Expected outcomes:
The Auburn University Marriage and Family Therapy M.S. degree program is fully accredited by the Commission on Marriage and Family Therapy Education (COAMFTE). The approved educational goals of the program can be seen in the attached Appendix A. The overall educational goals are two-fold: Graduate professionally competent marriage and family therapists who are prepared to apply to and to be accepted into at least one doctoral program, if they choose to continue their education at the doctoral level.

The MFT faculty believes that the primary Expected Program Outcome (PO) related to the competency of our graduates as clinicians is PO7: Yearly AU MFT Center client data will reveal that the clients are satisfied with their self-reported therapeutic alliance and progress toward therapy goals. Students can take test, write papers and make presentations, but we believe that the student therapist’s progress is best measured by her/his ability to develop a therapeutic relationship with clients and have their clients report progress with their symptoms. Appendix B describes how each PO is assessed and, when appropriate discloses the minimal goal for each PO. For PO7 the target is 70%.

Assessment method: Clinical Data Collection
All counseling clients at the MFT Center complete an extensive set of assessments before they begin therapy and at every subsequent 4th session. The first four session ratings are grouped to record overall ratings. In addition to assessing their progress toward their therapeutic goals, these surveys included a measure of the quality of the therapeutic alliance that emerged between the client and therapist during the course of therapy. MFT theories emphasize the importance of this alliance to positive therapy outcomes. Findings are based on the latest observation from each client. For 2013, 11 student therapists were working as therapists at the AU MFT Center.

Findings
For 2013, 77.5% of 80 clients completing the therapeutic alliance questions reported developing a good to excellent therapeutic alliance with their therapists. Year-to-year percentages for 2006 - 2013 (620 total cases) indicated a low of 77.5% and a high of 90.9% reporting a good to excellent therapeutic alliance with their therapist.*

Also, for 2013, 88.3% of 80 clients reported being moderately to highly satisfied with the progress they had made toward their therapeutic goals. Year-to-year percentages for 620 cases, between 2006 and 2013 indicated a low of 77.8% satisfaction and a high of 97.1% satisfaction with progress. When separating clients out by the type of therapy (i.e., individual, couple, family), the numbers are similar for males and females about progress on goals. Male and female clients
attending individual therapy rated progress towards goals from moderately to highly satisfied 85.7% and 100% respectively. Couples therapy ratings were 93.8% for males and 85.7% for females. For family therapy the progress towards goals reporting moderately of highly satisfied were 91.6% for males and 86.6% for females. For couples and family therapy, females reported slightly less progress towards goals, but both were in the acceptable range. Individual females reported the highest satisfaction towards reaching their goals.

**How did you use findings for improvement?**

These findings suggest that MFT student therapists continue to develop strong relationships with their clients and make progress toward their therapeutic goals, two important indicators of effective therapy. In 2013 the alliance scores dropped from previous years. Because of this drop faculty met with students and came up with a plan for focusing on developing consistent treatment plans, connecting case notes to treatment plans more effectively and emphasizing key therapeutic techniques to develop quicker change in therapy. We also decided to evaluate progress towards therapy goals based upon individual, couple, or family therapy treatment. Overall, it seems that both males and females score high in meeting client progress towards goals. Typically, males report stronger progress towards goals. However, females receiving individual therapy reported the satisfaction of any group in making progress towards their therapy goals. Future surveys might attempt to evaluate outcomes in therapy alliance based upon ethnic background. This sub-sample of clients may be less satisfied with these areas and their views could help produce suggestions for improvement.

*For the purpose of evaluating our program on a yearly basis client data is aggregated across student therapists as reported here. Each student completes a portfolio every clinical semester in which they must make the case for their clinical competence utilizing the results of the on-going client data collection combined with video evidence from their actual sessions. Appendix B more fully describes the portfolio under PO6.*
Graduate professionally competent marriage and family therapists who are prepared to apply to and to be accepted into at least one doctoral program, if they choose to continue their education at the doctoral level.

**Expected Faculty Outcomes (FO)**

1. MFT faculty members will demonstrate effective teaching in all courses they teach that are included in the MFT curriculum. (FO-1).
2. MFT faculty members will be active researchers/scholars who involve and mentor MFT students in relation to research (FO-2).
3. MFT faculty members will demonstrate effective supervision with MFT students in the practicums and internships they supervise (FO-3).
4. MFT faculty will be actively involved in professional service (FO-4).

**Expected Student Learning Outcomes (SLO)**

1. Complete 53 semester hours, at least 500 hours of direct client contact, 250 of which must be relational, and at least 100 hours of AAMFT or equivalent supervision (SLO-1).
2. Possess a strong theoretical foundation upon which to base therapy practice (SLO-2).
3. Possess a breadth of theoretical ideas and accompanying clinical techniques of the field (SLO-3).
4. Understand how developmental issues impact the functioning of individuals and families (SLO-4).
5. Demonstrate effective therapy skills’ (SLO-5).
6. Acquire research skills and knowledge which can be used to evaluate published research and clinical work (SLO-6).
7. Function efficiently and professionally as marriage and family therapists in the community (SLO-7).
8. Demonstrate knowledge and mindfulness of the contextual issues of race, gender, religion, poverty, ethnicity, and sexual orientation (SLO-8).

**Expected Program Outcomes (PO)**

1. MFT faculty will achieve “meets expectations” or “exceeds expectations” in all areas of the yearly AU Faculty Evaluation (PO-1).
2. Graduates, who chose to apply, will be accepted by at least one doctoral program (PO-2).
3. Graduates, who attempt the National MFT Exam, will pass the exam (PO-3).
4. Admitted students, who begin the AU MFT program, will graduate with the AU MFT, MS (PO-4).
5. Graduates, will work as MFTs (PO-5).
6. MFT student clinicians will demonstrate their clinical effectiveness with their AU MFT Center clients (PO-6).
7. Yearly AU MFT Center client data will reveal that the clients are satisfied with their self-reported therapeutic alliance and progress toward therapy goals (PO-7).
8. MFT students will demonstrate clinical competence with diverse client populations (PO-8).
Appendix B
AU MFT Program Outcomes*

PO-1. MFT faculty will achieve “meets expectations” or exceeds expectations” in all areas of the yearly AU Faculty Evaluation

This data is collected from the HDFS Department Head after the yearly AU Faculty Evaluation Process is complete, usually in late May/Early June. Since faculty evaluation data is confidential, each of the three core MFT faculty have given permission for the department head to share with the MFT Program Director whether “Meets Expectations” or Exceeds Expectations” occurs in each evaluation area each year. This data is then aggregated (See Appendix D). Success criteria for PO-1 are set at 75% for individual faculty, each year. The expectation is that any area “Below Expectations” will be improved by the next evaluation year. The fall faculty meeting is where this data is reflected upon, officially, though any “Below Expectations” rating is practically, planned for improvement by the individual faculty member long before that. This data is found in Appendix D.

PO-2. Graduates, who chose to apply, will be accepted by at least one doctoral program.

This data is collected during the application/recruitment period of the academic year (Jan.-May). All MFT students who apply for doctoral programs do so with the help and support of several members of the MFT faculty. Without our mentoring, letters of recommendation, thesis leadership/assistance and contacts, student efforts would have significantly less chance for success. In the fall faculty meeting we share and discuss how the process went with any students that applied. Success criteria for PO-2 are set at 80%. This data is reported in AU MFT, COAMFTE AGGREGATED DATA, 2004 – 2010, found in the file NEW MFT INFO.pdf, site visit report, new documents received.

PO-3. Graduates, who attempt the National MFT Exam, will pass the exam.

This data is aggregated on a yearly basis, for the COAMFTE yearly report, though it has historically been collected by a variety of means, depending primarily upon self-report, word-of-mouth, alumni surveys, calls around annual report time, spontaneous reporting to us (in celebration). The program requested that the Alabama LMFT Board (ABEMFT) look into a reporting process back to the programs. At their December 9, 2011 meeting, the ABEMFT passed a motion to begin a reporting program to state institutions about their graduates taking and passing the exam, though a release will need to be given by the individuals involved. This should make our data collection more reliable. Success criteria for PO-3 are set at 80%. This data is reported in AU MFT, COAMFTE AGGREGATED DATA, 2004 – 2010, found in the file NEW MFT INFO.pdf, site visit report, new documents received.
PO-4. Admitted students, who begin the AU MFT program, will graduate with the AU MFT, MS program.

This data is collected based upon graduation for Auburn University. Success criteria for PO-4 are set at 75%. This data is reported in *AU MFT, COAMFTE AGGREGATED DATA, 2004 – 2010*, found in the file NEW MFT INFO.pdf, site visit report, new documents received.

PO-5. MS, MFT graduates, will work as MFTs.

This data is collected via alumni survey, self-report, program enquiry, faculty involvement (recommendations). Success criteria for PO-5 is set at 70%. This data is reported in *AU MFT, COAMFTE AGGREGATED DATA, 2004 – 2010*, found in the file NEW MFT INFO.pdf, site visit report, new documents received.

PO-6. MFT student clinicians will demonstrate their clinical effectiveness with their AU MFT Center clients.

The portfolio process utilized in the evaluation component for the five clinical semesters (two practicum semesters [7621 & 7631] and three internship semesters [7920]) produces the data. Criteria for meeting PO-6 resides with the faculty clinical supervisor to determine if each clinician has made the case for competence with their Center clients that semester, relying on clinical assessments tracked over time, session video, and live supervision experience. This data is collated per student, as a grade each semester. It is examined per cohort, by the faculty supervisor and discussed at the appropriate MFT faculty meeting in relation to reflection toward any needed changes. The portfolios are passed on to the next semester clinical supervisor. This data is found in AU MFT student clinical files.

PO-7. Yearly AU MFT Center client data will reveal that the clients are satisfied with their self-reported therapeutic alliance and progress toward therapy goals.

The on-going AU MFT Center evaluation data yields program level data that when aggregated, is used to support the MFT program’s contention that effective therapy occurs at the Center. Specifically, the data concerning therapeutic alliance and client report of progress toward goals are now set as criteria for meeting PO-7 of 70%. This data has been reported to SACS supporting the AU MFT Center in the early/middle 2000s and in 2011, supporting the HDFS department. In addition to PO-7, this data represents an established criteria related to the overall goal of the program related to training competent MFTs.

PO-8. MFT students will demonstrate clinical competence with diverse clients.

The data for this PO will derive from the specific charge to clinical students to utilize the portfolio process to demonstrate effectiveness with diverse clients during their clinical semesters at the AU MFT Center. Additionally, the internship placement supervisors will be instructed to specifically evaluate the student interns in relation to their effectiveness with diverse clients seen
on internship. This is critical as the opportunity to do therapy with diverse clients is much greater on placement than at the AU MFT Center. Both of these processes will begin in January, 2012 with the new semester. While these two official processes related to the program’s new PO-8 are just beginning, please note in the site report that visitors heard how student clinical experience with diverse clients is already being evaluated and supervised, though not formalized in reporting as it will be hence forth. See Appendix C for other actions on the program’s part that will provide other types of data to evaluate not only PO-8, but also SLO-8 (knowledge and mindfulness concerning diverse contexts). This data will be found in AU MFT student clinical files.

*PO annotations that do not reference where data may be found do not do so because the data was previously published in the AU Self Study or AU Response to Commission Review Letter.

# Approved, MFT faculty meeting, 12/16/11, took effect immediately upon approval.