

MFT Program Handbook

2016 – 2018 Cohort



Marriage and Family Therapy Specialization¹

Department of
Human Development & Family Science

Oklahoma State University
Stillwater, Oklahoma

¹The Marriage and Family Therapy Program at Oklahoma State University is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), 112 South Alfred Street, Alexandria, Virginia 22314, (703) 838-9808, coa@aamft.org.

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Introduction

Welcome and Congratulations on your continued academic success!

Graduate school represents a new educational experience, and students are faced with a large amount of complex information. The OSU MFT Program Handbook serves as a resource to help guide students through this experience. This handbook describe expectations from the point of admission to degree completion and provide information about the program's policies and procedures.

All students receive a copy of the OSU MFT Program Handbook upon entrance to the program and an electronic version of the Handbook is provided to students in the form of an easily accessible pdf on the program's website and server.

It is important for you to be familiar with this handbook and to review it periodically as it is your responsibility to ensure that you are meeting all requirements for continued progress and eventually graduation.

Program Overview

The Master of Science Degree Specialization in Marriage and Family Therapy (MFT) in the Department of Human Development and Family Science (HDFS) at Oklahoma State University (OSU) is designed to provide those who are beginning careers in marriage and family therapy with the basic knowledge, skills, and professional identity essential to the practice of marriage and family therapy at the entry level. Students in this program will be involved in an educational experience that will qualify them to practice in controlled settings, while continuing education, personal growth, and professional experiences are accumulated. Consistent with the guidelines established by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the curriculum includes coursework in human development, marital and family studies, marriage and family therapy, professionalism and ethics, research and statistics, and supervised practicum. Students are required to follow an organized sequence of study, in which academic and practicum coursework are integrated. A minimum of 60 graduate credit hours is required.

MFT Specialization Mission Statement

The Master of Science (M.S.) specialization in marriage and family therapy at Oklahoma State University prepares students to competently assess for individual and family risk and to foster resilience and positive transformation in the face of adversity from a systemic perspective. The program emphasizes parallel development in the areas of clinical skills, self-awareness, and the establishment of a personalized model of family therapy, with a progressive integration of the three areas as the student develops basic competence in each area.

Values & Objectives

Graduates of the program will:

1. Demonstrate clinical competence with assessment, admission to treatment, paperwork and case management, therapeutic interventions, and ethical decision-making.
2. Have a clear, integrated model of family therapy that consistently informs their assessment and treatment decisions and practices.
3. Have a high degree of self-awareness in both therapeutic and professional contexts and will be open and committed to continual self-evaluation in these systems.
4. Be knowledgeable consumers of research, demonstrating competence in evaluating and summarizing research related to the field of MFT.

In the program no single theory of marriage and family therapy is presented as THE approach. Rather, students are exposed to a broad range of marriage and family therapy models and encouraged to develop their own systemic model of treatment. The process of developing proficiency as a marriage and family therapist is viewed as an ongoing integration of growing awareness and development of self, growing skillfulness in the application of various therapeutic methods, and growing knowledge and understanding of individual/family dynamics, problems, resources and possibilities for change.

The specialization in Marriage and Family Therapy at OSU is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT). This will allow students to apply for Clinical Membership in AAMFT and take the Oklahoma, and most other states' MFT licensure exam (some states require additional coursework due to unique requirements) after they have completed the required number of post-graduate hours practicing family therapy. It is the student's responsibility to explore licensure in the state she/he plans to practice Marriage and Family Therapy. Licensure. Requirements change from time to time, and differ from state to state.

Roles and Responsibilities

MFT Program Coordinator

The Program Coordinator is responsible for oversight of the curriculum and the overall clinical training program, planning and growth of the Center for Family Services (CFS) facilities in conjunction with the CFS director, and for both maintenance and enhancement of program quality. The Program Coordinator is ultimately responsible for the MFT program through adherence to the MFT program mission, and the goals and objectives related to the maintenance and enhancement of the mission.

The Program Coordinator is additionally responsible for the program compliance with MFT State of Oklahoma licensure law, maintaining and/or achieving COAMFTE accreditation standards, and the overall success of the program as determined by a joint group of the MFT faculty, the OSU HDFFS Department Head and the Human Sciences Dean. Each student who satisfactorily completes an MFT Masters level program is to receive a formal declaration from the Program Coordinator attesting to that fact. The Program Coordinator will not attest to a student's completion of a Masters level program without adequate records demonstrating that all requirements for graduation have been met.

Director of Clinical Training

This person is responsible for seeing that services provided within the scope of the clinic meet appropriate ethical, legal, and competent service standards. S/he is responsible for the clinic operations maintaining economic viability, and for the services provided being consistent with the policies of the MFT program and greater HDFFS department. S/he approves all activities to be conducted in the clinic on the basis of said activities meeting the stated requirements. This authority may be delegated to temporarily designated faculty or clinic staff.

Clinical students and staff are responsible to the Director of Clinical Training for all clinic activities not otherwise specified. Only the director can authorize changes or waivers of student responsibilities in the clinic. The director, in conjunction with the MFT Program Coordinator, is responsible for maintaining the clinic facilities upkeep and planning toward growth or development of the facilities, services provided, or staffing and resource needs to meet said growth and development.

MFT Faculty

There are currently three MFT faculty members in the HDFFS department at OSU. You will work closely with the MFT faculty as you pursue your degree. The MFT faculty will teach the majority of your courses, will provide the majority of your clinical supervision, and one of the MFT faculty members will serve as the chair of your committee. Following is a brief introduction to each of these faculty members.

Matt Brosi, Ph.D., is a graduate of the COAMFTE accredited Ph.D. program at Michigan State University. Dr. Brosi came to OSU in 2004. His research interests focus on co-parenting, divorce, and remarriage, as well as domestic violence and sexual assault. Dr. Brosi currently serves as the Director of Clinical Training for the MFT program and oversees the Center for Family Services.

Kami Gallus, Ph.D., is a graduate of the COAMFTE accredited Ph.D. program at Texas Tech University. Dr. Gallus came to OSU in 2007. Her research interests are systemic dynamics and intergenerational transmission of trauma, systemic factors of posttraumatic growth and resiliency, women's mental health and childbearing issues, and quality of life for individuals with intellectual and developmental disability and their families. Dr. Gallus currently serves as the MFT Program Coordinator.

Nathan Hardy, Ph.D., is a graduate of the COAMFTE accredited Ph.D. program at Kansas State University. Dr. Hardy came to OSU in 2016. His research interests focus on change processes in couple therapy, relationship education delivery and curricula, the longitudinal course of healthy marriage, and the intersection between relationship processes and diabetes self-management.

Clinical Staff

A "Clinical Staff" designation must be made by the Program Coordinator in conjunction with the MFT faculty. This designation must be carried in order to provide CFS services, supervise clinicians operating in the CFS, or otherwise have access to view or to provide services, training or supervision within the scope of the Center for Family Services clinic operations. CFS support personnel would need to be given clinical staff designation before managing intakes, working with clinic data, etc.

A temporary designation may be given to a visiting faculty member, clinician, or other appropriately qualified person for purposes fitting with the MFT program mission and goals. The temporary designation may be given only by the MFT Program Coordinator, their appointed designee, or the Director of Clinical Training in communication with the Program Coordinator.

Graduate Chair and Advisor

During your first semester, the MFT Program Coordinator will serve as your temporary chair. However, during your second semester you will need to choose a permanent chair. Your chair is the faculty person who will serve as your primary contact. In other words, s/he oversees your academic program. The following descriptions taken from the graduate college website describe the distinct roles of the chair and the advisor:

The Chair's primary duty is to monitor the progress of the student toward the degree. S/he need not necessarily be the advisor, but should have a strong familiarity with the academic requirements appropriate to the degree sought. The chair must hold an OSU faculty appointment, normally a tenure-track appointment in the academic unit in which the degree is housed (i.e. MFT core faculty member). The chair's duties include convening meetings of the advisory committee as appropriate; ensuring compliance with policies, procedures and requirements; overseeing the plan of study and research document submission processes; and ensuring that the research topic undertaken is appropriate to satisfy degree requirements, with the results openly accessible. If the chair is not also the advisor, s/he should serve as a liaison with the advisor with regard to progress of research in fulfillment of degree requirements.

The Thesis Advisor's primary duty is to mentor the student in regard to the conduct of research necessary for the completion of the degree for thesis track students. As a result, it is expected that the advisor establish the closest working relationship with the student. S/he

may also serve as the chair of the thesis committee if an MFT core faculty member. The advisor must be a Member of the Graduate Faculty, but need not hold an OSU faculty appointment. The advisor's duties and privileges include guiding and counseling the student in, and reporting to the advisory committee on, the research effort, and ensuring compliance with applicable research regulations. It is the advisor's responsibility to mentor the student toward a research project that is original and worthy of the degree sought.

Note: If you choose the **non-thesis track**, your chair and advisor will be the same person and all three members of your committee will be MFT faculty. If you choose the **thesis track**, your committee chair will be an MFT faculty, but your advisor and other committee member could be other graduate faculty in the college, depending on research topic.

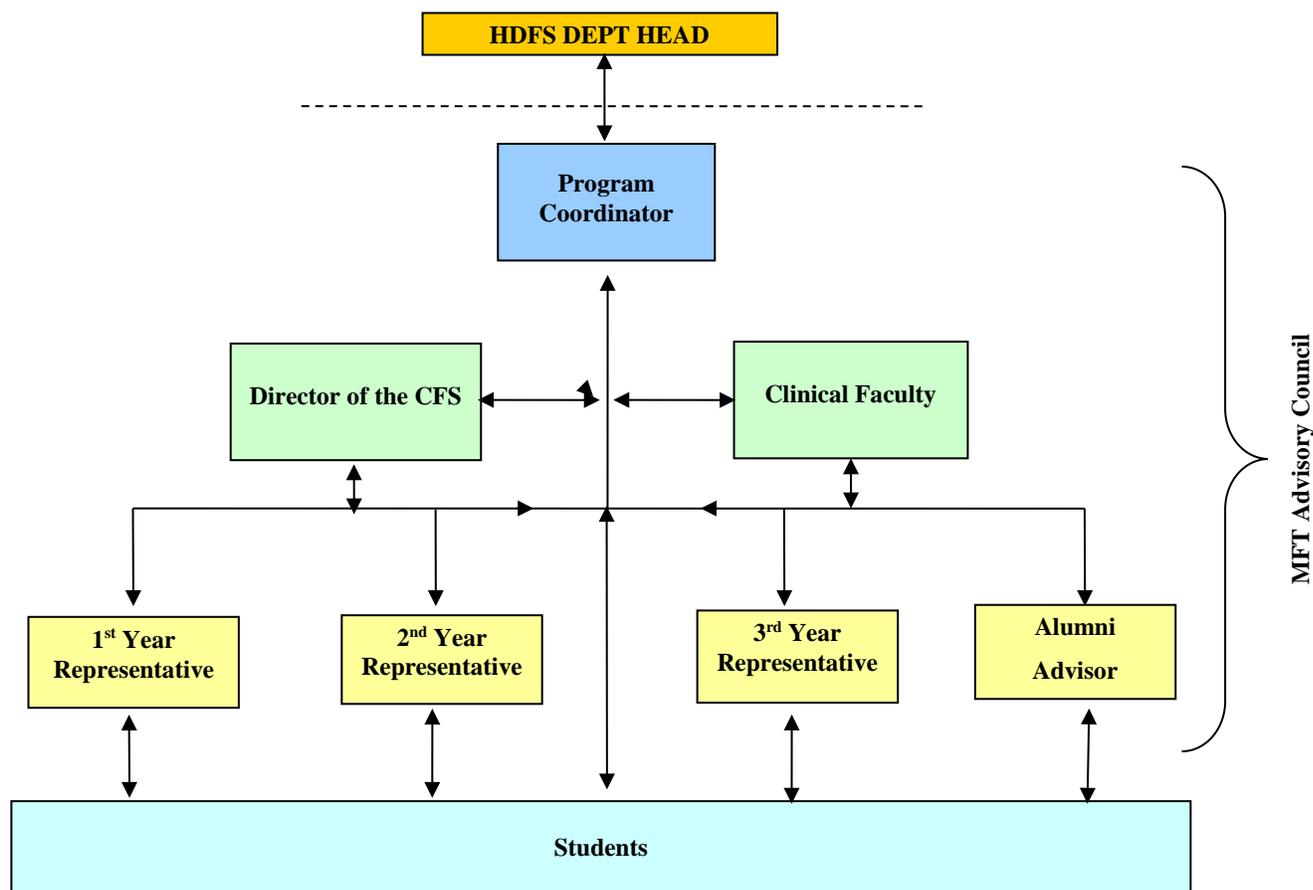
Students

Given the nature of the MFT program as a professional degree program and the close connection with student work being completed within the CFS, students are expected to act in accordance with the CFS Policies and Procedures Manual in addition to the MFT Program Handbook. This manual outlines student rules and procedures for work with clients, case management, confidentiality responsibilities, use of CFS computers, parking, etc. Violation of the policies outlined in the CFS Policies and Procedures Manual will result in dialogue with the MFT faculty to address the violated policies and/or additional sanctions related to the status or nature of student involvement with the CFS and/or MFT program.

As a professional in the MFT program, it is important to maintain a professional appearance. Although personal and class time allows for casual wear (e.g., shorts, tank tops, flip flops, sweatshirts, etc.), it is expected that you will dress professionally and in accordance to the CFS dress code outlined in the CFS Policies and Procedures Manual during times when clients are present in the CFS (the dress standard applies even when you are just observing cases). All students are expected to minimally adhere to business casual guidelines. Specifically, male students are not mandated to wear neckties; however, a collared shirt is preferred with slacks. For female students, please avoid unprofessional clothing (e.g., low cut shirts, short skirts, see through tops; open-toed shoes are acceptable with the exception of flip-flops). When observing, please attempt to wear dark colored clothes to minimize being seen behind the mirrors. Also, please respect all CFS space and behave in a professional manner during supervision times, staff meetings, etc. in terms of keeping your shoes on and feet off the furniture.

Overall, it is expected that students maintain a high degree of academic preparedness for classes as well as supervision (e.g., completed weekly readings, prepared for cases, etc.). Students should also attempt to be timely for class meetings, clinic meetings, supervision, and other events that are required by the department or college. Your behavior is a direct reflection of this program, its faculty, the department, and your profession. Finally, as part of an intense clinical program, there will be guest speakers and additional program meetings outside of class time. You will be required to attend these meetings but you will be given appropriate notice to make arrangements to attend.

MFT Program Organizational Flow Chart



Students participate in the governance of the program through representing their cohorts on MFT Council, providing input to cohort representatives who serve on MFT Council, completing annual surveys, and providing direct feedback/requests to faculty.

MFT Advisory Council

The MFT Council is made up of the MFT faculty, student representatives from each active cohort, and an alumni representative. The council will meet regularly to discuss student and program needs. Students in the program are encouraged to share any concerns, feedback, or recommendations with their representative so that their representative can relay the information to the MFT council in their regular meetings. Notes from council meetings will be made available to all students in the program following the meetings.

Student and Alumni Representatives

One student from each cohort will be elected (by the members of their cohort) during the first semester in the program to serve as a cohort representative on the MFT Council. Student representatives serve for a minimum period of one year. In addition, one former student will serve as the alumni representative to the council. The alumni representative will be selected and invited by the Program Coordinator to function in this role. Student representatives will attend MFT council meetings and bring feedback, concerns, suggestions, and questions to the meeting from the members of their cohort.

Program Components & Degree Requirements

Major requirements for successful completion of a Master of Science degree with a specialization in Marriage and Family Therapy include:

- Completion of all **required coursework** with a B average or better.
- Completion of all **clinical requirements** with a minimum of 500 hours of face-to-face client contact, more than half (250 hours) with couples and families.
- Demonstration of development of the **program core competencies** (see *MFT Program Educational Outcomes: Student Learning Outcomes*).
- Completion of the **thesis or non-thesis track requirements**.
- Passing all elements of the **capstone project requirements**.

Additional Instruction and Training Requirements

In addition to coursework students will have other opportunities to receive additional instruction and training. Students are required to attend weekly CFS clinic nights (Wednesday and Thursday evenings) and team meetings, and monthly CFS staff meetings. In addition to addressing CFS business, during the monthly CFS meetings guest speakers will be invited to teach students about specific clinically relevant topics. During the summer and fall semesters, students are required to attend the Capstone presentations.

Annual Check-In Interviews

Each year each student will have a 20-30-minute interview with program faculty and clinical staff to review the student's progress and discuss steps for continued growth in the program. Interviews will be held for the first year students near the beginning of spring semester and for the second year students near the end of fall semester. During the interview the student and faculty will discuss the evaluations from each perspective (student, MFT faculty, and other instructors) and discuss next steps for continued progress. In advance of the check-in interviews students will be asked to complete a brief survey on their experience in the program. Third year students will not have an annual interview with all faculty but will meet with the Program Coordinator for a brief exit interview prior to graduation.

Students should plan to take a minimum of two and one half years (including summers) to complete their M.S. degree.

Curriculum Requirements & Sequencing

DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY SCIENCE
OKLAHOMA STATE UNIVERSITY
SPECIALTY TRACK IN MARRIAGE AND FAMILY THERAPY

AREA I. Theoretical Foundations (6 hours)

HDFS 5613 Theoretical Models of Marriage and Family Therapy
HDFS 5623 Systems Theory: Applications to the Family

AREA II. Clinical Practice (12 hours)

HDFS 5603 Skills Pre-Practicum in MFT
HDFS 5633 Couples Treatment in MFT
HDFS 5643 Child & Adolescent Treatment in MFT
HDFS 5653 Psychopathology/psychopharmacology

AREA III. Individual Development and Family Relations (12 hours)

HDFS 5543 Coping with Family Crises
HDFS 5583 Human Sexuality
HDFS 5513 Family Issues
HDFS 5213 Lifespan Development

AREA IV. Professional Identity and Ethics (3 hours)

HDFS 5663 Professionalism and Ethics in Marriage and Family Therapy

Standard Curriculum Clinical Experience Requirements (18 hours)

HDFS 5690: Marriage and Family Therapy Practicum (Students will be continuously enrolled in practicum from their 2nd to their 7th semester. Students will continue to enroll in practicum after their 7th semester if needed until they complete the 500 client contact hours requirement and until they develop expected program competencies).

AREA V. Research (3 hours)

HDFS 5173: Program Design, Implementation, and Evaluation in HDFS

Thesis Option (9 hours)

HDFS 5133 Research Methods
HDFS 5000 Masters Research (6 hours)

Non-Thesis Option (9 hours)

HDFS 5160 Masters Creative Component (3 hours)
Electives (6 hours)

Total semester hour requirement is 60 to 63

Plan of Study

Students are required to complete a Plan of Study through the OSU Graduate College. The Plan of Study identifies the courses you will be taking during your graduate education. This document is to be electronically signed by all members of your graduate committee and submitted to the graduate college for approval no later than March of your first spring semester. Students should use the sequence of courses provided below to complete their plan of study based on their chosen thesis/non-thesis track and anticipated graduation. Any changes or deviations from the coursework or sequence submitted on your original plan of study must be submitted to the Graduate College by completing a revised plan of study.

Important Links:

- Graduate College Forms
<http://gradcollege.okstate.edu/FormsPage>
- Graduate College Round-Up website link for the Plan of Study
<http://gradcollege.okstate.edu/planofstudy>

Non-Thesis Track
2 and ½ Year Sequence of Courses for MFT Specialization (2016-18 Cohort)

	Year 1 (2016-17)	Year 2 (2017-18)	Year 3 (2018)
Fall	HDFS 5513 (Family Issues) HDFS 5603 (Pre-Practicum: Skills) HDFS 5623 (Systems Theory) HDFS 5653 (Psycho-path/pharm)	*Elective (3 hours) HDFS 5690 (Practicum) HDFS 5613 (Th Models of MFT)	HDFS 5690 (Practicum) *Elective (3 hours) HDFS 5160 Creative Component (3 hours)
Spring	HDFS 5663 (Prof/Ethics in MFT) HDFS 5690 (Practicum) HDFS 5173 (Program Design and Eval) HDFS 5643 (Child/Adol Tx)	HDFS 5213 (Lifespan) HDFS 5690 (Practicum) HDFS 5633 (Couples Treatment)	
Summer	HDFS 5690 (Practicum) HDFS 5543 (Coping w/ Fam Crises)	HDFS 5690 (Practicum) HDFS 5583 (Human Sexuality)	

*Note that the two 3-hour elective course are recommended for fall years 2 & 3 but could be taken any semester

Non-Thesis Track
2-Year Sequence (Early Graduation) of Courses for MFT Specialization (2016-17 Cohort)

	Year 1 (2016-17)	Year 2 (2017-18)
Fall	HDFS 5513 (Family Issues) HDFS 5603 (Pre-Practicum: Skills) HDFS 5623 (Systems Theory) HDFS 5653 (Psycho-path/pharm)	HDFS 5690 (Practicum) HDFS 5613 (Th Models of MFT) *Elective (3 hours)
Spring	HDFS 5643 (Child/Adol Treatment) HDFS 5663 (Prof/Ethics in MFT) HDFS 5690 (Practicum) HDFS 5173 (Program Design and Eval)	HDFS 5633 (Couples Treatment) HDFS 5213 (Lifespan) HDFS 5690 (Practicum)
Summer	HDFS 5690 (Practicum) HDFS 5543 (Coping w/ Fam Crises) *Elective (3 hours)	HDFS 5690 (Practicum) HDFS 5583 (Human Sexuality) HDFS 5160 Creative Component (3 hours)

*Note that the two 3-hour elective courses are is recommended for summer year 1 and fall year 2 but could be taken any semester

Thesis Track
2 and ½ Year Sequence of Courses for MFT Specialization (2016-18 Cohort)

	Year 1 (2016-17)	Year 2 (2017-18)	Year 3 (2018)
Fall	HDFS 5513 (Family Issues) HDFS 5603 (Pre-Practicum: Skills) HDFS 5623 (Systems Theory) HDFS 5653 (Psycho-path/pharm)	HDFS 5133 (Research Methods) HDFS 5690 (Practicum) HDFS 5613 (Th Models of MFT)	HDFS 5690 (Practicum) HDFS 5000 Thesis (3 hours)
Spring	HDFS 5663 (Prof/Ethics in MFT) HDFS 5690 (Practicum) HDFS 5173 (Program Design and Eval) HDFS 5643 (Child/Adol Treatment)	HDFS 5213 (Lifespan) HDFS 5690 (Practicum) HDFS 5633 (Couples Treatment)	
Summer	HDFS 5690 (Practicum) HDFS 5543 (Coping w/ Fam Crises) HDFS 5000 Thesis (1 hour)	HDFS 5690 (Practicum) HDFS 5583 (Human Sexuality) HDFS 5000 Thesis (2 hours)	

Thesis Track
2-Year Sequence (Early Graduation) of Courses for MFT Specialization (2016-18 Cohort)

	Year 1 (2016-17)	Year 2 (2017-18)
Fall	HDFS 5513 (Family Issues) HDFS 5603 (Pre-Practicum: Skills) HDFS 5623 (Systems Theory) HDFS 5653 (Psycho-path/pharm)	HDFS 5133 (Research Methods) HDFS 5690 (Practicum) HDFS 5613 (Th Models of MFT)
Spring	HDFS 5643 (Child/Adol Treatment) HDFS 5663 (Prof/Ethics in MFT) HDFS 5690 (Practicum) HDFS 5173 (Program Design and Eval)	HDFS 5633 (Couples Treatment) HDFS 5213 (Lifespan) HDFS 5690 (Practicum)
Summer	HDFS 5690 (Practicum) HDFS 5000 Thesis (3 hours) HDFS 5543 (Coping w/ Fam Crises)	HDFS 5690 (Practicum) HDFS 5000 Thesis (3 hours) HDFS 5583 (Human Sexuality)

Clinical Requirements and Sequencing

The clinical sequence of training begins, for most students, during the first fall semester. During early fall semester, students will begin observing other therapists' sessions in the clinic. Students will begin working on processing teams on other therapists' cases during the latter weeks of fall semester. At times team responsibilities may involve working as a reflecting team for the therapists and clients where the team enters the therapy room to provide direct input. Students typically begin seeing cases during spring semester of the first year. At the end of fall semester the MFT faculty will make a determination as to whether each student is ready to begin seeing clients in the CFS. This determination will be based primarily on student demonstration of skills in the Counseling Skills Exercises in the Fall Basic Skills course, but will also be based on the student's grasp of course concepts and demonstrated maturity and professionalism. Faculty will discuss with students their perceived clinical readiness during the annual interviews at the beginning of spring semester. Students who are judged by faculty to be ready for the next phase of clinical training will begin seeing clients as a member of a co-therapy team. A student's co-therapist may be another student from the same cohort, a more advanced student, or a clinical faculty member. During the first semester of practicum, a student therapist will carry a minimal caseload (1-3 cases) and will be expected to be an active and contributing member of the co-therapy team, in addition to continuing to observe other therapists' cases.

During the next stage of the clinical sequence, the student therapist is assigned cases without a co-therapist. This typically occurs during the fall semester of the student's second year, but does not occur without the clinical supervisor's approval. During this stage, the student therapist's caseload is increased to four or more cases. Some advanced student therapists may serve as co-therapists with beginning therapists. For most this means they will have come from being the beginning therapist to being the senior member of a co-therapy team. This is a challenging and rewarding indicator of students' growth as a therapist.

As long as students are enrolled in practicum (HDFS 5690) they are expected to be present and to participate in both clinic nights (Wednesday and Thursday from 5 to 9 pm) each week. Participation includes direct client contact, actively observing cases, and working the front desk. Exceptions may be granted with faculty approval.

Supervision: Students enroll in HDFS 5690 for three credit hours each semester they see cases as a student therapist, whether those cases are seen in the Center for Family Services, an off-campus placement site, or both. During each semester students will be assigned to an individual supervisor and to a practicum group. Both individual and group supervision are required in each semester, with few exceptions. In addition, a substantial number of a student therapist's cases at the CFS will be "live observed" by a supervisor. Specifically, a supervisor will observe therapy sessions and may provide feedback before, during, and after a therapy session. Much of group and individual supervision will also include the opportunity for students to demonstrate their skills to supervisors through showing video recordings of sessions conducted in the CFS. All student therapists are encouraged to record as many sessions as possible. In this program, students will receive a minimum of 100 hours of supervision, but typically students receive more than 200 hours of supervision, including individual, group, and live observation.

Off Campus Placements: Student therapists who have demonstrated readiness will begin an off-campus placement during the fall of their second year. While student therapists can state a

preference for geographic location (e.g., Stillwater, Tulsa, OKC) or type of placement (e.g., children, adolescence, substance abuse, domestic violence), the decision of where to place a student therapist is the responsibility of the clinical supervisors. In making placement decisions faculty will take into consideration student requests, the areas of competency in which the student needs to grow, and how well the site will provide the student with diverse clinical experience in terms of client background and presenting problems. Students who receive “below expectation” or “deficient” scores on the **Clinical Skills Evaluation Device** during their first summer semester may be asked to take additional time to develop the necessary competencies prior to beginning off campus clinical work. No student therapist is placed at an off-campus site until all supervisors agree that the student can function as a solo therapist in relative autonomy from close supervision. Unless other arrangements are agreed upon by the program coordinator, the student, and the offsite supervisor the students will spend no more than 15 hour per week working at the offsite placement and no more than 10 hours a week in direct client contact. In addition to the clinical hours reporting form for the Center for Family Services, students will be required to complete a separate clinical hours reporting form for their sites each month and to have their site supervisor sign each form (see Appendix). In addition, students will be required to complete an evaluation of their sites (see Appendix) and to have site supervisors complete an evaluation (see Appendix) of their performance/professionalism at the conclusion of their off site work. These evaluations help faculty assess whether the sites are providing the students with an appropriate context for student development as well as student performance. Note that students may not provide direct therapeutic services to clients off campus until they have been cleared by the faculty to begin their externship. If students desire to provide therapeutic services off campus at sites other than the one assigned to them they must have the approval of the program faculty. Students can only see clients at their externship placements during weeks they are receiving supervision by their OSU supervisor.

Clinical Hours Requirement: As a requirement of the program, each student is required to conduct a minimum of 500 direct-contact client hours with at least 250 hours being relational (i.e., couple or family session). The 500 hours of clinical contact should be seen as a minimum expectation and not as an absolute end. Students will be required to continue their clinical training until faculty agree that students have met the minimal level of clinical competency. Students who receive “below expectation” or “deficient” scores on the **Clinical Skills Evaluation Device** their final semester may be asked to enroll in practicum the following semester to continue to work on those competencies (even if they have accrued the required 500 hours) until the faculty are satisfied the student has developed the necessary competencies. In this case, all faculty would meet with the student to develop a written plan specifying the expectations for the student along with a specific steps the clinical supervisor and student would take to accomplish the plan. The plan would be signed by the student and the clinical supervisor.

Alternative Hours: Of the 500 required hours, no more than 100 hours may be counted from serving on a processing team or other approved alternative therapeutic contact (i.e., clinical screenings, psychoeducation, etc.). For alternative hours to count they must be approved by the MFT Program Coordinator and must be interactive and systemic in nature. Students must complete and submit a **Request for Alternative Hours Form** to the Program Coordinator documenting the nature of the clinical contact, the estimated hours that would be accrued, as well as the dates of expected clinical activity. For processing teams to count toward the 100 alternative hours maximum students must be assigned to the team by a faculty supervisor and students must complete the **CFS Teaming Form** for each processing team hour that is counted. These forms must be kept in the student’s teaming folder locked in the student business office filing cabinet to document each

completed teaming hour. Furthermore, students must collaborate with the therapist in preparations for the session, actively observe the session, provide input at break and after the session, and collaborate with the therapist in considering plans for the next session.

Sequence of Clinical Experience*

First Year	
Fall	<ul style="list-style-type: none"> • Observation of cases • Meet with 2nd year clinical mentor • Begin working CFS front desk • Begin working on clinical teams • Begin co-leading parenting groups • Begin PREPARE premarital cases • Begin turning in CFS Monthly Clinical Hours Report
Spring	<ul style="list-style-type: none"> • Complete Informed Consent for Clinical Training • Begin seeing clients (co-therapy) • Begin individual/dyadic supervision • Turn in CFS Monthly Clinical Hours Report
Summer	<ul style="list-style-type: none"> • Begin seeing clients without co-therapist • Interview at potential offsite placement(s) • Turn in CFS Monthly Clinical Hours Report
Second Year	
Fall	<ul style="list-style-type: none"> • Begin work at offsite placement • Begin mentoring 1st year student • Begin writing clinical theory of change • Turn in CFS and Off-Site Monthly Clinical Hours Reports
Spring	<ul style="list-style-type: none"> • Revise sections of clinical theory of change • Turn in CFS and Off-Site Monthly Clinical Hours Reports
Summer	<ul style="list-style-type: none"> • Complete work at offsite placements • Complete Evaluation of Offsite Experience • Turn in CFS and Off-Site Monthly Clinical Hours Reports
Third Year	
Fall	<ul style="list-style-type: none"> • Turn in CFS and Off-Site Monthly Clinical Hours Reports • Complete capstone requirements • Complete 500 (250 relational) clinical hours

*This timeline identifies the typical sequence of clinical training based across 2 ½ years, but progress to each developmental stage of clinical training is dependent upon student readiness.

Student Learning Outcomes

(methods for assessment are described in parentheses by the outcomes)

Student Learning Outcomes

The OSU MFT faculty have identified a list of competencies we believe to be key to competent and sound practice for new professionals in the field of marriage and family therapy. The activities, assignments, and learning experiences in courses throughout the program are focused on assisting students in the development of these fundamental competencies. The competencies are listed below by domain.

Executive Clinical Skills

1. Students demonstrate competence in the skills of admitting and engaging clients in treatment through;
 - a. Attending and addressing barriers to help-seeking and treatment completion that may be associated with gender, race/ethnicity, culture, sexual orientation, and social class of clients.
 - b. Effectively explaining practice setting rules, fees, rights, and responsibilities of each party, including privacy and confidentiality policies.
 - c. Effectively joining with and engaging each member of the client system in treatment.
 - d. Establishing mutually agreed upon therapeutic contracts with clients.
2. Students demonstrate competence in clinical assessment and diagnosis through;
 - a. Accurately diagnosing mental/behavioral disorders using the DSM 5.
 - b. Effectively using basic interviewing skills -- empathic listening, reflective statements, validating statements, paraphrasing.
 - c. Accurately identifying contextual risk (e.g., divorce, family violence, low SES, minority status, powerlessness) and current client crises (e.g., suicidal ideation, danger to self or others).
 - d. Accurately identifying client strengths, resilience, and resources.
 - e. Systematically integrating client reports, observation of client behaviors, client relationship patterns, results from questionnaires/rating scales, and interactions with clients in the assessment process to guide the development of treatment plans.
3. Students demonstrate competence with case management through;
 - a. Structuring and organizing sessions consistent with the formulated treatment plan.
 - b. Adapting treatment plans throughout treatment based on client need (i.e., treatment progress or new problems, new information about client contextual risk and protective factors).
 - c. Accurately and promptly completing case documentation in accordance with agency policies, professional standards, and state laws.
 - d. Effectively collaborating with community systems of care (i.e., church, other family, other service providers) to facilitate client change.
4. Students demonstrate competence with therapeutic interventions through;
 - a. Effective use of questioning (circular, reflexive, lineal, and strategic; open vs. closed, use of follow up questioning).
 - b. Effectively utilizing skills of normalizing and reframing.
 - c. Eliciting and utilizing family strengths.
 - d. Effectively managing and regulating intensity within sessions.
 - e. Effectively facilitating and managing couple and family interaction in sessions.
 - f. Delivering interventions in a way that is sensitive to special needs of clients (e.g.,

- gender, age, SES, culture/race/ethnicity, sexual orientation, disability, personal history).
- g. Appropriately responding to and delivering interventions that effectively address crisis situations such as trauma, domestic violence, addictions, sexual assault, substance abuse, self-harm, etc.
5. Students demonstrate competence with regard to ethical decision making in their clinical work through;
 - a. Practicing in accordance with the AAMFT code of ethics and the Oklahoma state licensure acts and regulations.

Conceptual Skills

6. Students demonstrate competence with regard to Conceptual Skills through formulating, with client input and from a systemic perspective, treatment plans that incorporate a summary of key issues, including:
 - a. Context – identifying key contextual influences relative to problem formation and/or the change process.
 - b. Phases of Change – conceptualizing treatment (goals and interventions) in terms of clearly definable phases of therapeutic change.
 - c. Intrapersonal (within individual) process that impacts problem formation/maintenance or the change process.
 - i. Perspective – identifying key facilitative or constraining beliefs.
 - ii. Emotion – identifying key emotional experience/expression.
 - iii. Behavior – identifying key behavioral responses as they related to perspective and/or emotion.
 - d. Interpersonal processes that impact problem formation/maintenance or the change process
 - i. Structure – identifying relevant characteristics of family structure.
 - ii. Process – identifying key interactive processes among family members as well as between family members and others.

Theoretical Skills

7. Students demonstrate competence with regard to Theoretical Skills through;
 - a. Developing and articulating a clear personalized and systemic model of family therapy that fully integrates theoretical concepts/perspectives from select models of family therapy.
 - b. Recognizing strengths and weaknesses of own theoretical model in assessment and treatment for different populations and contexts (e.g., cultural, gender, economic).

Self of the Therapist

8. Students demonstrate competence in the area of Self of the Therapist through;
 - a. Continually evaluating self in terms of conceptual, perceptual, executive, professional, and evaluative skills.
 - b. Receiving feedback from supervisors and colleagues non-defensively.
 - c. Showing awareness of and ability to manage own anxiety, attitudes, and personal well-being.
 - d. Demonstrating authenticity and flexibility in session.
 - e. [Intentionally left blank]
 - f. Showing understanding of and continually monitoring personal experiences, characteristics, (e.g., family of origin, culture, race, ethnicity, SES, personality, etc.),

personal issues, and beliefs to insure they do not impact the therapy process adversely or create vulnerability for misconduct.

- g. Demonstrating professionalism in interaction with colleagues, clients, supervisors, and other professionals.

Research

9. Students demonstrate competence in the area of research by;
 - a. Locating, critically evaluating, and synthesizing findings from key research articles on particular research topics.
 - b. Writing a concise and well-organized description of research methodology (measures, sample, procedures, and data analysis) for an actual or proposed project.
 - c. Identifying clinical applications from basic research to inform clinical work.

Knowledge

10. Students will Demonstrate Knowledge of:
 - a. Theorists, concepts, goals, and interventions of all major theories of family therapy.
 - b. Major tenets, axioms, and concepts of systems theory, and communication theory.
 - c. Diagnostic criteria for, mood, anxiety, disorders of childhood, personality disorders, eating disorders, substance-related disorders, schizophrenia and other psychotic disorders, sexual disorders, trauma and stress-related disorders, and adjustment disorders.
 - d. AAMFT code of ethics and state licensure acts and regulations.
 - e. Key milestones in child development and ages at which they are accomplished.

Note that the Student Learning Outcomes of the program are designed to be congruent with the missions of OSU and the program and to support the achievement of the other Educational Outcomes.

Oklahoma State University Mission

Oklahoma State University is a multi-campus public land grant educational system that improves the lives of people in Oklahoma, the nation, and the world through integrated, high-quality teaching, research, and outreach. The instructional mission includes undergraduate, graduate, technical, extension, and continuing education informed by scholarship and research. The research, scholarship, and creative activities promote human and economic development through the expansion of knowledge and its application.

MFT Specialization Mission

The Master of Science (M.S.) specialization in marriage and family therapy at Oklahoma State University prepares students to competently assess for individual and family risk and to foster resilience and positive transformation in the face of adversity from a systemic perspective. The program emphasizes parallel development in the areas of clinical skills, self-awareness, and the establishment of a personalized model of family therapy, with a progressive integration of the three areas as the student develops basic competence in each area.

Link of Program Mission to University Mission: The mission of the program to foster student learning and development and promote resilience and positive change are highly congruent with and supportive of the institution's missions of providing high quality instruction to promote human development and improve lives.

Link of Program Outcomes to Program and Institutional Missions: Achievement of the Program Outcomes support the realization of the program's and institution's missions as timely graduation and employment, passing state and national exams, and a diverse student population translate into alumni who possess the skills and credentials to improve lives and promote human development, resilience, and positive change.

Link of Faculty Outcomes to Program and Institutional Missions: Achievement of the Faculty Outcomes support the realization of the program's and institution's missions by promoting a high quality of training that is culturally aware. This positions students to have maximal effect in promoting human development, resilience, and positive change.

Link of Student Learning Outcomes to Program and Institutional Missions: Achievement of the Student Learning Outcomes support the realization of the program's and institution's missions by promoting the development of student competencies that position alumni to have maximal effect in promoting human development, resilience, and positive change.

Link of Educational Outcomes to the Professional Marriage and Family Therapy Principles: The Educational Outcomes of the program were developed and are reviewed with attention to the [AAMFT Core Competencies](#), the [AMFTRB Tasks and Domains](#), and the [AAMFT Code of Ethics](#)

Evaluation and Assessment of Educational Outcomes

In addition to directing course instruction and learning opportunities toward fostering student competencies, faculty also focus course evaluation and assessment on student knowledge and skill relative to the core program competencies (Student Learning Outcomes). There are several purposes to assessing student progress with regard to these competencies: First, it provides students with a continuing source of direct feedback with regard to their progress which helps them know where to focus their efforts; second, it helps faculty to identify student strengths and growth areas in order to best know how to continue to foster student development; third, it aids faculty in determining student readiness for increasing responsibility and challenge (i.e., begin clinical work, begin independent work at offsite placement, etc.); fourth, it helps faculty identify whether the instruction and training in the program are fostering in the students the desired competencies and where the instruction and training may need to be modified to be more effective.

Much of the assessment of the program Student Learning Outcomes takes place within courses and in conjunction with students' clinical work in the Center for Family Services. Exams, papers, scoring checklists and rubrics that are used to assess program competencies are kept for a minimum of 7 years after the completion of the work to enable faculty to track student performance across cohorts. Qualtrics is the web-based interface used for much of the recording and reporting of assessment data on student performance. It is also used as a mechanism through which students are asked to provide feedback on faculty and program performance and through which students and alumni are asked to provide feedback on their experience in the program.

It is important to note that data are aggregated across students, as well as across cohorts, such that no one individual student is identified when creating reports on outcomes. Faculty, supervisors, instructors, and staff may have access to your data, along with the COAMFTE site visit team. Otherwise, data collected is confidential and will not be released to anyone without the student's written authorization.

Some examples of Student Learning Outcome assessments include:

- **Clinical Skills Evaluation Device**
 - Each semester students are enrolled in practicum they will be evaluated by their practicum supervisor using the Clinical Skills Evaluation Device. Benchmarks are provided to the students so they can compare supervisor ratings with where faculty expect students to be in their skill development. Students are also asked to rate their own performance on each of the competencies.
- **Counseling Skills Exam**
 - Students conduct a mock counseling exercise at the end of the first semester in the Basic Skills course and are evaluated on use of basic clinical skills including joining, empathy, reflection, active listening, questioning.
- **Oral and Written Exams**
 - Examples of written exams that are used to assess core competencies include exams on models of family therapy, law and ethics, and psychopathology.
 - An example of an oral exam that is used to assess core competencies is an oral exam on appropriate ethical responses to particular dilemmas in the ethics course.
- **Capstone Theory of Change Paper**

- During their final semester students complete a paper on their integrated model of change. Faculty evaluate students' self-awareness, accurate understanding of existing models of treatment, and integration of aspects of the model across phases of treatment.
- Comprehensive Exam
 - During the summer of students' 2nd year students will take a written comprehensive examination that will include content related to each of the knowledge domains of the program Student Learning Outcomes (SLO#10a-e). The exam will include around 100 items and will be multiple choice. A total of 70% or above is a passing score. Students' performance on the comprehensive exam will contribute to the summer practicum grade.

Information collected on student performance/experience outside of class and CFS clinical work include:

- **Offsite Supervisor Evaluations of Intern** (*conclusion of externship*)
 - Students' externship site supervisors are asked to complete an evaluation of students' skills, competency, and general performance at the externship site at the conclusion of their externships.
- **Students' Evaluation of Offsite Experience**
 - Students complete a survey on their experience at their externship.
- Students' Annual Program Feedback
 - Students complete a survey each year on their experience in the program. This includes information on facilities, resources, faculty, the program coordinator, and general feedback on the program.
- Exit Interviews and Surveys (*conclusion of the program*)
 - Prior to graduation students meet with the program coordinator in an exit interview and complete a survey about their experience in the program.

Information collected on students after graduation include:

- Alumni Survey
 - Around one year after graduation alumni are asked to complete a survey on their experience in the program. Alumni are asked a number of questions about how well the program prepared them to work with particular clinical populations/issues, about the quality of specific aspects of the program (e.g., facilities, faculty attention, open communication, etc.), about program resources, and how effective each course was in preparing alumni for their career. In addition, alumni are asked about current employment, time required to obtain a clinical job post-graduation, and experience with national and state licensing exams (dates taken and results).
- Employer Evaluation of Alumni
 - One year post graduation alumni are contacted to ask for permission to contact on-site supervisors at their place of employment to solicit their feedback on the alumnus's performance.
- National and State Licensing Exam Performance
 - The state of Oklahoma has an open records policy. This policy allows the MFT program coordinator to request licensing exam performance data from the Oklahoma State Department of Health, Director of Professional Counselor Licensing on each of the alumni of the program. The program coordinator requests dates alumni sat for the exams, whether exams were passed, and dates alumni were

awarded licensure. Note that the MFT faculty do not share with others (beyond the MFT faculty) information regarding individual performance of alumni on the licensing exams. Only aggregated data are shared (i.e., program alumni pass rates).

Faculty review Student Learning Outcome data in aggregated form early spring semester for the prior summer and fall semesters and during early summer for the prior spring semester. Faculty review data to assess whether students, faculty, and the program as a whole are meeting established benchmarks. Where benchmarks are not met, faculty identify ways to strengthen the training in order to improve student development. During these biannual meetings faculty also review the Student Learning Outcomes of the program, the methods for assessing outcomes, the teaching and learning practices in the program, policies and procedures of the program, and feedback from students and other communities of interest.

Thesis/Non-thesis Track Requirements

You will be required to complete either the Thesis or Non-thesis Track as part of the program requirements.

Thesis Track

The **thesis track** involves identifying a research question, writing a literature review on the topic, writing a description of the methods of the study, analyzing the data, writing up the results, and writing up a discussion section interpreting and applying the results. In sequence with this project, you will complete 3 hours of Research Methods and 6 hours of Thesis Research with satisfactory marks.

Non-thesis Track

The **non-thesis track** involves identifying a clinical specialty area or areas you wish to develop, identifying 6 hours of elective graduate level courses that would assist you in developing your, seeking and obtaining committee approval of elective courses, enrolling in and completing the committee approved elective coursework and 3 hours of Creative Component with satisfactory marks.

Choosing between the Thesis and Non-thesis Tracks

During the spring of year 1 you will:

- Meet with faculty to discuss thesis/non-thesis track options
- Decide between thesis and non-thesis track
- Select committee members:
 - If Non-thesis Track, your chair and advisor will be the same person and all three members of your committee will be MFT core faculty.
 - If Thesis Track your committee chair will be an MFT core faculty member, but your advisor and other committee member could be other graduate faculty in the college, depending on research topic. You will select other committee members with the assistance of your thesis advisor.
- Complete the Graduate College [Plan of Study](#) Form and get necessary signatures (*Due beginning of March*)

Selection of a Thesis Advisor

When trying to make a decision on thesis advisor it may be useful for you to review the research interests of the MFT faculty and other HDFS faculty on the department website. Identify several faculty members with areas of research that interest you and schedule an appointment with them to discuss options. Although some students may decide to collect their own data for their project, it is recommended that you use an already collected data set for your project as this will significantly simplify the process for you. When you meet with faculty members to discuss options, reference the faculty member's area of research that you are interested in and inquire about what data they have in that area that might be available to use for your project. In addition to faculty data sets, another option to consider is the Center for Family Services (CFS) research data set, which includes the data from the families that have received services in the CFS. You can speak with any of the MFT faculty to learn more about this data set and research possibilities. After you have a sense for the types of data that are available you can begin to discuss with faculty specific studies that you could do using

the data. This is not an easy process and it is assumed that it will take several meetings with faculty before you arrive at a clear idea for your project.

Selection of Advisory Committee Members

Recommendation of Advisory Committee members should be a collaborative activity between the graduate student and their Advisor. Although the student has the ultimate responsibility for recommending his/her Advisory Committee membership, his/her Advisor is a valued resource that can provide insight that will help the student make informed decisions. The student should meet with potential Advisory Committee members prior to recommending them to better understand their experience, availability, mentoring style and willingness to serve as an Advisory Committee member.

Recommended Timeline for Completion of Thesis Projects

1 st Year Late Fall/ Early Spring	Talk with faculty about possible research topics.
1 st Year Mid Spring	Select a topic, a thesis advisor, and a committee.
1 st Year Summer	Complete introduction (i.e., research purpose and questions) and begin work on literature review (take 1 credit hour of HDFS 5000)
2 nd Year Fall	Use research methods course to finish a draft of your literature review and methods sections.
2 nd Year Spring	Finish up proposal (intro, literature review, & methods sections) and propose in May. Begin data collection (if collecting own data)
2 nd Year Summer	Complete data collection, enter and clean data. Complete data analyses and results section (take 2 credit hours of HDFS 5000).
3 rd Year Fall	Complete discussion section and defend by end of October (take 3 credit hours of HDFS 5000).

Student's Research Advisor Leaves the Institution

Should a student's Research Advisor leave OSU before the student completes his/her degree, the following steps may be taken after consultation with the Research Advisor, Department Graduate Coordinator, and MFT Program Coordinator:

- For a master's student who need only complete their research project to finish the degree, the student may complete the research project under the direction of the original Research Advisor. If the Advisor is also the Chair of the student's Advisory Committee, a new Chair would be appointed. The original Research Advisor can continue as a member of OSU's Graduate Faculty, participate in the student's thesis defense, and fulfill his/her obligations to the student.
- For a master's student who is in the early stages of their program and research project, he/she may choose a new Advisor and start a new research project.
- A student may also choose to transfer to the advisor's new educational institution.

If a student is unable to secure a new Advisor in 30 calendar days, there is no obligation on the part of the program, Graduate College or Oklahoma State University to provide a new one. Without an Advisor the student will not be eligible to continue in the graduate program.

Student-Advisor Relationship

When it is determined that a graduate student and Advisor can no longer work together, and all efforts for conflict resolution within the program have been exhausted, it is the responsibility of the student to identify a new Advisor or change to another degree option or program. The Graduate Program Coordinator can assist with this process, but Oklahoma State University is under no obligation to provide the student a new Advisor. If a new Advisor cannot be identified in 30 calendar days, the student will no longer be eligible to continue in the graduate program.

Important Links:

- Graduate Faculty Database
<https://gradcollege.okstate.edu/faculty-and-staff-resources>
- Plan of Study Workshops
<https://gradcollege.okstate.edu/pos-workshops>
- Plan of Study Portal
<http://gradcollege.okstate.edu/planofstudy>
- Thesis Template
<http://gradcollege.okstate.edu/content/thesis-and-dissertation-templates>
- Best Practices: Advisory Committees and Defenses
<https://gradcollege.okstate.edu/best-practices>
- Responsible Conduct in Research Overview
<http://compliance.okstate.edu/rcr/rcr-index>
- RCR Core Subject Areas
<http://compliance.okstate.edu/rcr/core-subject-areas>
- RCR Training
<http://compliance.okstate.edu/rcr/training>
- RCR Policy
<https://stillwater.sharepoint.okstate.edu/Policies/Shared%20Documents/Requirements%20for%20Training%20in%20the%20Responsible%20Conduct%20of%20Research.pdf>
- Appropriate Use of Human Subjects in Research
<http://compliance.okstate.edu/irb/irb-index>

Capstone Instructions

Integrated Theoretical Model Paper and Presentation

The capstone paper will be scored by MFT faculty using the designated rubric. Based on your paper score you will receive one of the following grades: pass, rewrite, and fail. Your capstone presentations will not be scheduled until you receive a passing grade for your paper. Students who receive a rewrite grade on the paper will have one week to complete and turn in revisions. If students receive a failing grade on the paper, their capstone presentation will not be scheduled for that semester but will be postponed to the following semester to provide the student the needed time to make necessary improvements to the paper.

The point breakdown for the three possible results are provided below:

	Pass	Rewrite	Fail
Theoretical Model (45 points possible)	36 or >	32-35	< 32

Below are the instructions outlining the requirements of the paper and presentation. When referring to yourself (thoughts, behaviors, feelings) please use first person. It is expected that the paper will follow APA guidelines and that you will use headings liberally. The structure of the papers should match the outline provided and headings should mirror the topics provided below. **It should be clear in the paper how you apply your model to different treatment configurations (i.e., individuals, families with children, couples).** The paper should be no more than 30 pages and should include the following elements:

1. Self of therapist (4 pages). Describe how each of the following experiences/ characteristics influences who you are, your primary mode of intervention/theory of change, and clinical work. Emphasize where you anticipate blind spots, how experiences in each of these areas may affect your objectivity with clients, and lingering biasing influences from your prior experience that you will need to continue to work on being sensitive to and overcoming (Note: There should be clear connections between your self-of-therapist description and your primary mode described later in the paper)
 - a. Family of origin
 - b. Cultural and ethnicity
 - c. Gender
 - d. Social class
 - e. Spiritual/religious
 - f. Other key life experience
2. Introduce and describe your primary MODE (i.e., beliefs, experiences, behaviors, insight) of intervention (3 pages)
 1. Describe the role of that mode of treatment in your theory of change and why it is important to your therapy.
 2. Identify the two or three existing theoretical models associated with that mode that influence your clinical work the most. For example, if your mode is beliefs, Milan and Narrative might be most influential. Describe what does and does not fit for you from each of the existing models (only in reference to your primary mode). Provide citations from original works to support descriptions of specific aspects of the models.
3. Briefly describe how each of the other modes of treatment influences your work (1-2 paragraphs each).

- a. Use a heading for each followed by a percentage of how much of your approach is based on that mode (e.g., Beliefs (45%).
 - b. Under what circumstances (clients, Tx configuration, presenting problems, phase of change, etc.) would you draw upon that mode?
 - c. How might the mode influence your clinical work?
4. Describe the elements of your integrated theory of change focusing on your primary mode of treatment, with discussion of how you integrate ideas from the other modes as appropriate. Be sure to reference the theoretical models from which you draw your ideas throughout. **When you reference specific techniques or elements of existing models please provide appropriate references for primary sources (not Nichols or Becvar & Becvar, etc.; 18-20 pages):**
 - a. What a well-functioning family system looks like
 - i. Reference original theoretical works as you talk about concepts you draw from particular theoretical approaches.
 - b. How problems are formed
 - i. Reference original theoretical works as you talk about concepts you draw from particular theoretical approaches.
 - c. What are the stages/phases of treatment (name each phase) and the typical length (e.g., number of sessions) of each phase? How do you know clients are ready for the next phase? For each phase of change describe the following **(please make each of the following a subheading for each phase):**
 - i. Goals
 - ii. Preferred techniques
 - iii. Role of therapist
 - iv. How change happens **(Listing different interventions is not sufficient. You need to talk about how change happens; how the therapist moves individuals/families through the process of change appropriate to the stage).**
5. Strengths and limitations of Theory of Change and next steps for future theory development (½ - 1 page)
 - a. Particular populations (e.g., race/ethnicity, ses, sexual orientation, etc.) and treatment configurations (i.e., individual, couple, family, child, adolescent) for whom your theory of change is particularly effective or limited?
 - b. Presenting problems for which your theory of change is particularly effective/ineffective?
 - c. Lack of integration of particular elements of the contributing modes or theories?

Case Presentation (40-45 minutes)

1. Therapist Background (2-5 minutes)
 - a. Describe your background and how it influences the development of your theory of change as well as who you are in the therapy room.
2. Theory of Change (30-35 minutes)
 - a. The case presentation should move sequentially through the assessment and treatment process of a relational case (minimum of 6 sessions). Please use PowerPoint for your presentation.
 - b. Introduction of case.

- i. In your introduction of the client family provide a three-generation genogram including relational symbols.
 - c. Phases of Change: Organize your presentation by the phases of change of your theory of change. For each phase briefly describe the elements below and talk about this phase of your work with your case.
 - i. What are the stages/phases of treatment and typical length of each phase (i.e., number of sessions)?
 - ii. Goals at each phase of treatment
 - iii. How does change happen in each phase
 - iv. Role of therapist at each stage?
 - ii. Preferred techniques at each phase
 - e. Video Clips: For each phase provide no more than 5 minutes of video clips that demonstrate key elements of the treatment process as you attempt to apply your integrated model. This could be one clip or several shorter clips. The overarching goal is for you to demonstrate your behaviors in session—to show what you did in the session that coincides with the goals of each phase (e.g., questions asked, interventions used, homework assigned, basic skills demonstrated)
 - f. It is not expected that this will be a seamless application of your model of change but will showcase your struggle as you worked to apply your model. Your discussion of your work with the case should focus on;
 - i. Your thinking process: Your conceptualization of the case, how you made sense of your clients' behaviors, and how your thinking guiding your in-session behaviors.
 - ii. Diversity: How you thought about and responded to diversity issues (i.e., race, class, culture, religion, gender, sexual orientation).
 - iii. Self of Therapist: how your own background affected your experience of the clients and the case and how these issues informed or drove how you approached the case.
 - iv. How you grew and developed during each phase: Skills and confidence that you developed further. How your work with the case informed your developing understanding of the change process.
 - g. Wrap up: What you've learned from the case, what you would do differently in future cases, and what limitations you have discovered in your theory of change.
3. Q&A (5 min)

Scheduling Capstone Presentations

In order to be scheduled for a capstone presentation, students must have accomplished the following by the deadline for each semester (June 1st for summer graduation and September 1st for fall graduation):

- completed approximately 400 clinical hours
- declared the intention to complete the capstone requirement (papers & presentation) during the summer (see form in appendix)

Upon receiving the student's **Request to Schedule the Capstone**, the MFT faculty will meet to review the student's clinical development. If the student is judged to be on track with the development of the program clinical competencies and has completed all of the above listed requirements, the student will be cleared to proceed with the capstone project.

Important MFT Program and Graduate College Timeline

First Year	
Fall	<ul style="list-style-type: none"> • Submit GSSI form (GTA/GRA tuition waiver form; due before 1st day of semester classes) • Obtain AAMFT Membership & Liability Insurance & Submit verification emails (due September 1st) • Complete and submit OSBI Criminal History Report • Apply for Graduate Scholarships (typically due in December)
Spring	<ul style="list-style-type: none"> • Submit GSSI form (due before 1st day of semester classes) • Identify permanent faculty advisor/chair and advisory committee members • Complete Plan of Study (due March 1st)
Summer	<ul style="list-style-type: none"> • Submit GSSI form (due before 1st day of semester classes)
Second Year	
Fall	<ul style="list-style-type: none"> • Submit GSSI form (due before 1st day of semester classes) • Renew AAMFT Membership & Liability Insurance & Submit verification (due September 1st) • Apply for Graduate Scholarships (typically due in December)
Spring	<ul style="list-style-type: none"> • Submit GSSI form (due before 1st day of semester classes)
Summer	<ul style="list-style-type: none"> • Submit GSSI form (due before 1st day of semester classes) • Take comprehensive exam <p><i>If graduating in 2 years, during first two weeks of summer semester, submit:</i></p> <ul style="list-style-type: none"> • Submit Request to Complete Capstone (due June 1st) • Diploma Application • Graduate Clearance Form • Revised Plan of Study (if necessary) • Graduate Committee Change Request Form (if necessary) • Complete the Student Graduation Checklist
Third Year	
Fall	<ul style="list-style-type: none"> • Submit GSSI form (due before 1st day of semester classes) • Submit Request to Complete Capstone (due September 1st) • Renew AAMFT Membership & Liability Insurance & Submit verification (due September 1st) <p>During first two weeks of semester, submit:</p> <ul style="list-style-type: none"> • Diploma Application • Graduate Clearance Form • Revised Plan of Study (if necessary) • Graduate Committee Change Request Form (if necessary) • Complete the Student Graduation Checklist

Important Links:

- Graduate College Academic Calendar
<http://gradcollege.okstate.edu/graduate-college-academic-calendar>
- Graduate College Forms
<http://gradcollege.okstate.edu/FormsPage>
- Graduate College Round-Up website link for the Plan of Study
<http://gradcollege.okstate.edu/planofstudy>

MFT Program Policies

Diversity

A key value of the Marriage and Family Therapy Program at Oklahoma State University is the understanding, respect, acceptance, and equal treatment of others regardless of age, race, income, culture, ethnicity, sexual orientation, religion, and physical ability. It is expected that faculty, staff, and students will live by this value, whether it be with each other, with other professionals, or with clients. It is expected that during the program students will strive to learn about and understand the unique life experiences, values, practices, and beliefs of individuals from diverse backgrounds and will learn to respond sensitively and appropriately to client needs. Students will be provided opportunities in program courses, practicum experiences, and staff meetings to be exposed to and discuss issues of diversity. As students examine their own and others' identities with regard to diversity and explore associated beliefs and values it is imperative that students acknowledge and are respectful of differing perspectives and experiences and maintain a safe environment so that the conversation can be sustained.

Program Communication

It is the MFT Program policy that students must use their Okstate email to communicate with faculty, staff, and students about program and clinic matters. The Okstate email and MFT Program's online calendar (<http://humansciences.okstate.edu/mft/index.php/calendar>) is important for students to check, as that is the University's (as well as the MFT Program's) communication channel with students. Students are responsible for any events and information communicated via email or on the online calendar.

Vacations

Students are expected to plan vacations and absences around the academic calendar and CFS official closures. You must get MFT Program Director and Clinic Director permission for absences that impact class attendance, client sessions, clinic night attendance, internship, and/or assistantship duties, and other program requirements. In addition, you must leave your contact information with the CFS Clinic Director in case you need to be contacted while you are away.

Annual MFT Program Events

- Fall Semester Kick-off & Welcome Event: (August)
- Homecoming Celebration: (Fall Semester)
- 3rd Year Graduation Party: (December)

Assistantships & Scholarships

Assistantships

Assistantships include both Graduate Teaching Assistantships (GTA) and Graduate Research Assistantships (GRA). GTAs involve graduate students assisting a faculty member with teaching a class and/or teaching their own class. GRAs involve helping faculty with research, such as conducting literature reviews, calling/interviewing participants, gathering and analyzing data, preparing reports, or preparing results for presentation at conferences.

Assistantships depend on 1) funding availability; 2) student's need based on out-of-state classification; 3) the student's performance in previous semester assistantship(s); and 4) the student's year in the program. Our first priority is to fund all students, however, students in their first and second year of the program take priority for assistantship funding over 3rd year students.

Students must demonstrate satisfactory performance each semester to receive an assistantship for the following semester. Students will be evaluated at the end of each semester. Successful students who do well on their assistantships treat their assistantship assignment like a job. Students should plan to schedule around the needs of their assistantship supervisor.

Assistantships awarded are .25 FTE, or 10-hours per week.

With a .25 FTE (10 hours a week) assistantship (GTA or GRA):

- You receive a full waiver of non-resident tuition (gives you in-state rate)
- You receive a monthly stipend of \$625 a month
- You receive a scholarship which pays for tuition each semester you have an assistantship.
- OSU pays the cost of your health insurance (\$642/semester)

Assistantships do not cover fees.

Summer tuition is waived if students have an assistantship the spring prior the summer in which tuition is waived. Students do not receive a stipend during the summer, however.

Important Links:

- Graduate Assistantships:
<http://gradcollege.okstate.edu/assistantship>
- Fall/Spring/Summer Enrollment Guidelines:
<https://gradcollege.okstate.edu/enrollment>
- Student Health Insurance:
<http://uhs.okstate.edu/student-health-insurance-plan>
- Tuition Waiver Forms:
<http://gradcollege.okstate.edu/FormsPage>

Graduate Student Scholarships

Each year the College of Human Sciences awards multiple fellowships and scholarships to graduate students. Applications for these fellowships and scholarships are available in November and are typically due in December or January each year. Awards range from \$500 to \$5,000 and are presented during the Celebration of Excellence awards banquet in April. All recipients and their families are invited to attend. Scholarship/fellowship recipients must be majoring in a graduate degree program in the College of Human Sciences and currently enrolled in a minimum of six credit hours during the period of the scholarship award. Criteria vary for each scholarship/fellowship, but usually include scholastic record (GPA), college and university leadership activities, professional goals, etc.

Remember the Ten Run Scholarship

The purpose of this award, made possible by the generosity of donors, sponsors and participants in the annual Remember the Ten Run (www.remembertheten.com), is to give financial support to assist outstanding students in meeting their academic goals and further their professional development and counseling-related skills. The [Remember the Ten Run Scholarship](#) Program provides support to Oklahoma State University (OSU) students enrolled in Counseling (Community Counseling), Human Development & Family Science (Marriage & Family Therapy), Psychology (Clinical Psychology), and Educational Psychology (Counseling Psychology). Recipients receive a \$1,000 cash scholarship, with \$500 being awarded in the Fall and \$500 in the Spring. All students studying in one of the disciplines above, on the Stillwater campus and enrolled full-time, are eligible to apply. Applicants must exhibit good citizenship, high moral character and a strong work ethic. Applications are generally due in March for the following Fall/Spring scholarship award period.

Oklahoma State Bureau of Investigation (OSBI) Criminal History Information Request

Serving as a therapist for individuals, couples, and families is a significant position of trust. The character of the therapist is important to clients, to the state licensing board, and to the faculty of the OSU Marriage and Family Therapy Specialization. In an effort to ensure high standards among student therapists, all student therapists are required to submit to the Program Coordinator the current results of an OSBI Criminal History Information request. Students are responsible to obtain results of the background check from the OSBI at students' expense. The results must be submitted to the Program Coordinator before conducting therapy at the Center for Family Services. The results submitted to the Program Coordinator must be an original and cannot be a photocopy. This report will be placed in the student therapist's permanent file. An OSBI check is valid for two years.

Program faculty may prohibit a student therapist from conducting therapy in the Center for Family Services if the results of the student's OSBI check reveals past criminal activities that would likely lead the Oklahoma Board of Health to deny that person licensure under Title 59 of Oklahoma Statutes, Section 1925.15. This includes "Been convicted of a crime the Commissioner determines after a hearing to be of such a nature as to render the person convicted unfit to practice marital and family therapy."

Students should follow the attached directions to file the Criminal History Information Request with the OSBI. This request is at student expense and the student is responsible for ensuring that the Program Coordinator receives the original report from OSBI. No cases will be assigned to a student therapist who does not have a current OSBI report on file.

Submitting a criminal history information request can be completed by mailing or faxing a completed criminal history information request or by submitting the form in-person at the OSBI headquarters. The OSBI headquarters is open from 8:30 a.m. until 4:30 p.m., Monday through Friday, except for holidays and is located in the Broadway Executive Office Park one half block west of the Broadway Extension on Northwest 63rd in Oklahoma City. The address is 6600 North Harvey, Oklahoma City, OK, 73116. All requests must be typed or legibly printed in ink. The current cost of a criminal history information request is \$15.00. Accepted forms of payment include cash with in-person requests only, money orders, Visa, Mastercard, Discover, cashier's checks, certified checks, government checks or warrants, and business checks imprinted with the company name and address and made payable to the OSBI. **Personal checks are not accepted.**

The average wait times to receive a processed criminal history information request are as follows:

In-person Requests: Results are processed the same day they are submitted. Approximate wait time is 10-15 minutes.

Faxed Requests: Faxed credit card requests are usually processed within three days of their receipt and require the customer to provide a dedicated fax line number for the return results.

Mailed Requests: Mailed requests are processed within one to three weeks from the date they are received. The average wait time from when the form is mailed to receipt of results is approximately 3-4 weeks.

For more information regarding criminal history information requests or to download the current request form or credit card fax form, please visit

http://www.ok.gov/osbi/Criminal_History/index.html#

AAMFT Membership & Liability Insurance

All students must be **members of AAMFT** and have **liability insurance** prior to the start of clinical work in the program. Liability insurance is included as part of the student's yearly AAMFT fees. The current cost to become a student member in Oklahoma is \$63. Membership and insurance is to be renewed by September 1st of each year. A copy of the membership verification certificate (via email) as well as a copy of the student's personal liability insurance certificate (via email) must be sent to the MFT Program Coordinator to be placed in the student's file by September 1st each year. As an AAMFT student member, \$5 of your annual dues automatically covers divisional dues and membership in the Oklahoma Association for Marriage and Family Therapy (OKAMFT). Students are strongly encouraged to become active in AAMFT and OKAMFT.

Important Links:

- AAMFT Student Membership Application
https://www.aamft.org/iMIS15/AAMFT/Content/Membership/Join_Now/Student_Member.aspx
- AAMFT Student Liability Insurance FAQs
http://www.aamft.org/iMIS15/AAMFT/Content/membership/Student_liability_FAQS.aspx
- OKAMFT Website
www.okamft.org

Observation in the Center for Family Services

Observation in the Center for Family Services is a privilege that we must all protect. Families allow observation of their therapy sessions and in doing so must trust our professionalism and ethics. We feel that protecting client's rights is crucial to the continuation of this valuable experience. All clients know about observation and have given their permission in writing. When you are observing, please follow the rules listed below.

1. Arrive 10 to 15 minutes PRIOR to when the session is scheduled to start. Allow clients to leave the building before exiting the observation room. This will help you avoid seeing clients in the hall.
2. When you are in the observation room speak softly and only when necessary. The walls are not soundproofed and noise in the observation room is disruptive of sessions. Avoid going "in and out" of the observation room.
3. If you discuss cases in CFS, with other MFT students or MFT faculty, always do so in a secure area. You will never know when someone may overhear you and recognize who you are talking about, or feel uncomfortable you are disclosing the information.
4. NEVER use names, identifying information, or discuss sessions of clients when in public areas. Do not talk about cases with individuals outside of the MFT students and faculty.
5. If you take notes during observations, do not include names or any other identifying information. Only use case numbers to identify summaries for class.
6. When you are observing a session that is also being supervised, do not get in the way of the supervisors or distract them. They need to focus attention on the session. If you have a question, ask them when would be convenient time or wait until after the session.
7. During a mid-session break allow the supervisors and therapists to talk. Often much information must be transferred in a short amount of time.
8. We are responsible for the facility. Please do not leave any trash in the room.
9. If you happen to know the client(s), do not observe the session.
10. Avoid wearing white clothing if sitting near the observation mirrors as white is more easily seen through the one-way mirrors.
11. The more you observe the more you will understand the therapy process.

Remember, you are being given an opportunity most students do not have. Treat the clients with respect and do not do anything that would cause embarrassment for you, the clients, or the program. Observation is an integral part of your training and will be expected throughout your tenure at OSU. Take advantage of this privilege. You cannot observe too much.

Recording Clinical and Supervisory Hours

It is the MFT Program policy that students must record their clinical and supervisory hours using the CFS/Off-site Monthly Clinical Report template and turn it in to the Program Coordinator at the end of every month. **Reports for the month are due to the Program Coordinator by the 15th day of the following month.** It is each student's responsibility to personally submit PDF reports in the Monthly Clinical Hours Report folder on the program server. Reports should be saved as *student'slastname month.date* (e.g., Gallus 8.16). Reports received after the due date will not be accepted and hours will not be counted toward the student's cumulative hours.

Definition of Clinical Hours

- **Individual:** The session is counted as *individual* when you are meeting with one person.
- **Group (Individual):** This session consists of a *therapeutic group with people who are not related* to each other, or considered by themselves to be a family.
- **Couple:** The session is counted as *couple* when you see two individual adults who have presented for therapy for relationship concerns.
- **Family:** The session is counted when you see *more than one family member* together who are working on family issues.
- **Group (Relational):** This session consists of a group of couples working on relational issues or a group of different families working on family issues.
- **Alternate (Individual):** This is a session seen by an ongoing team of therapists (no more than 6) who provide treatment as a team or another approved alternative hour experience with an individual.
- **Alternate (Relational):** This is a session with a couple or family that is seen by an ongoing team of therapists (no more than 6) who provide treatment as a team or another approved alternative hour experience with a couple or family.

Definitions of Supervisory Hours

Category of Supervision

- **Individual Supervision** – This type of supervision occurs in the presence of your OSU MFT supervisor and with one to two supervisees (grad students).
- **Group Supervision** – This supervision occurs in a small group of three to eight students. Count this when your cases and/or other student's cases are reviewed by the group and your OSU MFT supervisor as in Practicum or Clinic Night.

Type of Supervision

- **Case Consultation:** This is counted when your case or another student's case is reviewed and supervised without the use of raw data (video, audio tape, or live supervision).
- **Video:** This is counted when you are supervised and videotape of the case is presented. In *Group Supervision*, this is counted when you or another student is supervised and a videotape of the case is presented. For example in a two hour group supervision if two students are scheduled to show video then all students may count two hours of group video supervision. However, if two students are scheduled to present in a two hour group supervision session and only one shows a video while the another presents a case, then all students may count one hour group video supervision and one hour group case supervision.
- **Audio:** This is counted when you are supervised and an audiotape of the case is presented. In *Group Supervision*, this is counted when you or another student is supervised and an audiotape of the case is presented. For example in a two hour group supervision if two students are scheduled to present audiotape then all students may count two hours of group audiotape supervision. However, if two students are scheduled to present in a two hour group supervision session and only one shows an audiotape while the another presents a case, then all students may count one hour group audiotape supervision and one hour group case supervision.
- **Live:** Live supervision is counted when you conduct therapy in the presence of your supervisor at the CFS, or you view a live case with your supervisor. This is to be counted only if the session was conducted at the CFS. It can be counted as live, by the one or two therapists conducting the session, or those therapists viewing the session. No more than 6 total students can be involved in a live supervision session (combined total conducting and observing the session.).

Transportation of Confidential Materials

Student therapists will frequently need to transport confidential materials between their off-campus placement site and the Center for Family Services for supervision purposes. Therapists must have site approval to remove any confidential materials from the off-campus placement site. Examples of materials that might be transported would include case notes, audio or videotapes, and client assessments. When transporting confidential materials the student therapist must take extra precautions to ensure client confidentiality. The following are guidelines for the secure transfer of confidential materials.

1. Therapists who need to transport confidential materials will be issued a locked briefcase by the Director of the Center for Family Services. Therapists will return the briefcase when not needed for transportation between practicum sites.
2. The briefcase must be kept locked anytime it contains confidential materials during transport between the off campus site and the Center for Family Services.
3. The briefcase cannot be left unattended anytime it contains confidential materials during transport between the off campus site and the Center for Family Services.
4. When in either the Center for Family Services or the off campus site, confidential materials will be handled according to agency and CFS policy.

Addressing Student Deficiencies²

Most students who enter a graduate program believe they are embarking on their chosen profession. Some discover that this is not what they desire, or that they lack the talent to perform effectively in the field of marriage and family therapy, and drop out of the program. A few students, although lacking the skills to be effective, continue on with their degree program. Because marriage and family therapists have a great deal of influence in the lives of their clients, it is important that only competent beginning-level clinicians be allowed to graduate. In addition, because of the vulnerable position that clients are in when they receive treatment, it is imperative that students of this program meet high standards of conduct and performance in areas including, but not limited to, professionalism, emotional health, and ethical behavior. MFT faculty have the responsibility of determining whether a student is emotionally, ethically, and professionally suited to enter the profession and to counsel out of the program students that might pose serious risk to their clients and the standards of the profession. What follows is a list of areas of student performance/functioning and a short description of the expectations associated with each.

Academic

It is expected that students will be invested in and perform well in their coursework. Students must maintain a 3.0 grade point average (“B” Average) at all times while enrolled as graduate students in the Department of Human Development and Family Science. Furthermore, they may not earn “C’s” in back-to-back semesters. Students who do not meet the minimum academic requirements will be placed on academic probation and/or dismissed from the program.

Professional

Students are expected to consistently interact in their work with faculty, site supervisors, and other students in appropriate ways. Students are expected to behave in professional fashion, taking care to discuss cases in confidential and sensitive ways, approaching colleagues with respect, and responding appropriately to feedback given by faculty and site supervisors. When a student disagrees with the feedback of a faculty or site supervisor, the student is expected to discuss this with that person and not passively dismiss it or discuss it as a problem with other students and faculty. Similarly, students are expected to be sensitive when giving feedback to colleagues, recognizing when their advice may be ill timed or inappropriate to the situation.

Emotional

Students are expected to demonstrate emotional strength and stability. Students must take appropriate steps to prevent their emotional problems from having a negative effect on their clients or others with whom they work as judged by faculty or site supervisors. Students are expected to resolve any personal problems that impede their ability to be effective in their clinical work and/or their ability to be appropriate in their interaction with other students, faculty, or other professionals with whom they work.

Where students are unable to resolve their personal problems through their own efforts they may need to seek professional help. Where these issues are evident in the students’ conduct/performance, faculty will provide feedback to students and encourage them to address the problematic issues. In cases where students’ emotional problems pose a risk to their clients they may be immediately removed from cases and may be asked to immediately discontinue all clinical work. In cases where students fail to adequately address the problematic issues they may be counseled out or dismissed from the program.

² Portions of this section were adapted from the Purdue University at Calumet MFT Handbook.

Ethical

Students are expected to conduct themselves in their clinical work and in their general conduct according to ethical and legal guidelines as outlined in Oklahoma law and the AAMFT code of ethics. Due to the sensitivity of the professional role of a marriage and family therapist, ethical conduct is taken very seriously. As determined by the faculty, students found to have engaged in or to be engaging in ethical misconduct in their clinical work or in other areas such as cheating in coursework, misrepresenting facts in clinical paperwork or in communication with faculty, or engaging in other ethically questionable conduct may be subject to corrective measures. Examples of corrective measures include, but are not limited to, receiving a failing grade, removal from cases and all activity in the clinic, removal from external placements, and dismissal from the program.

Clinical Skills

Students are expected to be able to appropriately apply theoretical material in the clinic setting. This relates to being able to engage clients in therapy, assess existing problems, and design and implement intervention strategies. Students are expected to be familiar with a variety of family therapy theories. A deficiency may exist when a student appears to not be able to apply general tenets of systems theory or specific tenets of family therapy theory as guided by the practicum supervisor. When an area of concern is identified with regard to a student's clinical performance, specific goals and strategies will be implemented in supervision to help the student develop the necessary skills. This is a normal part of the supervision experience. However, if the faculty or site supervisor believes that the problem fits within the category of a severe deficiency and it is not alleviated through initial goal setting, the faculty member will discuss the concern with the entire MFT faculty.

Severe Deficiency

The faculty will make the determination of when a problem warrants the label, "severe deficiency." If the problem is termed a severe deficiency by the faculty, the student will be notified by his/her practicum supervisor, major advisor, or the Program Coordinator. The student and faculty member(s) will strategize and contract for specific steps the student can take to resolve this deficiency and decide on a time schedule for accomplishing this. This contract will be finalized in writing with a copy given to the student, a copy to remain in the student's file, and copies for all members of the MFT faculty. If the student satisfactorily resolves the severe deficiency, he/she will receive a letter notifying him/her of such with a copy placed in his/her file and copies for all members of the MFT faculty.

Dismissal from the Program

If the student still does not resolve the severe deficiencies s/he may be dismissed from the program. S/he will meet with the MFT faculty to discuss the situation, and if dismissed from the program will receive a letter from the Program Coordinator notifying him/her of dismissal. Copies of the letter may also be sent to all MFT faculty members and the graduate coordinator with one placed in the student's file. Counseling a student out of the program is a difficult situation for both faculty and students. Where possible, faculty will work with those students who exhibit severe deficiencies in an effort to assist them in correcting the problems. Where remedial action on the part of the student is not deemed feasible such as in cases, including, but not limited to, ethical misconduct or emotional instability, the student may be dismissed from the program. In such cases the student will be given specific feedback about the reasons for his/her dismissal. The members of the MFT faculty remain committed to students' growth and are invested in the success of all students in the program. As such we will make every effort to help students address any deficiencies in a way that will allow

students to benefit fully from the training and to reach their potential as therapists.

Important Links:

- Graduate Student Appeals
<https://gradcollege.okstate.edu/content/appeals-policy>
- Leave of Absence Policy
<https://gradcollege.okstate.edu/leave-of-absence-policy>
- OSU Student Code of Conduct
<https://studentconduct.okstate.edu/code>
- AAMFT Code of Ethics
[http://www.aamft.org/iMIS15/AAMFT/Content/Legal Ethics/Code of Ethics.aspx](http://www.aamft.org/iMIS15/AAMFT/Content/Legal%20Ethics/Code%20of%20Ethics.aspx)

Grievance Policy

The faculty of the Marriage and Family Therapy Specialization place open and honest communication between students and faculty as a high priority. To further such communication the faculty have established the following grievance policy statement. This policy is intended to supplement the existing OSU Grievance Policy as established by the Academic Appeals Board, not to replace that policy.

During their time as students at Oklahoma State University, those in the MFT Specialization may at some time feel they have been unjustly treated by a faculty member. In order to address these instances, we recommend that student(s) take the following steps. While we recognize that there may be instances where students will need to start by filing a formal grievance with the Academic Appeals Board, we hope that in most instances the following steps will provide a mechanism for addressing grievances within the MFT Specialization.

- (1) Contact the faculty member with whom you have a grievance and make an appointment to discuss the matter.
- (2) If after the meeting you do not feel the matter was adequately resolved, you should meet with the MFT Program Coordinator, or another MFT core faculty member if the grievance involves the Coordinator, about the grievance.
- (3) If, after meeting with the Coordinator, you do not feel your grievance was adequately resolved the next step is for you to explain the grievance to the HDFS Department Head.
- (4) If, after all of the above steps are completed, you are not satisfied that your grievance has been adequately addressed, we recommend that you contact Dr. Christine Johnson, Associate Dean for Research and Graduate Studies to try to resolve your concerns.

We hope that the above policy will foster open and direct communication between faculty and students and provide an avenue for students to address grievances they may have.

Important Links:

- Graduate Student Appeals
<https://gradcollege.okstate.edu/content/appeals-policy>
- Leave of Absence Policy
<https://gradcollege.okstate.edu/leave-of-absence-policy>
- OSU Student Code of Conduct
<https://studentconduct.okstate.edu/code>
- Academic Integrity Policy:
<http://academicintegrity.okstate.edu/>

All persons who believe that they have been subjected to discrimination or sexual harassment are encouraged to seek assistance.

Instructions for receiving assistance and/or filing a grievance for **gender discrimination or sexual harassment** can be found at:

<https://stillwater.sharepoint.okstate.edu/Policies/Shared%20Documents/Gender%20Discrimination%20and%20Sexual%20Harassment%20Policy%20and%20Title%20IX%20Grievance%20Procedure.pdf>

Instructions for filing a **grievance for other discrimination** can be found at:

<https://stillwater.sharepoint.okstate.edu/Policies/Shared%20Documents/Student%20Discrimination%20Grievances.pdf>

Getting Involved

Looking for ways to get involved? Participating in various organizations is a great way to network with other professionals, build leadership skills, and gain experience. Below is a list of available state and national organizations to help you get connected.

AAMFT

The American Association for Marriage and Family Therapy (AAMFT) is the professional association for the field of marriage and family therapy. AAMFT represents the professional interests of more than 50,000 MFTs throughout the US, Canada and abroad.

- AAMFT
www.aamft.org

OKAMFT

The Oklahoma Association for Marriage and Family Therapy (OKAMFT) is your first and best stop for news on employment and practice building opportunities in your state/province. The Division represents you at the state or provincial government on legislative and regulatory matters that affect your ability to make a living. You will find opportunities to enhance your leadership skills, stay up-to-date on the latest innovations in the field and meet, work with other MFTs throughout Oklahoma. Each year, student/associate members of OKAMFT elect a student representative to the OKAMFT board. The student rep serves as a nonvoting member of the board and president of the OKAMFT student board. The student board is made up of graduate student representatives from each of the MFT graduate programs across Oklahoma. Each fall, the OKAMFT student board hosts the Student & New Professional Conference.

- OKAMFT Website
www.okamft.org

National Council on Family Relations (NCFR)

The National Council on Family Relations is the premier professional association for the multidisciplinary understanding of families.

- NCFR Website
www.ncfr.org

Appendices*

*Note that updated forms can be found on the program server in the “MFT program files” folder.

Commonly Asked Questions about OSU and the MFT Specialization

To help you to know more about who we are and what we do, the faculty of the MFT specialization have put together the following list of commonly asked questions and answers. If you have other questions not on this list, feel free to ask the Program Coordinator. We hope you find this helpful and welcome you to OSU/MFT.

How do I know what classes I should take?

Your faculty chair is a primary source of information about the classes you should take. In addition, a curriculum with recommended sequence is included in this handbook. .

Is health insurance available for graduate students?

Yes. All students on a graduate assistantship receive health insurance from OSU. If you are not on an assistantship, you can call the Student Governing Association for more information at (405) 744-6500. There is also an on-campus student health center for non-emergency health care.

Are computers available for student use?

There are several means for students to have access to computers. There are computers available to clinically active students in the business office. The Human Sciences computer lab is located in the basement of Human Sciences.

When will I know about assistantships and financial aid?

You will know as soon as we know. We are hoping we will know by August of each year you are at OSU. The graduate coordinator will contact you if you are to be offered an assistantship. If you are interested in an assistantship notify the graduate coordinator and he/she will add your name to the list of interested students. Assistantships awarded can be research, teaching, or other administrative functions.

In addition, there are other sources of financial assistance, such as scholarships and fellowships. Watch your HDFS mailbox for announcements and apply for everything! For most scholarships and fellowships if you do not apply you will not be considered.

Finally, there are government loan programs for which you might qualify. Check with the OSU Office of Financial Aid (744-6604) for application procedures.

Will I have any other responsibilities during my first year?

In addition to your responsibility to observe cases and to serve as an active team member when assigned, as you become more familiar with CFS procedures we will ask you to take on other tasks. These tasks will likely include sitting in on non-therapy clinical experiences with a senior therapist (i.e. depression screenings or relationship checkups), helping with publicity efforts by hanging flyers on bulletin boards, and eventually spending 1-2 hours per week answering the telephone in the CFS office and doing "intakes." Intakes are the first contact potential clients have with us when seeking services. This is an important responsibility since conveying professionalism, competence, and getting accurate information from potential clients is related to successful therapy. In addition, when you start doing intakes you will be given keys to the CFS where confidential client files are located, so your responsibility to preserve client confidentiality is great.

How much time should I plan to commit to this program?

We consider this program to be a full-time commitment. You will take a full load of classes and have clinical responsibilities (observing at first, then doing) every semester. If anything, most students tell us the time commitment increases with each semester due to the increasing clinical responsibilities. Even as a full-time program, most students take 2 1/2 years to complete all graduation requirements.

What is a Plan of Study?

The Plan of Study is your contract with the Graduate College detailing what degree requirements you must meet before graduating. The Plan includes the courses you will take, the faculty members who agree to be on your committee (including your choice of major advisor), and your decision to do either a thesis or non-thesis track. You will need to file your Plan of Study by the middle of spring semester.

Do I have to do a thesis?

No, our graduation requirement is that every student must complete either a thesis or non-thesis track. Students who choose the non-thesis track take an additional 6 credit hours of elective courses approved by the MFT core faculty. When you file your plan of study you will have to choose which option. Faculty can help you with this decision

Should I join a professional organization?

Definitely! You will be encouraged during your time at OSU to become a student member of AAMFT and to actively participate in professional development activities. These activities will include attending and presenting at professional meetings. In addition, our students have a good record of service to the profession through volunteering at state and national conferences, and serving as Student/Associate Member of the OKAMFT Board of Directors. OSU/MFT students also are frequent presenters at the AAMFT Annual Conference and other national and state conferences. Becoming an active professional is highly encouraged. AAMFT has a website with much valuable information (including a membership application) at <http://www.aamft.org>.

Am I guaranteed a job when I finish?

No, but I'm certain someone in the past has told you there are no guarantees in life, right? However, the employment record of our graduates is good. Many have job offers from their internship sites before they graduate. Most of our graduates have been able to find employment as therapists within a few months after graduation (many before graduation), even when competing in some very tough job markets. We are proud of our graduates' records.

How will I know when I am finished with my degree?

You will be finished with your M.S. in MFT when you have completed all the classes on your plan of studies (getting no grade less than a B in MFT core courses), have successfully completed the 500 (minimum) hours client contact with at least 250 hours with couples or families present, received a minimum of 100 hours of supervision (including both group and individual), demonstrated basic clinical competencies as judged by faculty supervisors, and successful completion of the capstone requirements, and completed your thesis/non-thesis track requirements.

What support services are available to me?

Students are entitled to 12 counseling sessions through the University Counseling Services' Student Counseling Center in 320 Student Union each fiscal year (July 1st through June 31). Sessions 1-4 are free and sessions 5 through 12 are \$10 per session. Both individual and group counseling are available.

For more information go to: <http://ucs.okstate.edu/counseling>

Or, to contact the Student Counseling Center call (405) 744-5472

Graduate College & University Resources

Graduate College:

- Graduate College: <http://gradcollege.okstate.edu/>
- OSU Catalog: <https://registrar.okstate.edu/University-Catalog>
- Academic Calendar: <https://gradcollege.okstate.edu/graduate-college-academic-calendar>
- Fall/Spring/Summer Enrollment Guidelines: <https://gradcollege.okstate.edu/enrollment>
- Graduate Assistantships: <http://gradcollege.okstate.edu/assistantship>
- Graduate College Academic Calendar: <http://gradcollege.okstate.edu/graduate-college-academic-calendar>
- Graduate Degree/Certificate Programs: <http://gradcollege.okstate.edu/degree>
- Graduate Faculty Database: <https://gradcollege.okstate.edu/faculty-and-staff-resources>
- Graduate Student Appeals Policy: <http://gradcollege.okstate.edu/content/appeals-policy>
- Graduate and Professional Student Government Association (GPSGA): <http://temp-gpsga.okstate.edu/content/resources>
- Graduate College Forms: <http://gradcollege.okstate.edu/FormsPage>
- Graduate Student Appeals: <https://gradcollege.okstate.edu/content/appeals-policy>
- Graduation Checklist (Doctoral Degree): <http://gradcollege.okstate.edu/doctoral-checklist>
- Graduation Checklist (Master's Degree): <http://gradcollege.okstate.edu/masters-checklist>
- International Teaching Assistant Test: <https://gradcollege.okstate.edu/ita>
- Leave of Absence Policy: <https://gradcollege.okstate.edu/leave-of-absence-policy>

- OSU Guidelines for Best Practices in Graduate Education: <http://gradcollege.okstate.edu/bestpractices>
- OSU Best Practices: Advisory Committees and Defenses: <https://gradcollege.okstate.edu/best-practices>
- Test of English Language Proficiency: <http://gradcollege.okstate.edu/telp>

University:

- Career Services: <http://www.hireosugrads.com/StudentsAlumni/>
- Edmon Low Library: <http://www.library.okstate.edu/>
- Family Resource Center: <http://www.reslife.okstate.edu/frc/>
- Health Insurance (Student): <http://uhs.okstate.edu/student-health-insurance-plan>
- Information Technology: <http://www.it.okstate.edu/>
- Institute for Teaching and Learning Excellence: <http://itle.okstate.edu/>
- International Student and Scholars Office: <http://iss.okstate.edu/>
- International Students Arrival and Orientation: <http://iss.okstate.edu/arrival-orientation>
- Office of Multicultural Affairs: <http://icae.okstate.edu/>
- OSU High Performance Computing Center: <http://hpc.it.okstate.edu/>
- OSU Writing Center: <http://osuwritingcenter.okstate.edu/>
- Residential Life: <http://www.reslife.okstate.edu/>
- Responsible Conduct Research Training: <http://compliance.okstate.edu/rcr/training>
- OSU Research Compliance:
 - Appropriate Use of Human Subjects in Research: <http://compliance.okstate.edu/irb/irb-index>
 - Appropriate Use of Animals in Research: <http://compliance.okstate.edu/iacuc/iacuc-index>
 - Biosafety Program:

<http://compliance.okstate.edu/ibc/ibc-index>

- Radiation Safety Program:
<http://compliance.okstate.edu/rso/rso-index>
- Laser Safety Program: <http://compliance.okstate.edu/lso/lso-index>
- Seretean Wellness Center: <http://wellness.okstate.edu/>
- Services for Students with Disabilities: <http://sds.okstate.edu//>
- Student Affairs: <https://studentaffairs.okstate.edu/>
- Student Code of Conduct: <https://studentconduct.okstate.edu/code>
- The OSU Student Union: <http://union.okstate.edu/>
- University Counseling Services: <http://ucs.okstate.edu/>
- University Health Services: <http://uhs.okstate.edu/>
- University Parking Services: <http://www.parking.okstate.edu/>

Informed Consent for Clinical Training

OKLAHOMA STATE UNIVERSITY
CLINICAL MASTERS SPECIALIZATION IN MARRIAGE AND FAMILY THERAPY
INFORMED CONSENT

PREFACE: The clinical portion of training in the M.S. specialization in Marriage and Family Therapy offered by the Department of Human Development and Family Science involves the student in a unique applied learning experience. The clinical experiences, with their additional responsibilities and methods of evaluation, are not typical of other non-clinical, graduate programs offered by HDFS. Because of the unique aspects of clinical training, this document is designed to describe aspects of the Marriage and Family Therapy specialization of which the student might not otherwise be aware. This document should be read and used in conjunction with other documentation concerning the MFT specialization and graduate studies in HDFS.

CLINICAL PRACTICUM: Beginning spring semester of the first year, students must be continuously enrolled in a three credit hour practicum for a minimum of 18 months and until the 500 client contact hour requirement (at least 250 relational) is completed and the faculty agree that the students have met the minimum level of clinical competencies. During the time that students are enrolled in practicum they will receive supervision during every week that they see cases. *The student is responsible for the accurate recording and reporting of these hours to the Program Coordinator on a monthly basis.*

Students are responsible for complying with program requirements concerning accurate and prompt clinical record-keeping. Case files will be audited regularly.

During the latter stages of clinical training students are placed at off-campus sites. Students are required to provide transportation and other expenses associated with these placements.

Learning to be a therapist is challenging and requires a high degree of commitment to clients, co-therapists, and supervisors. If at any time during the clinical portion of training a student determines that she/he does not want to complete his/her degree in MFT, the student should inform the Program Coordinator in writing.

Students may be expected to fulfill commitments to clients and co-therapists until the end of the semester in which they withdraw from training or complete their clinical hours.

LIABILITY INSURANCE: Students and their supervisors incur liability for the therapy services provided by the student. During the practicum experiences in the Center for Family Services, students are required to obtain and pay for liability insurance before enrolling in a clinical practicum. Liability insurance is provided through AAMFT, if the student is a member.

THE NATURE OF SUPERVISION: The primary goal of supervision is the enhancement of the supervisee's professional competence and a secondary goal of assuring quality of service to clients. Each student enrolled in a clinical practicum must receive weekly individual and/or group supervision. A large portion of this supervision must be live observation or review of recorded sessions.

Supervisors vary in the degree to which they focus on theory, skills, and use of self. However, each of these issues will receive attention at some point in the program.

If the supervisor thinks that personal material is interfering with the student's assessment or treatment of clients, the supervisor will bring that concern to the attention of the student and may suggest that the student seek professional services to address the issue further. *Supervisors will not conduct personal therapy with supervisees, nor will the program require a student to obtain personal therapy.* However, if personal issues appear to the faculty supervisors to continue to interfere with the student's performance as a therapist, the supervisor will provide consultation for the student therapist and that difficulty will be reflected in the student's practicum grade and possibly in the student's progress through the program. If the personal issues continue to negatively affect the therapist's clinical work, the

therapist can be removed from cases in accordance with Oklahoma LMFT Regulations and AAMFT Code of Ethics concerning protection of clients.

Students who choose to reveal personal information during clinical supervision deserve to have that information treated with respect. That respect includes keeping the information confidential, even from other faculty and supervisors. ***Oklahoma LMFT Regulations will be followed in regards to confidentiality.*** If the supervisor believes disclosure to another supervisor who is, or will be, working with the student would enhance supervision, that recommendation will be discussed with the student, who will be allowed to follow the recommendation or not.

Supervisors may, however, share information about general areas in which the student is having difficulty in the conduct of therapy with another supervisor with whom the student is now, or will be, working. In addition, end of semester evaluations are routinely forwarded to the student's next on campus clinical supervisor to assist him/her in continued supervision of the student. Students also receive a copy of this evaluation.

Students in a clinical practicum can expect to receive live supervision from behind a one-way mirror, as well as supervision based on recordings of sessions and case notes. Students can also expect regular feedback on their progress in clinical practicum. This regular feedback will be verbal during the course of the semester, unless the faculty have reason to be especially concerned. In that case, a letter outlining the concern(s) will be sent to the student. End of semester evaluations will include a course grade, which goes on the student's transcript, and a copy of the Clinical Skills Evaluation Device from his/her individual supervisor.

PROGRESS TOWARD LICENSURE AND AAMFT CLINICAL MEMBERSHIP: The student is responsible for direct communication with the appropriate licensing board regarding licensure and AAMFT regarding clinical membership. Most students continue to work on licensure and clinical membership after graduation. The Program Coordinator at OSU will provide documentation of supervision and client contact hours accomplished at OSU as requested.

RESEARCH. An important aspect of the OSU land grant mission and our responsibility as MFTs is to expand knowledge through research. Therefore, ongoing research is conducted at the Center for Family Services into therapy, supervision, and training outcomes. All participants in this research (CFS clients, student therapists, and faculty) have the right to decline participation in the research. All research participants are guaranteed that they will never be identified by name in reports of the research. Student therapists who wish to not be included in CFS research should notify the Program Coordinator in writing.

I understand the nature of clinical training as described above and choose to enter the clinical practicum in marriage and family therapy.

SIGNED: _____(Therapist)

_____(Coordinator, MFT Specialization)

_____(Date)

Request for Alternative Hours Form

Name:

Describe the nature of the clinical activity for which alternative hours are being requested:

Estimate the number of alternative hours expected to result from the activity: _____

Provide the expected beginning and end dates of the alternative clinical activity for which you will accrue alternative hours: From _____ To _____

Please attach any relevant information that will help clarify the nature of the clinical activity (e.g., interview scripts, etc.) and submit to the Program Coordinator.

Student Signature

Date

Bottom part to be completed by Program Coordinator

Decision:

Alternative hours approved

Alternative hours not approved

Comments:

Program Coordinator Signature

Date

Clinical Skills Evaluation Device (with benchmarks)

Expected levels of development (benchmarks) as of the end of each semester are listed below (1=Spring Yr1, 2=Summer Yr1, 3=Fall Yr2, 4=Spring Yr2, 5=Summer Yr2, 6=Fall Yr3)

1. Admission & Engagement	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
f. Attend to and address barriers to treatment engagement for diverse clients.			1	2	3 >
g. Effectively explain practice setting rules, fees, rights, and responsibilities.				1	2 >
h. Effectively join with and engaging each member of the client system in treatment.			1	2	3 >
i. Establish mutually agreed upon therapeutic contracts with clients.		1	2	3	4 >

2. Assessment & Diagnosis	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
a. Accurately diagnose mental/behavioral disorders using the DSM 5			1	2, 3	4 >
b. Effectively use basic interviewing skills -- empathic listening, reflective statements, validating statements, paraphrasing.			1	2	3 >
c. Accurately identify contextual risk (e.g., divorce, family violence, low SES, minority status) and current client crises (e.g., suicidal ideation, danger to self or others)			1	2	3 >
d. Accurately assess client strengths, resilience, and resources.			1	2	3 >
e. Systematically integrate client reports, observation of client behaviors, and other information from assessment to guide the development of tx plans.		1	2	3, 4	5 >

3. Case Management	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
a. Structure and organize sessions consistent with the formulated treatment plan.		1	2, 3	4, 5	6 >
b. Adapt treatment plans throughout treatment based on client need.		1, 2	3	4	5 >
c. Accurately and promptly complete case documentation in accordance with agency policies, professional standards, and state laws.			1	2	3 >
d. Effectively collaborate with community systems of care (i.e., church, other family, other service providers) to facilitate client change.		1	2	3, 4	5 >

4. Interventions	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
a. Effective use of questioning (circular, reflexive, lineal, and strategic; use of follow up questioning).		1	2	3, 4	5 >
b. Effectively utilize skills of normalizing and reframing.			1	2, 3	4 >
c. Elicit and utilize family strengths.			1	2, 3	4 >
d. Effectively manage and regulate intensity within sessions.		1, 2	3	4, 5	6 >
e. Effectively facilitate and manage couple and family interaction in sessions.		1, 2	3	4, 5	6 >
f. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, SES, culture/race/ethnicity, sexual orientation, disability).		1	2, 3	4	5 >
g. Appropriately respond to and deliver interventions that effectively address crisis situations such as trauma, domestic violence, addictions, self-harm, sexual assault, substance abuse, etc.		1	2, 3	4	5 >

5. Professionalism and Ethics	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
a. Practice in accordance with the AAMFT code of ethics and the Oklahoma state licensure acts and regulations.				1	2 >

6. Conceptual Skills	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
a. Context – identify key contextual influences relative to problem formation and the change process.			1	2, 3	4 >
b. Phase of Change – conceptualize treatment (goals and interventions) in terms of clearly definable phases of therapeutic change.	1	2	3,4	5,6	
c. Intrapersonal (within individual) – Identify key intrapersonal experiences/processes that impacts problem formation/maintenance or the change process (perspective, emotion, and behavior)			1, 2	3	4 >
d. Interpersonal (between individuals) – Identify key interpersonal processes that impact problem formation/maintenance or the change process (structure, process)			1, 2	3	4 >

7. Conceptual/Theoretical Skills	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
a. Develop and articulate a clear personalized and systemic model of family therapy that fully integrates theoretical concepts/perspectives from select models of family therapy.	1, 2, 3	4	5	6	

b. Recognizing strengths and weaknesses of own theoretical model in assessment and treatment for different populations and contexts (e.g., cultural, gender, economic).	1, 2, 3	4	5	6	

8. Self of Therapist	1 Not at all	2 Minimal	3 Partial	4 Mostly	5 Fully
h. Continually evaluate self in terms of conceptual, perceptual, executive, processional, and evaluative skills.			1, 2	3, 4	5 >
i. Receive feedback from supervisors and colleagues non-defensively.				1, 2	3 >
j. Show awareness of and ability to manage own anxiety, attitudes, and personal well-being.			1, 2	3, 4	5 >
k. Demonstrate authenticity and flexibility in session.		1	2, 3	4	5 >
f. Show understanding of and continually monitor how personal experiences, characteristics, issues, and beliefs influence the therapeutic process.		1	2, 3	4	5 >
g. Demonstrate professionalism in interaction with colleagues, clients, supervisors, and other professionals.					1 >
Consistently presents to individual supervision on time well prepared with marked video and clear objectives for supervision.					1 >
Actively participates in group supervision, providing thoughtful comments and suggestions, aiding colleagues in the conceptualization of cases.					1 >

Oklahoma State University Marriage and Family Therapy CFS Monthly Clinical Hours Report

Student Name: _____ Site Name: ____ CFS ____

Month/Year: January 2015

Therapy Hours

Dates of Week (e.g., 7.12 -- 7.17)	Individual	Group (Ind)	Couple (Relat)	Family (Relat)	Group (Relat)	Alternate (Relat)	Alternate (Ind)	Relational Total	Total Hours
								0	0
								0	0
								0	0
								0	0
								0	0
								0	0
Month Totals	0	0	0	0	0	0	0	0	0

¹ Prior Total	0	0	0	0	0	0	0	0	0
² Updated Total	0	0	0	0	0	0	0	0	0

Supervision Hours

Dates of Week (e.g., 7.12 -- 7.17)	Live	Audio Group	Audio Individual	Video Group	Video Individual	Case Note Group	Case Note Individual	Total Hours
								0
								0
								0
								0
								0
Month Totals	0	0	0	0	0	0	0	0

¹ Prior Total	0	0	0	0	0	0	0	0
² Updated Total	0	0	0	0	0	0	0	0

Student Signature: _____ Date: _____

Program Coordinator Signature: _____ Date: _____

¹Cumulative total at the end of prior month

²Cumulative total at the end of current month

Oklahoma State University Marriage and Family Therapy External Site Monthly Clinical Hours Report

Student Name: _____ Site Name: _____

Month/Year: September 2015

Therapy Hours

Dates of Week (e.g., 7.12 -- 7.17)	Individual	Group (Ind)	Couple (Rel)	Family (Rel)	Group (Rel)	Alternate (Rel)	Alternate (Ind)	Relational Total	Total Hours
								0	0
								0	0
								0	0
								0	0
								0	0
								0	0
Totals for this Month	0	0	0	0	0	0	0	0	0

¹ Prior Total	0	0	0	0	0	0	0	0	0
² Updated Total	0	0	0	0	0	0	0	0	0

Student Signature: _____ Date: _____

On-Site Supervisor Signature: _____ Date: _____

¹Cumulative total at the end of prior month
²Cumulative total at the end of current month

Externship Site Requirements

Marriage and Family Therapy Specialization
Oklahoma State University

1. Externships must take place within a setting that is chartered or licensed by the appropriate state authority, if applicable, and that has been in operation for at least two (2) full years. The institution must have a governing board that includes representation reflecting the public interest.
2. A continuous 9-12 month clinical experience in marital and family therapy must be available at the externship site.
3. Caseloads at the externship site must be sufficient so that a minimum of 50% of the intern's time at the site involves direct client contact of a therapeutic nature. Up to 50% of the intern's time at the site may involve administrative case support work such as case consultations and staffing meetings, generation and review of case notes, etc.
4. The Intern's weekly work schedule shall be agreed upon at the beginning of each semester. Combined off campus externship work shall not exceed 15 clock hours per week, with no more than 10 hours per week of direct client contact, unless special permission is obtained from the intern's supervisor and the MFT program coordinator.
5. The intern will not be available for home-based services.
6. The intern will not be available to provide transportation for clients.
7. Accurate records of client contact of each intern must be documented and verified and signed by the externship site supervisor and made available to the marriage and family therapy program.
8. The externship site must provide adequate facilities and equipment for the intern to carry out designated responsibilities.
9. The externship site must provide interns with an appropriate orientation to the policies and procedures of the externship site.
10. Externship sites must have published procedures for handling grievances.
11. Externship sites must have published policies prohibiting discrimination on the basis of race, ethnicity, religion, and gender.
12. For supervision purposes, the externship site shall allow the MFT program faculty supervisor to have unencumbered on-site access to all of the intern's raw clinical data. (raw clinical data includes all aspects of clinical work including case notes, audio or video tapes, agency case staffing meetings, consultations, live therapy observation, etc.)
13. The externship agency must designate a specific person who shall serve as the intern's on-site administrative supervisor.
14. The role for the administrative supervisor is two fold, to:
 - 1) Provide administrative support and management responsibility over the intern while at the facility;
 - 2) Serve as the liaison person between the site and the OSU Marriage and Family Therapy Program.
15. The OSU clinical supervisor maintains primary legal and ethical responsibility for the intern's work. Therefore, during the times that the OSU faculty supervisor is not available (typically three to four weeks per year), the intern will not be available to perform clinical services at the external site.
16. A signed agreement, the "Inter-Institutional Letter of Agreement", must be on file between Oklahoma State University and the externship site before the intern may begin work at the site.

Inter-Institutional Letter of Agreement

Marriage and Family Therapy Specialization Clinical Externship

_____ enters into this agreement with the Oklahoma State University Marriage and Family Therapy Program to provide a field experience for _____, who is a graduate student in the Marriage and Family Therapy Specialization. We have read the MFT Specialization's "Externship Site Requirements" and find the requirements agreeable to all participating parties.

This externship agreement shall begin on _____, and shall continue through the end of July, 2015, subject to renewal and continuation on a month-to-month basis after that point.

This Agreement entered into on this _____ Day of _____, 2015

Extern Site Administrator

Marriage and Family Therapy Intern

Coordinator, OSU Marriage and Family Therapy Specialization

OSU MFT Off Site Evaluation of Clinical Intern

Intern: _____ **Evaluation Date:** _____

Clinical Site: _____ **Site Supervisor:** _____

We ask that you complete the following form regarding the intern's performance within your agency at the conclusion of the intern's work at your agency. Upon completion of this form we ask that you review it with the intern. You can either return this form with the intern or mail it back to the MFT Program Coordinator, Human Development and Family Science, 233 HES, Stillwater, OK 74078. We appreciate your help in providing feedback on the performance of this student and for the important role that you play in the intern's development!

Please rate each area using the following scale:

1 = Inadequate, 2 = Somewhat Adequate, 3 = Adequate, 4 = Good, 5 = Superior

_____ 1. Ability to form therapeutic relationships with a wide range of clients

Comments:

_____ 2. General therapy skills

Comments:

_____ 3. Openness to on-site supervision and feedback

Comments:

_____ 4. Sensitivity to issues of diversity (e.g., gender, economics, ethnicity, and race)

Comments:

_____ 5. Professional behavior

Comments:

_____ 6. Professional appearance

Comments:

_____ 7. Attitude

Comments:

_____ 8. Relationship with agency staff

Comments:

_____ 9. Dependability

Comments:

_____ 10. Following agency procedures and policies

Comments:

_____ 11. Timeliness of completing paperwork

Comments:

_____ 12. Quality of paperwork

Comments:

_____ 13. Overall performance at your agency

Comments:

14. Please comment on the intern's areas of strength.

15. Please comment on the areas that you would like to see the intern improve on.

16. Please describe the manner and frequency of onsite supervision.

17. Please provide any general feedback to the MFT Program Coordinator about the structuring of the MFT program externships.

Supervisor Signature: _____

Date: _____

Intern Signature: _____

Date: _____

Clinical Intern Evaluation of Off Site

Intern: _____ **Evaluation Date:** _____

Clinical Site: _____ **Site Supervisor:** _____

To provide a sense for your clinical work at your site please provide a rough estimate of the percentage of therapy provided in each format since the beginning of your off-site work or since the last evaluation.

Relational

Family _____
 Couple _____
 Group _____

Individual

Child _____
 Teen _____
 Adult _____
 Group _____

Please indicate your experience at your off site by responding to the following questions using the following six-point likert scale.

- | | |
|--------------------------|------------------------|
| 1. Completely inadequate | 4. Slightly adequate |
| 2. Primarily inadequate | 5. Primarily adequate |
| 3. Slightly inadequate | 6. Completely adequate |

- _____ Number and availability of cases
- _____ Types of cases/presenting problem
- _____ Treatment modalities emphasized/encouraged
- _____ On-site training/lectures/seminars
- _____ Agency emphasis on intern development
- _____ Agency conduciveness to MFT orientation
- _____ Workload
- _____ Relationship with fellow therapists
- _____ Relationship with agency staff/supervisors
- _____ Availability of agency staff
- _____ Work environment
- _____ Appropriateness of agency expectations
- _____ Flexibility with student's schedule
- _____ Facilities and physical resources
- _____ Positive influence of off-site on student development
- _____ Overall off-site experience

What are the most positive aspects of this placement?

What are the most significant problems/challenges with this placement?

Would you recommend this site for a future placement?

Other Comments?

Request to Schedule Capstone

In order to be eligible to complete the capstone requirements of the program (capstone papers and clinical presentations) students must complete the requirements listed below by the specified deadlines.

	Summer 2nd Year	Fall 3rd Year
Deadline	June 1 st	September 1 st
Requirements	<ul style="list-style-type: none"> • Completion of approximately 400 client contact hours. • Submission of this completed form to the program coordinator. 	

Upon receiving the student’s request, all MFT faculty will meet to review the student’s clinical development. If the student is judged to be on track with the development of the program clinical competencies and has completed all of the above listed requirements, a date will be set for the capstone presentation. The student will be notified of the capstone presentation date within two weeks following the request due date. Capstone papers will be due one week prior to the scheduled presentation.

Please provide the following information:

1. Number of direct client contact hours completed _____.
2. Number of relational hours completed _____.

 Student’s Signature Date Committee Chair Signature Date

Student’s Request Approved Yes No

 Program Coordinator’s Signature Date

Methods of Assessing Student Learning Outcomes

Course	Semester	Assess/Activity	Items	Benchmarks	SLO	
Models	1.1 or 2.1	Final Exam		80% ≥ 80%	10a	
Systems Theory	1.1	Final Exam			10b	
Psychopathology	1.1 or 2.1	Final Exam			10c	
Ethics	1.2	Oral Final Exam			10d	
		Written Final Exam			10d	
Child	1.2 or 2.2	Exam			10e	
Practicum	1.2 to 3.1	Clinical Skills Evaluation	See evaluation Note for formative evaluation: 75% will meet bench on each item	Students will average 80% meeting benchmark across items for each SLO	1 to 8	
	2.3 or 3.1	Capstone: Model Paper and Rubric	Self of the therapist	80% ≥ 4	8f	
			Healthy family	Students will average 80% ≥ 4 across items	7a	
			Problem formation		7a	
			Role of therapist		7a	
			Phases of change		7a	
			How change happens		7a	
			Strengths and limitations	80% ≥ 4	7b	
	2.3	Offsite Supervisor Evaluation	Form therapeutic relationships	80% ≥ 4	1a-d	
			Openess to supervisor feedback		8b	
			Sensitivity to issues of diversity		1a, 2c, 4f	
			Professional behavior		8g	
			Quality of paperwork		3c	
CC/Thesis	2.3 or 3.1	CC/Thesis and Rubric	Thoroughness of review	Students will average 80% scoring ≥ 4 across the five items for 9a.	9a	
			Critical evaluation of research			
			Synthesis and integration			
			Summary and recommendations			
			Hypotheses			
				Proposed sampling and procedures	Students will average 80% scoring ≥ 4 across the five items for 9b.	9b
				Proposed measurement		
				Proposed analyses		
				Answer to questions		
N/A	One year after graduation	Employer Evaluation of Alumni	Admitting and egaging clients	80% ≥ 4	1a-d	
			Assessment and diagnosis		2a-e	
			Quality and timliness of paperwork		3c	
			Utilizing interventions		4a-g	
			Ethics		5a	
			Treatment planning		6a-d	
			Openness to feedback		8b	
			Self of therapist		8c	
			Sensitivity to issues of diversity		1a, 2c, 4f	
			Practicum		2.3	Comprehensive Exam
Systems	10b					
Psychopathology	10c					
Ethics	10d					
Child	10e					