trained MFTs, the MFT Program developed and sends an annual survey to practicum supervisors to provide feedback on their most recent practicum student. The scale

ranges from 1 (not satisfied) to 10 (very satisfied). Feedback from supervisors is provided below:

Graduation Year	5 Average	6	7	8	9	10 Very Satisfied
2020	1			1	2	
2019	1			3		2

This data stands as evidence that supervisors were overwhelmingly impressed with the quality of practicum students in the MFT Program at Oregon Tech.

Success Stories

It is important to reiterate that all MFT graduates have successfully procured employment related to their MFT education within four (4) months of graduation.

Several graduates across the 2019 and 2020 graduating classes shared what they appreciated most about their education and training within the MFT Program at Oregon Tech. Here is what they shared:

- *"[It] provided the basic fundamentals of counseling/therapy but most importantly, I have found that my education and increased awareness of family systems and how that plays a huge role in our emotions, thoughts, and behaviors has been instrumental in working with clients."*
- *"The program provides knowledge of basic and advanced MFT models and theories with hands on application through mock counseling sessions and weekly feedback and clinical advice on cases during the practicum year."*
- *"The MFT Program helped me by teaching me the importance and value of working with individuals. It also helped me by providing the opportunity for my cohort and I to intern in the field for a whole year prior to graduation."*
- *[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 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 sand tray, 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 was the Program Director of the MFT Program since its inception in the Fall of 2015 – Summer 2020. She stopped serving as Program Director after accepting a full-time position with Klamath Tribal Health. Dr. Anne Prouty was brought on as the Clinical Director of the MFT Program in 2016 but left after one year. Dr. Kevin Garrett joined the faculty as Clinical Director in the Fall of 2017. He helped to establish practicum sites in the community and supervised the first cohort of practicum students. 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 Medical Family Therapy (MedFT) advanced specialty training. Dr. Torgerson was hired to work predominantly in the MFT Program and started in the Fall of 2018. She was recently asked to serve as the Program and Clinical Directors and started in this capacity in the Fall of 2020. Dr. Torgerson has helped with the development and inclusion of coursework related to the addiction and recovery field in the MFT Program's curriculum. She worked closely with other MFT faculty to make necessary changes to the existing MFT curriculum and, as a result, students who graduate from the MFT Program will now complete the educational coursework needed to obtain the Certified Alcohol and Drug Counselor (CADC) III credential.

Curriculum changes. In response to community needs, the curriculum was revised to include the necessary coursework requirements for the CADC III designation. This sets the 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 MFT curriculum.

Ongoing assessment and future changes. Since the first group of MFT students started, MFT faculty have made indicated changes to courses and the curriculum based upon feedback from students, community partners, and program faculty experiences. Since Graduate Council approved of the most recent MFT Program curriculum changes in the Winter of 2019, MFT faculty do not plan to make any changes in the near future. However, faculty are currently in the process of ensuring that course numbers and titles are appropriately recorded and reported at the university. It is also important to note that, given current movements related to social injustice and systemic oppression, MFT faculty are meeting once a quarter with MFT students to have program-wide "Critical Culture Conversions", to discuss topics of relevance at a

program-wide level to signify the importance of culture and cultural humility in the practice of MFT.

Section 3 – 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.

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 2020-21 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: 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	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

Section 5 – 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 explainedbelow.

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 in the program. 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 therapeutically with individuals and families. Finally, 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 have recently been revised. Students now take a Using Self in Therapy 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 cohort which graduated in 2020 completed a Clinical Capstone Portfolio in order to graduate, wherein they demonstrated mastery of PSLOs through capstone assignments and the inclusion of identified assignments (supportive artifact/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 13, which link specific assignments/artifacts with corresponding PSLOs. Direct measure instructions and rubrics are found within the Appendix section starting on page 24. This 2019-20 assessment cycle's direct measures (which are reported on within this report) are listed first, followed by the next assessment cycle's 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 47. Another indirect measure was used by Dr. Adams 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 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 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 ON NEXT SEVERAL PAGES.

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	2019-20	2020-21	2021-22
One: Theoretical Knowledge	Direct Measures: 1. Succinct Theory of Change Paper (MFT Capstone course; 3rd year) 2. Healthy Couple Interview Assignment (MFT 522: Couples Therapy course; 3rd year) Indirect Measures: 1. Graduate Exit Survey Item (3rd year) 2. Learning Objectives/Reflection Paper (Applicable MFT courses; 1st, 2nd, 3rd years)		
Two: Clinical Knowledge			Direct Measures: 1. Clinical Knowledge Development Paper (MFT Capstone course; 3rd year) 2. Clinical Competence Evaluation (MFT 574: Practicum IV course; 3rd year) Indirect Measures: 1. Graduate Exit Survey Item (3rd year)

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

Six: Interpersonal Effectiveness		Direct Measures: 1. Three (3) Letters of Professional Reference (Prior to MFT Capstone course; 3rd year) 2. Applicable Items on BSED (Practicum courses; 3rd year) ***(Refer to indirect measures on next pg.)*** Indirect Measures: 1. Applicable Graduate Exit Survey Item (3rd year)	

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
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

Section 6 – Assessment Activity

During the 2019-20 assessment cycle, MFT faculty collected data on the following direct and indirect measures for the corresponding program outcomes (as found in the Section 5 table, which starts on page 13). Please note that each measure is listed separately beneath its related program outcome below.

Program Outcomes (PSLOs), Associated Measures, and Resultant Data

Outcome One: Theoretical Knowledge (2019-20 Assessment Cycle)

Type of Measure (#)	Artifact/Measure/Activity (Course/Timing in Program)	Minimal Acceptable Performance (Target Previously Set)	2019-20 Data* (Target met/not met)
Direct Measure #1	Succinct Theory of Change Paper (Capstone Course; 3rd Year)	80% achieve a grade of A or B, or passing score	100% (4 of 4) earned a passing grade. **Target met.**
Direct Measure #2	Healthy Couple Interview Assignment (Couples Therapy; 3rd Year)	80% achieve a grade of A or B, or passing score	100% (4 of 4) of students earned an A or B. **Target met.**
Indirect Measure #1	Graduate Exit Survey [Corresponding] Item (3rd Year)	80% achieve a rate of 3 or 4	Only 25% (1 of 4) of graduating students completed this survey. With such a low completion rate, no data are being reported for this indirect measure. **Poor completion rate.**
Indirect Measure #2	Learning Objectives/Reflection Paper (Rural SUDs; 1st Year)	80% achieve a grade of A or B, or passing score	100% (3 of 3) of students passed (pass/no pass assignment). **Target met.**

Outcome One: Theoretical Knowledge – Assessment Activity Narratives

Direct Measure #1 – Succinct Theory of Change Paper. This artifact specifically requires students to detail the MFT and mental health theories they think and have adopted which promote change with the clients they work with. This intensive assignment is a synthesis of the theories they have learned throughout the MFT Program. The ***rubric*** for this measure is found within the Appendix.

Direct Measure #2 – Healthy Couple Assignment. This activity requires students to interview a couple who they deem as "healthy." What students learn about healthy couple relational dynamics from this measure often align with applicable theories. Refer to the ***rubric*** for this as found in the Appendix.

Indirect Measure #1 - Graduate Exit Survey [Corresponding] Item. This specific indirect measure is an item on the MFT Exit Survey. This item specifically seeks input from those about to graduate about their learning of the core MFT theories. There is ***not a rubric*** for this measure, but the Graduate Exit Survey and corresponding items are found within the Appendix section. Please refer to the comment in the table above about receiving poor completion rates for this item.

Indirect Measure #2 – Learning Objectives/Reflection Paper. This indirect measure was used intermittently in Dr. Kathleen Adams's classes. This specific measure was only used in one class during the 2019-20 assessment cycle – Rural Considerations in Substance Use Prevention & Treatment ("Rural SUDs" for short). This assignment requires students to write about three specific course learning objectives they attained during the term and evidence about how they attained these.

*As Dr. Adams no longer teaches in the MFT Program and as other MFT faculty do not use this same measure in their courses, Drs. Torgerson and Garrett will be discussing an alternative indirect measure to help assess Outcome One during future assessment cycles.

Outcome One: Theoretical Knowledge – Reliability, Performance Targets, Performance Levels, History of Results, Faculty Discussion, and Interpretation

Reliability. During the 2019-20 assessment cycle, all three core MFT faculty scored the Succinct Theory of Change Paper as part of the Capstone class using the attached rubric; Dr. Garrett taught Couples Therapy and scored the Healthy Couple Assignment using the rubric in the Appendix section; Dr. Adams scored the Learning Objectives/Reflection Paper indirect measure in the Rural SUDs class; and no one needed to score the Exit Interview Item (i.e., students each score themselves on this). When MFT faculty discuss an alternative measure to the Learning Objectives/Reflection Paper for upcoming assessment cycles, they will also discuss how more than one person will score each direct or indirect (as applicable) measure using the rubrics found in the Appendix.

Performance targets. Target performance levels were set to 80% of students earning an A or B on the measure, 80% earning a passing grade on the measure, or 80% specifically earning a 3 or 4 on the Exit Survey item. This minimal target was set as this is typically at, or slightly above, what the national licensing exam (AMFTRB) and the State of Oregon (OBLPCT) uses for a passing score.

Performance levels. With the exception of the Exit Survey Item due to a poor completion rate, all other direct measures and the other indirect measure met the minimal acceptable level set by MFT faculty.

History of results. This is the first data collected by MFT faculty regarding the above direct and indirect measures related to Outcome One. Therefore, there is no previous data to compare to the data reported above, and no trends can be seen at thistime.

Faculty discussions. MFT student achievement and related program assessment data are typically discussed by faculty in biweekly program meetings. This writer plans to start asking for specific assessment data in future programs meetings closer to when the measures have been completed.

Interpretation. The data collected and reported above illustrates that the majority of MFT students are at least meeting or exceeding the minimally accepted scores on the afore-mentioned direct and indirect measures. However, core MFT faculty will start scoring each other's applicable direct and indirect measure rubrics to ensure reliability of data. Lastly, MFT faculty will discuss and decide upon an alternative indirect measure to the Learning Objectives/Reflection Paper.

SEE OUTCOME THREE TABLE AND COLLECTED DATA ON NEXT PAGE.

Outcome Three: Professional Identity & Ethics (2019-20 Assessment Cycle)

Type of Measure (#)	Artifact/Measure/ Activity (Course/Timing in Program)	Minimal Acceptable Performance (Target Previously Set)	2019-20 Data** (Target met/not met)
Direct Measure #1	Professional Identity Statement (Capstone course; 3rd Year)	80% achieve a grade of A or B, or passing score	100% (4 of 4) earned a passing grade. **Target met.**
Direct Measure #2	Multiple Relationships in Rural Communities Assignment – Ethical Dilemma #2 (Ethics; 1st Year)	80% achieve a grade of A or B, or passing score	100% (4 of 4) of students earned an A or B. **Target met.**
Indirect Measure #1	Graduate Exit Survey [Corresponding] Item (3rd Year)	80% achieve a rate of 3 or 4	Only 25% (1 of 4) of graduating students completed this survey. With such a low completion rate, no data are being reported for this indirect measure. **Poor completion rate.**
Indirect Measure #2	Learning Objectives/Reflection Paper (Rural SUDs; 1st Year)	80% achieve a grade of A or B, or passing score	100% (3 of 3) of students passed (pass/no pass assignment). **Target met.**

Outcome Three: Professional Identity & Ethics – Assessment Activity Narratives

Direct Measure #1 – Professional Identity Statement. This artifact specifically requires students to detail how they are an MFT and systemic mental health therapist. The ***rubric*** for this measure is found within the Appendix section.

Direct Measure #2 – Multiple Relationships in Rural Communities. This activity, specifically titled "Ethical Dilemma #2," requires students to critically analyze ethical codes and apply them to a realistic vignette regarding dual, or multiple, relationships in a rural setting. Refer to the ***rubric*** for this as found in the Appendix section.

Indirect Measure #1 - Graduate Exit Survey [Corresponding] Item. This specific indirect measure is an item on the MFT Exit Survey. This item specifically seeks input from those about to graduate about their learning of the core MFT theories. There is ***not a rubric*** for this measure, but the Graduate Exit Survey and corresponding items are found within the Appendix

section. Please refer to the comment in the table above about receiving poor completion rates for this item.

Indirect Measure #2 – Learning Objectives/Reflection Paper. This indirect measure was used intermittently in Dr. Kathleen Adams's classes. This specific measure was only used in one class during the 2019-20 assessment cycle – Rural Considerations in Substance Use Prevention & Treatment ("Rural SUDs" for short). This assignment requires students to write about three specific course learning objectives they attained during the term and evidence about how they attained these. As Dr. Adams no longer teaches in the MFT Program and as other MFT faculty do not use this same measure in their courses, Drs. Torgerson and Garrett will be discussing an alternative indirect measure to help assess Outcome Three during future assessment cycles.

Outcome Three: Professional Identity & Ethics – Reliability, Performance Targets, Performance Levels, History of Results, Faculty Discussion, and Interpretation

Reliability. During the 2019-20 assessment cycle, all three core MFT faculty scored the Professional Identity Statement as part of the Capstone class using the attached rubric; Dr. Garrett co-taught the Ethics class and he and his co-teacher both scored the Multiple Relationships in Rural Communities Assignment using the rubric in the Appendix section; Dr. Adams scored the Learning Objectives/Reflection Paper indirect measure in the Rural SUDs class; and no one needed to score the Exit Interview Item (i.e., students each score themselves on this). When MFT faculty discuss an alternative measure to the Learning Objectives/Reflection Paper for the 2020-21 assessment cycle, they will also discuss how more than one person will score each direct or indirect (as applicable) measure using the rubrics found in the Appendix.

Performance Targets. Target performance levels were set to 80% of students earning an A or B on the measure, 80% earning a passing grade on the measure, or 80% specifically earning a 3 or 4 on the Exit Survey item. This minimal target was set as this is typically at, or slightly above, what the national licensing exam (AMFTRB) and the State of Oregon (OBLPCT) uses for a passing score.

Performance Levels. With the exception of the Exit Survey Item due to a poor completion rate, all other direct measures and the other indirect measure met the minimal acceptable level set by MFT faculty.

History of results. This is the first data collected by MFT faculty regarding the above direct and indirect measures related to Outcome Three. Therefore, there is no previous data to compare to the data reported above, and no trends can be seen at this time.

Faculty discussions. MFT student achievement and related program assessment data are typically discussed by faculty in biweekly program meetings. This writer plans to start asking for specific assessment data in future programs meetings closer to when the measures have been completed.

Interpretation. The data collected and reported above illustrates that the majority of MFT students are at least meeting or exceeding the minimally accepted scores on the afore-mentioned direct and indirect measures. However, to ensure reliability of data, core MFT faculty will start scoring each other's applicable direct and indirect measure rubrics. Lastly, MFT faculty will discuss and decide upon an alternative indirect measure to the Learning Objectives/Reflection Paper.

Section 7 – Data-driven Action Plans: Changes Resulting from Assessment

Action Drivers

Exit survey items. Low completion rates for students completing the Exit Survey indirect measure is something that MFT faculty will discuss. 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.

Learning outcomes/reflection paper. As previously mentioned, MFT faculty will be discussing and deciding upon another indirect measure to replace the Learning Outcome/Reflection Paper. Since Dr. Adams is no longer with the program and no other MFT faculty use this measure in their courses. Moreover, MFT faculty wonder if this indirect assessment was measuring what we intended it to.

Action Specifics

Based upon the 2019-20 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 and inconsistent use of the Learning Outcomes/Reflection Paper in courses indicate a need to find another way to accurately indirectly measure student learning outcomes.

Accountability

Dr. Garrett, this writer, will be responsible for raising the indirect measures for discussion in future MFT Program meetings during the latter part of the Fall 2020 term. Finding an alternative to the Learning Outcomes/Reflection Paper will be discussed and decided upon during the Winter 2021 term at MFT Program meetings. Dr. Garrett will also be responsible for following up on and collecting data from direct and indirect measures administered during the 2020-21 assessment cycle. MFT faculty will also discuss ways to improve response rates for graduates completing the Exit Survey.

Planning & Budgeting, Improvements in Assessment, & Reassessment

Planning & budgeting. No additional budgeting resources are needed as assessments are already being used, or will be revised and used, in MFT classes. MFT faculty already meet biweekly to discuss program- and data-related matters. However, Dr. Garrett will be sure to plan accordingly, so these changes are discussed and made as part of future MFT Program meetings.

Improvements in assessment. As Dr. Garrett collects data for direct and indirect measures closer to when they are completed, it will be easier than waiting to finish collecting data when compiling future assessment reports. Moreover, as data is collected earlier, Dr. Garrett can ascertain what else may still need to be asked for, to ensure assessment reports are completed in full. No other changes in the assessment process appear indicated, other than those already detailed above.

Reassessment. An alternative to the Learning Outcomes/Reflection Paper indirect measure will be decided upon in MFT Program meetings and implemented no later than the Winter 2021 term. This indirect measure will be used and reported on across other assessment cycles, so it is imperative that it is changed during the 2020-21 assessment cycle. Moreover, MFT faculty will discuss ways to improve Exit Survey response rates, so they can gather more indirect data on program outcomes.

Section 8 – Closing the Loop

The data reported in this 2019-20 assessment report is the first measured and collected 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.

APPENDIX

Order of Supporting Documents

Direct Measures 21

2019-20 Assessment Cycle Direct Measures, Instructions, & Rubrics 22

2020-22 Future Assessment Cycle Direct Measures, Instructions, & Rubrics 22

Indirect Measures 45

2019-20 Assessment Cycle Indirect Measures, Instructions, & Rubrics 46

Exemplar Student Learning Outcomes Reflection Paper 50

PLSOs and Corresponding COAMFTE Standards – Titled "Program Learning Outcomes and COAMTE Core Competencies 55

DIRECT MEASURES

2019-20
ASSESSMENT CYLE
DIRECT
MEASURES

Grading Rubric for Clinical Capstone Portfolio –
MS Marriage and Family Therapy Program (Spring 2020)
Measured During 2019-20 Assessment Cycle

Theoretical Knowledge SLO: Apply principles and constructs of various human development and systems theories to marriage and family practice				
	Superior	**Satisfactory**	**Needs Improvement**	**Unacceptable**
Capstone Assignment (Succinct Theory of Change)	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.	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.
Theory of Change Paper	Original assignment is included, in full, in the Clinical Capstone Portfolio.		Original assignment is not included in the Clinical Capstone Portfolio.	
Healthy Couples Assignment	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 (Spring 2021)
Measured During 2019-20 Assessment Cycle

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; *OR* 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; *OR* submitted vita is lacking organization and overall professionalism.	
Annual Student Evaluation(s)	Annual Student Evaluation(s) is/are included. All components of the student evaluation are answered fully.		Annual student evaluation(s) is/are not included; *OR* all components of the student evaluation are not answered fully.	
Ethical Dilemma Assignment 2	Original assignment is included, in full, in the Clinical Capstone Portfolio.		Original assignment is not included in the Clinical Capstone Portfolio.	

(Multiple Relationships)		

Couples Therapy – Winter 2020

Assignment #1: Healthy Couple Interviews Presentation. Worth 100 points.

What*:* You are to interview two couples whom you believe have healthy relationships, and you are to develop a formal presentation using PowerPoint, of approximately one hour in length, that you will present **in class on Thursday, February 20th**.

- Each couple must represent a different stage of the family life cycle (i.e., those without children, those with children, those whose children have launched).
- These couples can be friends, family, coworkers, etc.
- The couples are ***NOT to be considered clients***. Emphasize to your couples that the interview is ***NOT INTENDED TO BE THERAPEUTIC (THERAPY)***.
- If you choose to record your interviews, you must have the written permission of the individuals you are recording. You must also get their permission to use their actual names. If they would prefer to remain anonymous, please use pseudonyms (made up names) in your presentation.

Why: To integrate information from the required readings about characteristics of healthy couples with your direct experience of two couples who have healthy relationships, gathering information about what these couples believe contributes to their healthy relationship. **The purpose of these interviews is only to *identify positive, functional, interactive strengths*. Do not focus on their perceived weaknesses, only 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. A rubric for the presentation will be posted in Canvas during the second week of class in the "Files" tab and then within the "Rubrics" folder.

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

IMPORTANT: As it may take you some time to schedule an interview with two couples with healthy relationships, please be sure to get your interviews scheduled and completed as soon as possible during the Winter 2020 term. Presentations will be given in class during Week #7 of the term on February 20th. If you do not have your interviews completed or do not present in class on February 20th, you will receive a "0" on this assignment.

SEE HEALTHY COUPLE INTERVIEWS RUBRIC ON NEXT PAGE.

Couples Therapy – Winter 2020

Rubric for Assignment #1: 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." *(Reference Long and Young)*	20	
Referencing APA style referencing Explanation of why you chose the questions you chose Reference to material in Long and Young	10	
Information Specific documentation of the information you gathered: these are the self-identified positive, functional, interactive strengths identified by the couples, with *specific references to the readings in Long and Young.*	30	
In summary: • 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	20	
Total Points	100	

Ethical Dilemmas 1 and 2 Instructions

MFT 550: Ethical Practice – Spring 2020

NOTE: Please read the instructions and tips below carefully, in order to maximize your points on each Ethical Dilemma assignment.

Purpose:

The Ethical Dilemma assignments allow students the opportunity to consider real-life scenarios in which application of knowledge learned during this course can be utilized. This helps the student to develop critical thinking skills, as well as implement an ethical resolution process for what could be, and will likely be, actual clinical situations**.** Lastly, the dilemmas encourage students to get comfortable referring to the state and national MFT codes of ethics, as well as journal articles on mental health ethical codes.

Instructions and Tips for the Ethical Dilemma Assignments:

- Each dilemma (#1 and #2) and the questions for that particular dilemma are found below on the third (3rd) page.

- Students will complete two Ethical Dilemma assignments over the course of the term. Each is due at a different time. Due dates for each Dilemma are mentioned below with each specific dilemma scenario, as well as found in the course syllabus.

- Students will type each dilemma assignment in **APA style**, which will include ALL of the following:
  - A title page and References page
  - Running head
  - In-text citations
  - 12-point Times New Roman font (be sure the running head is also in this size and style of font)
  - 1-inch margins on the top, bottom, and sides of each page
  - No contractions (e.g., "isn't" or "weren't")
  - NOT written from the first-person perspective (i.e., do not use "I" or "my" or "me" or "mine")
  - Questions will be used as headings and will be in bold-faced text and against the left margin

  NOTE: If these APA style requirements are not followed, points will be deducted.

- Unless otherwise specified in the dilemma itself, the dilemma assignments will require students to use a minimum of **three sources** per individual dilemma solution (i.e., 3 sources on Ethical Dilemma #1 and 3 resources on #2). **At least one (1) of the resources will be articles from peer-reviewed therapy or counseling journals** (i.e., professional journals; NOTE: Wikipedia does not count as a peer-reviewed journal or source), and **one of the other 2 sources will be from the Oregon State Licensing Codes (LMFT OARs) and the other one from the National Codes (ACA or AAMFT). NOTE:** If you refer to the course textbook, this does NOT count as a peer-reviewed journal article. If you do not use the appropriate code, points will be deducted from your score for that dilemma.

- Prepare your responses in a question & answer (Q & A) format by including a reprint of the dilemma and question(s) you are answering before you respond to them. If you do not include a reprint of the question before your response, you will lose points. Use the question like you would a heading in an APA style paper (i.e., in bold-faced text and against the left margin).
- Thoroughly respond to each dilemma and demonstrate graduate level functioning through the use of grammar, technical, and professional writing skills. Do NOT cut and paste information from the Oregon licensing code of ethics (OARs) or national codes of ethics (AAMFT or ACA). **Please do NOT use long quotations**. Rather, summarize the information and put it into your own words, while also giving credit to where the information came from (i.e., using in-text citations). If you do not use in-text citations, this is plagiarism. Please use sentences and paragraphs, and do NOT answer the questions using an outline or bullet points. Respond to questions using more than one sentence. A paragraph is typically comprised of at least 3 sentences. Points will be deducted for these issues. If you do not follow these instructions, points will be deducted.
- Respond to each question using **sentences and/or paragraphs.** Do NOT respond using bullet-point lists, or lists or material that were cut and pasted from other sources. You will lose points if this is not followed.
- Be sure to save each dilemma in MS Word (.doc or .docx) or as a PDF in this format: "Garrett_K_Dilemma 1" (you will use YOUR last name and first initial, then the name of the assignment).

There are 2 dilemmas and each dilemma is worth 75 points for a total of 150 points possible.

****IMPORTANT:** Submit your completed Ethical Dilemmas Assignment through Canvas by 11:59 PM on the due date. It is also recommended that you email your Ethical Dilemmas to Dr. Garrett kevin.garrett@oit.edu after you submit them through Canvas to be sure that Dr. Garrett receives them by the due date.

(The dilemmas are found below.)

Ethical Dilemma Assignment #1

DEADLINE: This is due by 11:59 p.m. Pacific on Tuesday, April 21, 2020

You are a Licensed Marriage & Family Therapist (LMFT) in a private practice setting. During a session, your 43-year-old male client tells you that he has been thinking about killing himself. He tells you he has a plan to kill himself because his estranged wife has refused to reconcile with him. The plan is lethal; the client has access to the method; and you believe he intends to carry out his plan. Be sure to answer each question below.

1. What code of ethics applies in this situation?
2. Who would you contact and what should you do?
3. List each of the mandatory reporting requirements (Hint: Another name for mandatory reporting requirements is "exceptions to confidentiality.")

Ethical Dilemma Assignment #2

DEADLINE: This is due by 11:59 p.m. Pacific on Thursday, June 4, 20

While working in a mental health outpatient setting as an LMFT, you notice that one of your colleagues, who is also an LMFT, appears to be dating one of his female clients. You have seen him leave the office following her appointment and they have both gotten into his car and left the building. Upon returning to the office the following day, he tells you that they have begun seeing one another romantically. He plans to terminate her treatment as soon as her authorized sessions have ended. He tells you it will only be about two more sessions. Use the State of Oregon LMFT code of ethics (i.e., OARs), national code of ethics, and a peer-reviewed journal article to answer the questions. Be sure to answer each question.

1. What is the ethical dilemma in this situation for the male counselor? Identify what it is specifically and explain why it is unethical.
2. As his colleague, what would you do? What steps should you take? Refer to the state LMFT code of ethics and a peer-reviewed journal to assist with this question. You do NOT need a third source in answering this question.

SEE ETHICAL DILEMMA #2 RUBRIC ON NEXT 2 PAGES.

Ethics – Spring 2020 Assignment #3: Ethical Dilemmas #1 and #2 Rubric (each separate assignment is worth 75 points)				
Criteria	**Superior**	**Satisfactory**	**Needs Improvement**	**Unacceptable**
Required Components: 60 points possible	60 points • Assignment includes reprint of questions in bold font in the exact formatting, as found in syllabus. • Each response includes superior reasoning and appropriate citations of the required codes of ethics and scholarly source. • Responses do not use bullet points, are not only one- or two-sentence responses.	48 points • Assignment includes reprint of questions in bold font in mostly correct formatting, as found in syllabus. • Each response includes adequate reasoning and appropriate citations of the required codes of ethics and scholarly source. • Responses do not use bullet points, are mostly not one- or two-sentence responses.	46 points • Assignment includes most questions in bold font and/or does not follow instructions for this part of the assignment well. • Each response does not include adequate reasoning and appropriate citations of required codes of ethics/scholarly source. • Responses include some bullet points and/or long quotations; responses do not summarize codes of ethics well.	0-44 points • Assignment does not follow instructions well on any of the previous categories. It appears that student did not refer to syllabus, did not refer to the Example Ethical Dilemma as posted in Canvas as a sample formatted document.

Appropriate Spelling, Grammar, Punctuation 7 points possible	6-7 points • There are no more than three spelling, grammar, or syntax in the assignment.	5 points • There are no more than five spelling, grammar, or syntax errors in the assignment.	4 points • There are more than five spelling, grammar, or syntax errors in the assignment.	0 points • There are numerous spelling, grammar, or syntax errors, which make it hard to read and understand what is being expressed in the assignment.
APA Style 8 points possible	8 points • Follows APA style when completing the Dilemma assignment (1 error or less per page)	7 points • Adequately follows APA style when completing the Dilemma assignment (2 errors per page)	6 • Does not adequately follow APA style when completing the Dilemma assignment (3 errors per page)	0-5 • Does not follow APA style at all when completing the Dilemma assignment (4+ errors per page)
Points Possible 75	**Total Points Earned**			

2020-2022
FUTURE
ASSESSMENT
CYCLE
DIRECT
MEASURES

Grading Rubric for Clinical Capstone Portfolio –
MS Marriage and Family Therapy Program
(To Be Measured During 2020-21 Assessment Cycle)

Interpersonal Effectiveness SLO: Achieve personal development and demonstrate positive relationship skills via effective communication	
Superior / Satisfactory	**Needs Improvement / Unacceptable**
Professional letter of reference includes evidence of competency in clinical and theoretical knowledge, cultural competency, ethical practices, and overall professionalism.	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.
Professional letter of reference includes evidence of competency in clinical and theoretical knowledge, cultural competency, ethical practices, and overall professionalism.	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.
Professional letter of reference includes evidence of competency in clinical and theoretical knowledge, cultural competency, ethical practices, and overall professionalism.	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) professional reference letters

Grading Rubric for Clinical Capstone Portfolio –
MS Marriage and Family Therapy Program
(To Be Measured During 2021-22 Assessment Cycle)

Clinical Knowledge 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.				
	Superior	**Satisfactory**	**Needs Improvement**	**Unacceptable**
Capstone Assignment (Clinical Knowledge Development)	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.	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.	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.	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.
CCE Template with Instructor Feedback	Original assignment (with instructor feedback) is included, in full, in the Clinical Capstone Portfolio.		Original assignment is not included in the Clinical Capstone Portfolio.	
BSED for Practicum I, II, III	Original assignment are included, in full, in the Clinical Capstone Portfolio.		Original assignments are not included in the Clinical Capstone Portfolio.	

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

Here are the instructions for completing this assignment:

- This is the one major assignment for this course. This assignment may, and will likely, require you to stretch and immediately start using your research skills. Please use the resources listed below to help you with this assignment. You are also encouraged to ask Dr. Garrett questions you may have about 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 16, 2020 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 8 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 12 years ago (sources need to be published from 2008-2020). 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.
- Please refer to Dr. Garrett's Dissertation posted in Canvas within the "Files" tab to see how a literature review is written and organized and to see what's contained in a literature review. This will give you an idea of how to organize a literature review based upon the research you found on your topic.
- Here are 2 other helpful resources regarding literature reviews:
  https://www.youtube.com/watch?v=2IUZWZX4OGI
  https://www.youtube.com/watch?v=SD08Hcw6U0U

Assignment #3 is due by 11:59 PM pacific on Monday, November 23, 2019. It is worth 100 points. You will submit (upload) your typed assignment through Canvas. Save your paper in MS Word (.docx) or a PDF file format (.pdf) before submitting it.

SEE LITERATURE REVIEW RUBRIC ON NEXT SEVERAL PAGES.

Student Name: _____

Lifespan Development

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. Gaps in the existing research literature are poorly covered.	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	8 points Student shows careful reading of sources but may not evaluate them critically. Sources are appropriately cited using APA formatting with	6 points Student shows basic comprehension of sources, with lapses in understanding. Sources are cited	0 points Student neglects to use sources when necessary to support statements.

	and accurately cited using APA formatting.	minimal (fewer than 5) errors.	throughout; however, they are not appropriately cited using APA formatting.	
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.

(Points possible = 100)

Final Score =____/100

Dr. Garrett's Additional Comments:

INDIRECT MEASURES

2019-20 ASSESSMENT CYCLE INDIRECT MEASURES

Marriage and Family Therapy, M.S.

Department Chair: Mark Neupert
Program Director: Kathleen Adams
Assessment Coordinator: Kevin Garrett

MM FT- PROGRAM QUESTIONS (4 QUESTIONS}

Q1
Please rate your proficiency in the following areas.

	High Proficiency	Proficiency	Some Proficiency	No Proficiency

Q1
How much has your experience at Oregon Tech contributed to your knowledge, skills, and personal development in the following areas.

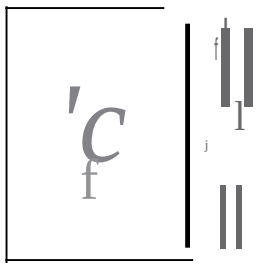
	Very much (4)	Quite a bit (3)	Somewhat (2)	Very little (1)
Theoretical Knowledge: Applying principles and constructs of various human development and systems theories to marriage andfamily practice.				
Clinical Knowledge: Applying family therapy skills and techniques to assess, structure and direct therapy, help clients to find solutions, identify strengths, and stay engaged in the therapeutic process.				
Professional Identityand Ethics: Developing a professional identity consistent with professional attitudes and behaviors outlined in the AAMFT Code of Ethicsand 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 qualityof education you received?



A
B
C
D
F

INDIRECT MEASURE #2

(Used During 2019-20 Assessment Cycle – Will be Replaced in Future Cycles)

***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

SEE EXEMPLAR STUDENT LEARNING OBJECTIVES/REFLECTION PAPER ON NEXT SEVERAL PAGES.

Student Learning Outcomes

[Student Name]

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. lncudes 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 met hods.

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 experiencesof members of socio-cultural majority and minority groups; and will integrate that understanding intoethical 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 sensitiv e 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.