



College	College of Education and Allied Studies
Department	Educational Psychology
Program Unit	MS in Counseling, Marriage and Family Therapy Option
Reporting for Academic Year	2017-2018
Department Chair	Dr. Jack Davis
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**COMMITTEE ON ACADEMIC PLANNING AND REVIEW
ANNUAL PROGRAM REPORT**

1. SELF-STUDY

A. Five-year Review Planning Goals

The Marriage and Family Therapy (MFT) program follows a two-year cycle of program planning in accordance with the Board of Behavioral Sciences (BBS), our state licensing body for Marriage and Family Therapists. MFT program standards align with BBS program rules and regulations regarding curriculum requirements, which include adherence to classroom and clinical field-placement learning objectives.

We presented three goals in our last CAPR report:

1. Stabilize Student Admissions.
2. Re-evaluate curriculum standards.
3. Stabilize Faculty to maintain program quality.

B. Five-year Review Planning Goals Progress

The MFT program faculty remained steadfast and achieved progress on the first two program goals presented in the last CAPR annual report and are still working on the third goal:

1. The first goal was to maintain stable admissions (admitting 24 students within each program yearly). To date we have retained all students who have entered our cohorts. This year we have N=45 for first and second year cohorts combined. We no longer have a Concord cohort which was eliminated during the budget cuts. The 5-year average of the number of degrees awarded annually is 31.
2. The second goal was to ensure the program curriculum continues to meet state standards set forth by the State of California Board of Behavioral Sciences regarding graduate training and preparation of students for state licensing. We had to add two new courses to meet the new changes in the requirements, Community Mental Health Counseling and Career Counseling. Our goal was to ensure the curriculum contained all Marriage and Family Therapy state licensing required classes. We met this goal and while doing so also became eligible to offer the new a Licensed Professional Clinical Counselor (LPCC) license also offered by the BBS.
3. A third goal involved stabilization of faculty. We lost one tenure track faculty position when she went on research leave for 2009-2011 and never returned. We lost another half time position when another member of our faculty entered the Faculty Early Retirement Program (FERP) and retired. We also lost the Program Coordinator when she retired last March, leaving us with only one full-time tenured faculty member. However, we remain a successful program by utilizing highly qualified part-time faculty who continue to have a positive impact on our students. This is not the best scenario and continuity and a solid base would keep things running more efficiently. We hope to be able to search for another faculty position next year to ensure high caliber faculty.

C. Program Changes and Needs

Since we had one departing faculty member, the faculty member in the FERP program retired and the Program Coordinator also retired, we believe it will be essential to search for a new position to maintain the quality training of our MFT and LPCC students. A part-time adjunct faculty Program Coordinator is not enough to run the program smoothly.

The MFT program is seeking to advance our program to keep up with national accreditation standards through the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The BBS aligns with these standards and we would be the first public university in the Bay area to offer this prestigious status. We will conduct an intensive self-study in order to see what changes may need to be implemented to achieve this goal. Program accreditation defines a program as having met nationally established standards for training in the field. Students benefit particularly with greater ease in gaining access to licensure across state lines and

by recognition of the quality of the program. The program benefits from being defined as having met nationally recognized standards and qualifying for access to greater visibility and resources. The MFT program will require release time for the program coordinator and one faculty member to write an extensive review of the self-study.

2. SUMMARY OF ASSESSMENT

A. Program Student Learning Outcomes

Over the last two years, the MFT program has designed and implemented multiple curriculum changes as we responded to changes in educational training requirements set forth by the BBS. We modeled COAMFTE accreditation standards (seeking accreditation) along with BBS standards for educational and clinical requirements in evaluating student learning outcomes.

Student Learning Outcomes:

ILO	PLO
Thinking and Reasoning	Critical Thinking
Communication	Communication
Diversity	Understanding Diversity
Collaboration	Collaboration
Sustainability	Ethical Practice
Specialized Discipline	Active Engagement in Learning

B. Program Student Learning Outcome(s) Assessed

Student Learning Outcomes include:

Critical Thinking
Communication
Understanding Diversity
Collaboration
Ethical Practice
Active Engagement in Learning

C. Summary of Assessment Process

We focus on assessment for learning throughout the program by integrating resilience, resourcefulness, reflectiveness, and reciprocity into what our students do in class, and at their clinical fieldwork placement sites. As evidenced in the following example, we assess resilience by having students review their own program dispositions and clinical aptitudes regularly. We assess resourcefulness by observing how our students get below the surface and capitalize on resources in themselves, their cohort, and in their community. We assess reflectiveness by having students develop a capstone project designed for them to demonstrate their competence professionally and clinically. Reciprocity is assessed by training our students in counseling communication skills throughout the program.

Assessment process:

1. Fieldwork (SLO: Critical Thinking, Communication, Diversity, Collaboration, Ethical Practice, and Active Engagement in Learning): Clinical cases are reviewed on an ongoing weekly basis during fieldwork to help students improve their clinical aptitudes and abilities in working with diverse populations.
2. Clinical Dispositions (SLO: Critical Thinking, Communication, Diversity, Collaboration, and Ethical Practice): Students complete quarterly Clinical Disposition Rubrics in order to reflect on their progress.
3. Evaluations (SLO: Communication, Diversity, Collaboration, and Ethical Practice): Clinical Supervisors also rate students in quarterly fieldwork evaluations based on student's clinical skills and abilities, professionalism, legal and ethical standards, and clinical systemic relational work with clients.
4. Advisement (SLO: Critical Thinking, Communication, Diversity, Collaboration, Ethical Practice, and Active Engagement in Learning): Students also meet quarterly with an assigned program advisor to monitor student learning and progress. They look for grades, growth and active engagement in the learning process, cultural humility, challenges, legal and ethical practice, integrating theory and practice, the use of evidenced-based treatments for mental illness, working collaboratively with clients and other mental health professionals and systems of care, course reviews, rubric reviews, current learning, suggestions for program or course improvement, interactions with cohort members, and personal and professional areas of strength.
5. Capstone Project (SLO: Critical Thinking, Communication, Diversity, Collaboration, Ethical Practice, and Active Engagement in Learning): Students complete a Culminating Capstone

Project during their second year, highlighting their work over the two years in the program.

D. Summary of Assessment Results

Program curriculum is based upon a comprehensive and substantive understanding and foundation of human development, family dynamics, systemic thinking, interactional theories, traditional and contemporary marriage and family therapy theories, research, legal and ethical principles, professional practice, clinical skills, and the cultural context in which they are embedded.

Fieldwork: The program provides a rich and varied clinical training experience with excellent supervision. Students gain clinical experience within the program's clinical training guidelines at an approved community mental health based agency, clinic, hospital, school or other mental health based agency. All supervisors are either Approved Supervisor designates or equivalent. All sites must provide opportunities to work with a culturally diverse population of families, couples, and individuals and children, and provide supervision by Approved Supervisors, and be able to provide supervision via audiotape, videotape, or live supervision. Students must complete a minimum of 225 direct client contact hours. Students must additionally have a minimum of one unit of supervision for every five client hours and obtain approximately 45 - 50 hours of supervision accordingly. All students get placed and all complete their required hours.

The MFT faculty increased contact with student clinical placement field site supervisors to better monitor student performance. Contact with site supervisors has assisted faculty in making a stronger connection of the theory learned in the classroom with clinical practice involved in working with individual clients and within mental health agencies. In addition to contact with site supervisors, faculty members continue to invite graduates to come to classes and discuss the translation of graduate school learning to serving clients and working within agencies.

Clinical Dispositions: The Marriage Family Therapy Program has implemented a Professional Dispositions and Clinical Aptitudes rubric. The rubric is an important tool that assists MFT faculty in assessing and monitoring student progress in the program. The rubric allows for a quantitative method of measuring each student's performance in specific areas. These professional dispositions and clinical aptitudes are widely accepted as important in the field of counseling. The rubric allows faculty to screen out students who might master the academic knowledge and technical skills of counseling but are performing poorly in clinical application of learning so that it impacts their ability to perform in the counseling profession. The tool provides a concrete guide for students' growth and development as they progress through the program. Based on responding to needs for more comprehensive student assessment and evaluation, the rubric assessment has become a critical addition to evaluate less concrete aptitudes and dispositions that are also important to be an effective counselor.

Evaluations and Advisement: The self-assessment element of the process is also extremely helpful in guiding the students' progress. Each student becomes more aware of her/his progress and can create and monitor an individual plan for self-improvement. During the year each MFT student met with their faculty advisor each quarter to assess student growth and development as measured within the rubric. The advisor reviews the rubric and provides additional feedback and input from various faculty, instructors, and fieldwork supervisors regarding student development of clinical aptitudes and professional dispositions. We faculty believe a major outcome of use of the assessment instrument will be more detailed performance feedback for each individual student. No rubric modifications plans were initiated in the system for 2016-2017.

Capstone: The Capstone Project is the culminating experience for students in their second year of the MFT program. It includes three sections: 1. Professional Development, 2. Literature Review and Clinical Training Workshop, and 3. Clinical Case Analysis Paper. This is a project highlighting what they have learned throughout their program and shows an active engagement in their learning process, integrating critical thought with their growth as a therapist, theoretical knowledge gained, collaboration, clinical skills, ethical standards and a respect for diversity.

Additional Comments: Faculty continue to monitor all classes and respond to student feedback from formal student course evaluations, use of mid-quarter class evaluations to make within quarter adjustments, and formal and informal contact with students regarding course content and structure. Faculty review student comments and suggestions and discuss innovative ways to modify teaching techniques and classroom delivery style. Review with students has become more important to monitor performance by additional part-time faculty.

Faculty have collaborated with faculty from other institutions and attended trainings to discuss ways to modify program curriculum to respond to continual changing in state licensing standards. The MFT program is currently in the first year of new program requirements and we will be monitoring new courses and licensing requirements in fieldwork closely. In addition faculty replaced the Thesis with culminating project and may introduce other methods better aligned to clinical practice during the 2016-2017 academic year. Faculty anticipate the next review for CAPR will include more information about state legislation and curriculum modification, as well as updates on the program movement for professional accreditation.

The program's commitment to social justice and diversity has produced a dynamic and multicultural infused curriculum. In addition to specialized courses with multicultural content in MFT, faculty works to incorporate cultural considerations into all coursework. Learning processes are highly interactive, including emphases on both personal growth and professional knowledge and skills. The program has a long tradition of serving the community through its clinical traineeship placements serving agencies throughout the Bay area serving diverse client

populations. Graduates of the MFT program at have been highly successful in securing employment in community agencies, private practices, hospitals, and school-affiliated programs. Graduates are regarded very highly by local employers and are recognized for the strength of their clinical training and cultural competency.

3. STATISTICAL DATA

Student Demographics for Graduate Candidates in Marriage and Family Therapy Program

of Graduates 2016 = 19

of Graduates 2017 = 18

Number of Majors

Major	Option	2014-2016
Counseling MS	Marriage and Family Therapy	34

Number of Degrees Awarded

Major	Option	2015-2016
Counseling MS	Marriage and Family Therapy	19

Number of Degrees Awarded

Major	Option	2016-2017
Counseling MS	Marriage and Family Therapy	18

New Enrollment numbers for Fall 2012-Fall 2016

	Fall 2012	Fall 2013	Fall 2014	Fall 2015	Fall 2016
MFT option	25	15	20	19	26