

Auburn University Marriage and Family Therapy Program Handbook

Department of Human Development and Family Studies, Auburn
University, Marriage and Family Therapy Center at Glanton
House, 570 Devall Drive, Building #1, Suite 202, Auburn,
Alabama 36832

The release of a new edition of the Handbook will occur when significant changes in policies or procedures occur.

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MFT Core Faculty and Supervisors

Scott Ketring, PhD., LMFT 334-844-4479
AAMFT Approved Supervisor, Clinical Fellow..... ketrisa@auburn.edu
Associate Professor, Program and Clinic Director,

Joshua Novak, PhD., LMFT 334-844-4456
AAMFT Approved Supervisor, Clinical Fellow..... jrn0031@auburn.edu
Associate Professor

Brian Gillis, PhD., LMFT 334-844-3285
AAMFT Approved Supervisor, Clinical Fellow..... gillibr@auburn.edu
Assistant Professor

Non-Core, On-Campus Clinical Supervisors

Sarah Cox, M.S., LMFT 334-703-6091
AAMFT Approved Supervisor and Clinical Fellow elizsa1@hotmail.com

Ann Bethea, M.S., LMFT 251-776-4986
AAMFT Approved Supervisor and Clinical Fellow ann.bethea@gmail.com

Raven Pyle, MS. LMFT 334-821-3350
AAMFT Supervisor Candidate and Clinical Fellow ravenpyle@gmail.com

MFT Emeritus Faculty

Connie Salts, Ph.D., LMFT
Professor Emeritus

Thomas Smith, Ph.D., LMFT
Associate Professor Emeritus

HDFS Graduate Faculty

Angela Wiley, Ph.D. 334-844-4151
Professor, HDFS Department Head Spidle Hall

Francesca Adler-Baeder, Ph.D 334-844-3242
AU Alumni Professor
ARTF

Madison Ard, M.S.W., CCLS 334-844-5132
Instructor & Child Life Practicum Coordinator
Spidle Hall

Stephanie Baumann, Ph.D. 334-844-5132

Instructor & Internship Coordinator
Spidle Hall

Robert R. Bubb, Ph.D. 334-844-3226
Lecturer
Spidle Hall

Amanda Newberry-Butler, M.S., CCLS..... 334-844-5132
Instructor & Director of Child Life Programs
Spidle Hall

Emily Cumbie, M.S. 334-844-4696
Instructor & Online Student Success Coordinator
Spidle Hall

Adrienne Duke, Ph.D. 334-844-4091
Associate Professor, Extension Specialist
Spidle Hall

Mona El-Sheikh, Ph.D. 334-844-3294
Leonard Peterson & Co., Inc. Professor
Spidle Hall

Stephen Erath, Ph.D. 334-844-3236
Professor, Associate Dean of Research and Graduate Studies,
Spidle Hall

Cynthia Frosch, Ph.D. 334-844-4151
Associate Professor,
Spidle Hall

Thomas Fuller-Rowell, Ph.D. 334-844-3218
Professor
Spidle Hall

Ben Hinnant, Ph.D. 334-844-3259
Associate Professor
Spidle Hall

Jennifer Kerpelman, Ph.D. 334-844-4149
Professor, Associate Dean for Research
Spidle Hall

Kyle L. Kostelecky, Ph.D., CFLE. 334-844-3231
Associate Professor
Spidle Hall

Mallory Lucier-Greer, Ph.D. 334-844-3230
Professor, HDFS Graduate Student Program Officer

Spidle Hall

| | |
|--|--------------|
| Julianne McGill, Ph.D. | 334-844-3189 |
| Associate Clinical Professor | |
| ARTF | |
| Lisa Moyer, Ph.D. | 334-844-3246 |
| Lecturer | |
| Spidle Hall | |
| Nannette Phillips, D.B.A. | 334-844-3516 |
| Assistant Clinical Professor | |
| 117C M White Smith | |
| Caroline Payne-Purvis, Ph.D. | 334-844-4151 |
| Undergraduate Program Officer and Lecturer | |
| Spidle Hall | |
| Diana Samek, Ph.D. | 334-844-3173 |
| Assistant Professor | |
| Spidle Hall | |
| Wendy Troop-Gordon, Ph.D. | 334-844-3235 |
| Professor | |
| ARTF | |
| Silvia Vilches, Ph.D. | 334-844-3772 |
| Associate Professor, Extension Specialist | |
| Spidle Hall | |

SECTION I: AUBURN MFT PROGRAM OVERVIEW

Accreditation and Program History

The AU MFT MS program is fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The Auburn University MFT Programs' initial accreditation occurred on September 01, 1979. Current accreditation occurred on May 1, 2018, to expire on October 01, 2024. The program is completing its eighth accreditation cycle with COAMFTE, with the current re-accreditation process occurring from October 1, 2024, to April 1, 2026.

The Auburn University MFT program has a rich history and a prominent place in Alabama's marriage and family therapy growth. The MFT program began in the early 1970s. The founding faculty member was Norma Hodson, Ph.D., AAMFT Clinical Member, Fellow, and Alabama's first AAMFT Approved Supervisor. At that point, she was the lone faculty member, training only a few students. One of the first MFT graduates was Mary Anne Armour, M.S., who remained at Auburn as an early clinical, non-tenure-track faculty member. Later, Ms. Armour founded the accredited MFT program at Mercer University in Georgia. Drs. Hodson, Dr. Craig Everett, the Program's first official Director, Dr. Sandra Halperin, and Ms. Armour rapidly moved the program toward accreditation. Both Drs. Everett and Halperin were graduates of the Florida State University MFT program, directed at the time by Dr. William Nichols. Dr. Nichols was developing the COAMFTE accreditation standards at that time, assisted by Dr. Everett. Emeritus Program Director, Dr. Smith, was a student in the program during its initial accreditation in 1979.

Dr. Connie Salts became the Program Director in 1985 and served in that capacity for 20 years. She served with Dr. Tom Smith and multiple faculty members across the years, including Dr. Craig Smith, who later became the St. Louis University MFT Doctoral Program Director. Dr. Scot Algood who became the Department Head at Utah State University, and Dr. Mark White who became the Department Chair for National University, an online university training Marriage and Family Therapists. Dr. Scott Ketring joined the MFT faculty in 1999 and has remained with the Auburn Faculty. Thus, over the last 40 years, three faculty members have directed the Auburn MFT program, providing continuity and a historical perspective of leadership within the Program, the state, and nationally.

After the retirement of Connie Salts in 2004, Tom Smith, Ph.D., LMFT, became the Program Director (PD) Auburn University Marriage and Family Therapy Center (MFT Center) until 2019. Dr. Smith has been a member of the AU MFT faculty since 1985 and was designated as Emeritus, Program Director, and Associate Professor in Marriage and Family Therapy in August 2019. The other program faculty have been Margaret Keiley, Ed.D., LMFT, Director of Clinical Research, and Scott Ketring, Ph.D. LMFT. Dr. Keiley was a member of the AU MFT faculty from 2005 until she transitioned to HDFS faculty in 2017. Dr. Scott Ketring, transitioned to Program Director in 2018, overlapping with Dr. Smith for one year as Co-Director of the MFT Program and Center. Lauren Ruhlman, Ph.D. LMFT, joined him as MFT faculty from 2017-2022. Joshua Novak, Ph.D., LMFT, was hired in 2019, followed by Brian Gillis, Ph.D., LMFT, in 2023. The three core MFT faculty members are all AAMFT Clinical Fellows, AAMFT Approved Supervisors, and LMFTs in Alabama. Tom Smith, Ph.D., continues to serve as an emeritus faculty member occasionally teaching and supervising in the program.

Program Overview

The Master of Science in Marriage and Family Therapy (MFT) at Auburn University (AU) is designed to provide students with the knowledge, skills, and professional identity essential to

marriage and family therapy. Our goal is to train students who will function as marriage and family therapists at the highest level of clinical competence and who can also make unique contributions to the marriage and family therapy field through research, teaching, and other activities extending beyond helping particular clients. Auburn is committed to the principle that in no aspect of its programs shall there be differences in the treatment of persons or discrimination about the recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, faculty, and supervisors or other relevant educators and/or staff based on race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, veteran/military status, religion and spiritual beliefs and/or affiliation, and/or national origin.

Students in this program will be involved in an educational experience that will qualify them to practice under supervision to gain professional experience while receiving education and training to become a licensed MFT in Alabama. Consistent with the guidelines established by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT), the curriculum includes human development, marital and family studies, marriage and family therapy, professionalism and ethics, research and statistics, and supervised practicum. The program emphasizes parallel development in clinical skills, self-awareness, and establishing an integrated systemic approach to marriage and family therapy.

Students are required to follow an organized sequence of study in which concurrent academic and practicum coursework integrated to track and evaluate client change in therapy effectively. The faculty does not teach or adhere to a single theory, school, or approach to couple, marriage, and family therapy. Instead, students are exposed to various marriage and family therapy models while learning to collect and apply practiced-based evidence of their development and competency of these models throughout their time in the program. Later in the training process, students are encouraged to develop their systemic treatment approach. Developing proficiency as a marriage and family therapist is viewed as an ongoing evidence-based practice model focused on teaching therapists how to become scientist practitioners. Students learn how the models, self-of-the-therapist, and client factors contribute to change for couples and families receiving therapy. Students gain an understanding and attunement to the individual/family dynamics, diverse family forms, problems, resources, and possibilities for change.

The AU Marriage and Family Therapy Program allows students to apply for Clinical Membership in the American Association of Marriage and Family Therapy (AAMFT) and licensure in the state of Alabama. The degree program allows for state licensure in 41 of the 50 states without additional coursework (some states require 60-degree hours or state-specific coursework). During the Ethics and Professional Development coursework, students explore licensure across six potential states to increase awareness of post-degree practice requirements. Students share their findings with other classmates and discuss state licensure requirements. Upon completion of the Marriage and Family Therapy master's degree, students will have the competence as defined by the Program Goals and Student Learning Outcomes to serve a broad range of clients. Auburn graduates are trained to advance their understanding and attunement to the human condition.

The MFT Faculty are actively involved in all aspects of the student's education and training and provide extensive and sustained mentoring in research, teaching, and clinical work throughout the program. The faculty view the clinical portion of our program as essential for training competent therapists. This is why the AU graduates receive training within the on-campus clinic the entire time they are in the program and have a year-long internship experience in the community. The two experiences provide parallel opportunities to develop skills and approaches. Auburn MFT Program

graduates complete more couples therapy clinical hours on average than most other programs in the country, as defined by hours of experience and the amount of supervision dedicated to couples therapy. Most students complete the Program in two years.

FACTS and Commonly Asked Questions about the AU MFT Program

Facts about Auburn

1. Since mid 1970's, **ALL** students have received in-state and out-of-state tuition waivers. We can offer these benefits because our internships are paid.
2. We have the ongoing potential for 100% paid internships. Multiple placement sites offer services to multicultural and sexually diverse students. While all students have received paid internships, it is up to the student to interview for and acquire the position.
3. All students since 1999 have completed the 500 clinical hours required during the program, with some graduates completing up to 700 hours. None of this changed during COVID. Between our clinic and the internship sites, clinical services continued as normal.
4. We are a thesis optional program. We also track client change over time. Your grade within the internship is partially based on your client improvements and billable hours at the internship site. You prove that your clients improve and that you can earn the agency money.
5. Most first-year assistantships are also therapy-related, with students earning clinical hours starting their second semester.
6. There are three faculty, and 12 students total in the program. Many students matriculate into the HDFS Doctoral program. The statistics training is superior to many programs, with our Doctoral program ranked in the top 20 in the country. Students can earn a Certificate in Advanced Research Methods for Human Sciences and learn about grant writing. You can also continue towards licensure and gain supervisory status. Doctoral students who complete the supervision coursework can supervise therapists-in-training to become AAMFT Approved Supervisors.
7. We have clinical assistantships working with juvenile sexual offenders, supervised visitation with parents who have lost custody of children, group therapy with multicultural youth in Auburn and Tuskegee, and working with low-income, underserved families and children in a healthcare setting.

How do I know what classes I should take?

The Program Director (PD) will be your academic advisor for the program's first semester and the primary source of information about the classes you should take. During the first summer, before entering the program, the Office Administrator will send you information about signing up for classes. A curriculum sequence is provided in the handbook and the program web page.

Is health insurance available for graduate students?

Yes, you will be automatically enrolled in the Graduate Student Health Insurance Program (<http://graduate.auburn.edu/graduate-student-health-insurance-program/>) linked to your assistantship. The total annual premium is approximately \$2,028. As an additional benefit of your assistantship, a subsidy of approximately **\$1,000** will be applied to the annual premium paid in two installments in the fall and spring semesters. This subsidy helps to reduce your annual health insurance cost by about half. If you already have health insurance, you may opt out of the Graduate Student Health Insurance Program by completing the waiver request at the website above and providing proof of current insurance.

Are computers available for student use?

Yes, see “Computer Access and Use” in the Handbook. There are eight workstations for graduate student use shared among the 12 students. There are also three computer labs in Spidle Hall, the main building of the College of Human Sciences.

When will I know about assistantships and financial aid opportunities?

You will receive assistantship guarantees when you receive your offer letter from Auburn University, with limitations. All students have been funded for the last 25 years. The only way a student won't have funding is because of unwillingness to accept the assistantship offered or unprofessional behavior that negatively impacts the agency or professor offering the assistantship. While this is possible, no student since 1999 has lost all funding because of unprofessional behavior.

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

The Auburn MFT program is full-time. Students consistently report in exit interviews and anonymous surveys that they felt busy while meeting the demands for a thesis, 500 clinical hours, coursework, and assistantships.

Do I have to complete a thesis?

Yes, starting in Fall 2025, all students who join the Auburn MFT program will complete a thesis. While we had a hiatus for the requirement from 2022-25, it became apparent that the thesis is an integral part of completing the Auburn MFT degree and becoming a professional within the field.

Should I join a professional organization?

If you agree to attend Auburn University's MFT program, you agree to join the AAMFT professional organization, which provides liability insurance for student therapists. While the university is self-insured, the AAMFT professional insurance is secondary coverage that is essential to practice. Joining the organization requires a small expense but is worth the price.

Am I guaranteed a job when I finish?

No; however, the employment record of our graduates is excellent. Most of our graduates have been able to find employment as therapists (in a private practice or agency setting) before graduation or a few months post-graduation. Our students compete well in tough job markets like Atlanta and Charlotte. About 2/3 find employment before graduating, while 1/3 complete the search shortly after graduation. To in order to strengthen their job applications, many students complete the National Exam during their last month in the program or the first month out of the program.

How will I know when I finish my degree and am a professional?

You will be finished with your M.S. in MFT when you:

- Completed all classes on your degree plan (receiving an average of a B /3.0 GPA across all course)
- Completed 500 (minimum) hours of client contact with at least 250 hours with couples or families present
- Completed 100 (minimum) hours of supervision by Program Clinical Supervisors (including both group and individual)
- Completed the thesis or (until August 2025) non-thesis requirements
- You pass the National Exam
- You apply for MFT Associate Licensure (Immediately following graduation).

What support services are available to me?

Students are entitled to three sessions per academic year through AU Student Counseling and Psychological Services: <https://scps.auburn.edu/>. Additional University and Auburn/Opelika community services are available for various needs. See the Handbook section “Academic and Student Support Services.”

Mission Statement of the AU Marriage and Family Therapy Program

The mission of the Auburn University Marriage and Family Therapy Program is to enhance human well-being and quality of life worldwide through the training of multi-culturally informed, ethically competent marriage and family therapists. Graduates will be prepared to provide relational/systemically based therapy to individuals, couples, and families and produce evidence of their effectiveness. Graduates will gain clinical, research, and scholarship experiences to prepare for admission to a doctoral program of their choosing.

Educational Objectives

The establishment of the AU MFT Program’s educational outcomes follows the following Professional Marriage and Family Therapy Principles:

1. The AAMFT Code of Ethics;
2. The AMFTRB Examination Domains, Task Statements, Knowledge Statements, and The "Marriage and Family Therapy Licensure Act." (Acts 1997, No. 97-170, S1.).
3. <http://www.mft.alabama.gov/law.aspx> and rules and regulations set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT)
<http://www.mft.alabama.gov/rules.aspx>

Overall Program Goals for the AU MFT Program:

1. Graduate professionally and ethically competent, multi-culturally informed marriage and family therapists who can demonstrate clinical efficacy.
2. Graduate students who are prepared to apply for and be accepted by at least one doctoral program.

Program Goals, Student Learning Outcomes (SLO), and Targets for the AU MFT Program:

The Auburn MFT faculty have identified program goals, student learning outcomes (SLOs), and targets that are believed to facilitate excellent evidence-based practice strategies designed to train MFTs to provide multiculturally informed and ethically competent clinical services. The competencies are listed by domain.

Program Goal 1: Graduates can apply their knowledge of relational/systemic theories, human development, and various MFT approaches to develop an effective, personalized therapy approach.

SLO-1: Develop a relational/systemic theoretical foundation accounting for developmental issues that informs treatment delivery for individuals, couples, and families (SLO-1).

TARGET-1: 80% of the cohort will receive a mean score of 2.5 (of 4) on Portfolio 2a and Portfolio 5 during the internship year (Fall, Spring, Summer).

TARGET-2: 80% of the cohort will receive a mean score of 2.5 (Fall - Summer) (out of 4) on the TGCSQ Rubric therapist behavior categories of Warmth, Empathy, Validation, Therapist Collaboration, Therapist Presence, Systemic Based Techniques, and Session Structure during the year of internship

SLO-2: Organize and execute a breadth of theoretically informed clinical techniques used to demonstrate effective therapy interactions detected by clients and observers (SLO-2).

TARGET-1: 80% of the cohort will receive a mean score of 2.5 (of 4) on Placement Evaluation Rubric 1a (Fall, Spring, Summer).

TARGET-2: 80% of the cohort will receive a mean score of 2.5 (of 4) on Portfolio 2b, 3, and 6 during the year of internship (Fall, Spring, Summer).

Program Goal 2: The program will instill in students the importance of and ability to practice ethically and professionally.

SOL-3: Assimilate MFT professional and ethical guidelines in clinical and clerical actions that are appraised by training and community supervisors to meet professional standards (SLO-3).

TARGET-1: 80% of the cohort will receive a mean score of 2.5 (of 4) on Placement Evaluation Rubric 1e during the year of internship (Fall, Spring, Summer).

TARGET-2: 80% of the cohort will receive a mean score of 2.0 (Fall), 2.5 (Spring), and 3.0 (Summer) (out of 4) on the Monthly Audit Rubric 1a, 1d, 1e, 1f, 1g, 1h during the year of internship.

Program Goal 3: Graduates will be able to apply research methods to create evidence of their therapeutic effectiveness as well as the ability to contribute to the research base for their profession.

SOL-4: Develop research skills sufficient to assess clinical effectiveness, evaluate published research, or complete original research (SLO-4).

TARGET: 80% of the cohort will receive a mean score of 2.5 (of 4) on the Portfolio Rubric 2c, 2d, and the Portfolio Average Score during the year of internship (Fall, Spring, Summer).

Program Goal 4: The program will emphasize a multi-culturally informed perspective on MFT throughout the curriculum, on-and off-campus clinical supervised experiences, and students' interpersonal experiences during their program.

SOL-5: Endorse and implement multi-culturally informed ideals that embrace contextual issues of race, gender, gender identity, religion, socioeconomic status, ethnicity, national origin, sexuality, and sexual orientation (SLO-5).

TARGET-1: 100% of the cohort will receive a mean score of 70% (of 20) on the final Sociocultural Attunement Paper as graded by an independent non-core faculty member (Summer – First Year)

TARGET-2: 80% of the cohort will receive a mean score of 2.5 (of 4) on the Portfolio Rubric 3a, 3b during the year of internship (Fall, Spring, Summer).

TARGET-3: 80% of the cohort will receive a mean score of 2.5 (of 4) on Placement Evaluation Rubric 1c, 1d during the year of internship (Fall, Spring, Summer).

Evaluation of Program Goals and Student Learning Outcomes

The Auburn MFT Program is committed to a recursive data collection and evaluation process. The process evaluates student achievement on Program Goals and Student Learning Outcomes, Program Director and Clinical Training Effectiveness, Environmental Resources and Supports, Curriculum,

and Supervisor effectiveness. The program faculty will meet bi-annually (February & September) to review the relevant aggregated data and to adjust the program design to meet program goals and student learning outcomes. Faculty review data to assess whether students, faculty, and the program meet established benchmarks. Faculty identify ways to strengthen the training to improve student development where targets are unmet. During these bi-annual meetings, faculty review the Student Learning Outcomes of the program, the methods for assessing outcomes, the teaching and learning practices in the program, policies and procedures, and feedback from students and other communities of interest. See the Auburn MFT Program Assessment Plan below.

Program and Curriculum Changes

Once a year, the faculty meets to review program and curriculum updates. As part of that review, faculty will evaluate feedback collected over the year from students, supervisors, alums, and the Advisory Board. Student Learning Outcome data will also be evaluated before approving changes to the program and curriculum. Significant curriculum changes will go through the Auburn University curriculum process to ensure changes are approved by the University and are included in the Graduate Catalog for the following year. Approved program changes unrelated to the curriculum will be implemented in time for the new Fall Cohort students. Data will be collected on those changes to evaluate the outcomes.

Constituencies of Interest for the Auburn MFT Program

Auburn University MFT Students provide valuable information twice a year on the issues of program goals and student learning outcomes, program director and clinical training effectiveness, Environmental Resources and Supports, Curriculum, and Supervisor effectiveness. ANONYMOUS

Auburn University Recent MFT Alumni (Last Two Years) provide valuable information every two years on the issues of program goals and student learning outcomes, program director and clinical training effectiveness, Environmental Resources and Supports, Curriculum, and Supervisor effectiveness. ANONYMOUS

Auburn University MFT Alumni (Two to Six Years) provide valuable information once every five years on the issues of program goals and student learning outcomes, program director and clinical training effectiveness, Curriculum, and Supervisor effectiveness. ANONYMOUS

Auburn University Multicultural Alumni Advisory Board (AMAAB) provides valuable information once a year on the issues of student learning outcomes, program director and clinical training effectiveness, and programmatic and clinical services to focus more on multicultural awareness and cultural sensitivity within the program. NON-ANONYMOUS

Auburn University Non-Core Placement and Programmatic Supervisors (AAMFT and ABEMT Supervisors) provide valuable information twice a year on the issues of program goals and student learning outcomes, program director and clinical training effectiveness, Environmental Resources and Supports, Curriculum, and Supervision effectiveness. ANONYMOUS

Auburn University Administrative Leadership (Primarily Dr. Angela Wiley, Human Development & Family Science Department Head, but also includes the Department Graduate Program Officer, and the Dean and Associate Dean of Student Affairs for the College of Human Sciences) provide valuable information once a year on the issues of program goals and student learning outcomes, program director and clinical training effectiveness, Environmental Resources and Supports, Curriculum, and Supervision effectiveness. NON-ANONYMOUS

Auburn MFT Program Assessment Plan: Program and Outcome-Based Evaluation Framework

| Component | Measure | Data Collection Timeline | Data Preparation for Review | Data Review & Action Steps | COI Input into the Review Process | Assessment Plan Review |
|---|--|--|---|---|--|---|
| <p>Program Achievement: Program Goals and Student Learning Outcomes</p> | <ol style="list-style-type: none"> 1. Supervisor Completes Portfolio Rubric 2. OA Completes Case File Audits for Supervisor Review 3. Placement Supervisors Complete Internship Rubric and Evaluation Letter sent to Supervisor 4. Summer Adjunct Faculty Completes Sociocultural Attunement Rubric and sends to PD. | <ol style="list-style-type: none"> 1. January, May, and August 2. Monthly with reports for January, May, and August 3. January, May, and August 4. May, August | <p>All Data is forwarded to the PD following the semester grading. The PD aggregates data</p> | <p>Core faculty analyze data at February and September MFT faculty meetings to address competency targets and take needed action</p> | <p><u>Core Faculty:</u> Fall and Spring Core Faculty Review of Data Meeting</p> <p><u>Students:</u></p> <ol style="list-style-type: none"> 1. Monthly Staffing Meetings through representatives 2. Anonymous December and July Surveys <p><u>Community Site Supervisors:</u> Fall meeting with Program Supervisor Meeting</p> <p><u>Department Chair:</u> Summer Meeting</p> <p><u>Graduates:</u> PD Annual Meeting with the Alumni Advisory Board</p> | <p>Spring or Fall even-numbered years</p> |
| <p>Evaluation of Outcome-Based Education (OBE) framework and its assessment plan</p> | <p>Outcome-Based Evaluation Framework Assessment Data & Graduate Achievement Data</p> | <p>PD compiles data from two completed assessment cycles (four-year timeframe)</p> | <p>PD compiles data from two completed assessment cycles four-year timeframe)</p> | <p>PD convenes OBE Review Committee of core faculty and COI representatives to review data and draft recommendations for program action</p> | <p>COI groups informed following the end of the process through email or physical meeting</p> | <p>Summer every four years</p> |

| Auburn MFT Program Assessment Plan: <u>Graduate Achievement and Outcome-Based Evaluation Framework</u> | | | | | | |
|--|--|---|---|--|--|-----------------------------|
| Graduate Achievement | Measure | Data Collection Timeline | Data Preparation for Review | Data Review & Action Steps | COI Input into the Review Process | Assessment Plan Review |
| Graduation Rate | 1. Program completion data from GPO | 1. August | 1. PD confirms program completion data. | 1. Core faculty analyze data at the September Meeting | 1. Input in meeting and follow-up meeting or email | 1. Fall even-numbered years |
| Licensure Exam Pass Rate | 1. Annual Graduate Contact | 1. August | 1. PD confirms program completion data. | 1. Core faculty analyze data at the September Meeting | 1. Input in meeting and follow-up meeting or email | 1. Fall even-numbered years |
| Job Placement Rate | 1. Annual Graduate Contact | 1. August | 1. PD confirms program completion data. | 1. Core faculty analyze data at the September Meeting | 1. Input in meeting and follow-up meeting or email | 1. Fall even-numbered years |
| Evaluation of Outcome-Based Education (OBE) framework and its assessment plan | Outcome-Based Evaluation Framework Assessment Data & Graduate Achievement Data | PD compiles data from two completed assessment cycles (four-year timeframe) | PD compiles data from two completed assessment cycles (four-year timeframe) | PD convenes OBE Review Committee of core faculty and COI representatives to review data and draft recommendations for program action | COI groups informed following the end of the process through email or physical meeting | Summer every four years |

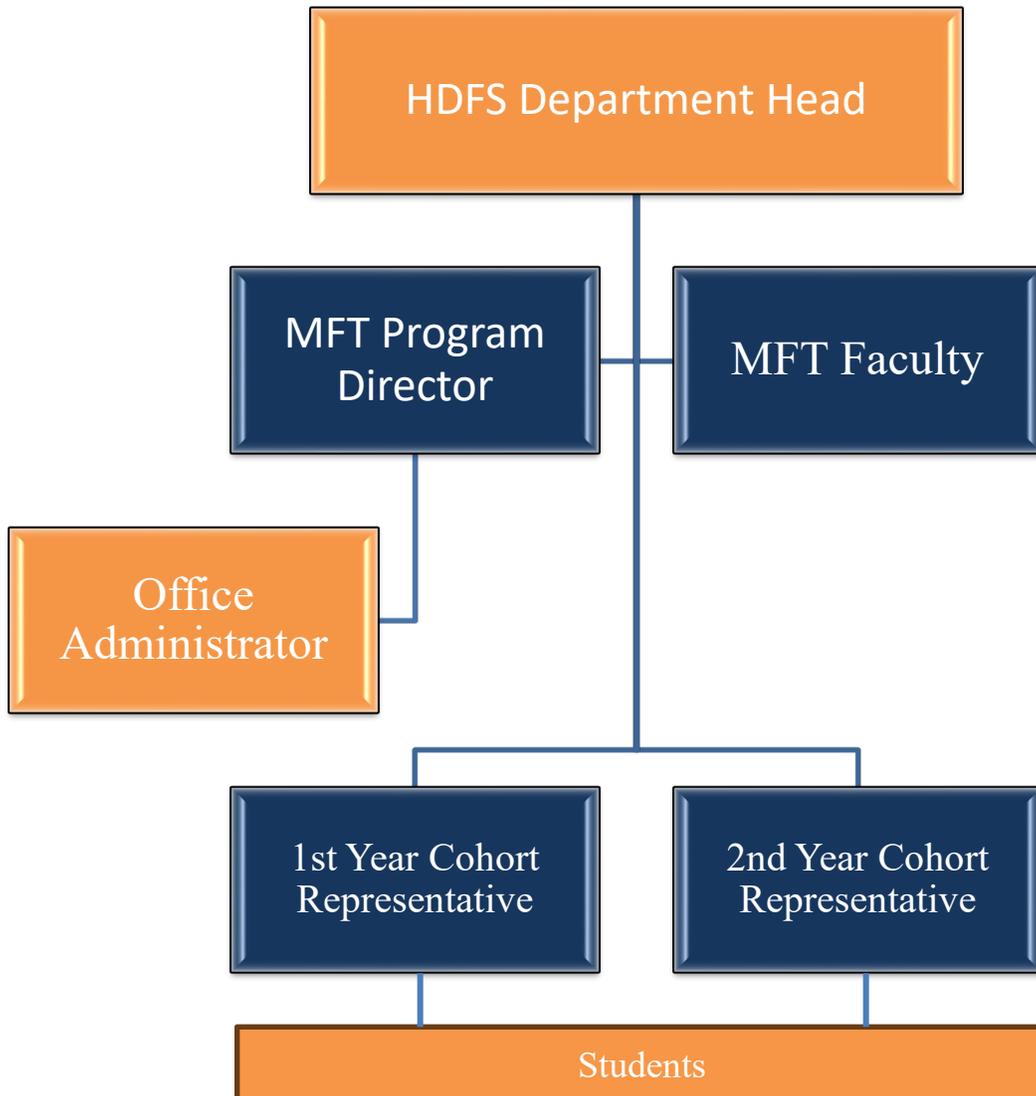
Auburn MFT Program Assessment Plan: Environmental Resources and Supports

| Environmental Support | COIs Engaged for Input | Measure | Data Collection Timeline | Data Preparation for Review | Data Review & Action Steps | Program Feedback & Advocacy to COIs |
|--|--|-------------------|---------------------------------------|--|--|--|
| Inclusive and Diverse Learning Environment | - Program completion data from GPO | - December & July | - PD confirms program completion data | - Core faculty analyze data in February and September Meetings | - Input in Staffing Meetings and follow-up meetings or email | - Fall even-numbered years |
| Physical Resources | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - December & July | - PD confirms program completion data | - Core faculty analyze data in February and September Meetings | - Input in Staffing Meetings and follow-up meetings or email | - Fall even-numbered years |
| Technology Resources | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - December & July | - PD confirms program completion data | - Core faculty analyze data in February and September Meetings | - Input in Staffing Meetings and follow-up meetings or email | - Fall even-numbered years |
| Instructional Resources | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - December & July | - PD confirms program completion data | - Core faculty analyze data in February and September Meetings | - Input in Staffing Meetings and follow-up meetings or email | - Fall even-numbered years |
| Clinical Resources (including teletherapy/virtual supervision) | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - December & July | - PD confirms program completion data | - Core faculty analyze data in February and September Meetings | - Input in Staffing Meetings and follow-up meetings or email | - Fall even-numbered years |
| Student Academic Resources | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - December & July | - PD confirms program completion data | - Core faculty analyze data in February and September Meetings | - Input in Staffing Meetings and follow-up meetings or email | - Fall even-numbered years |
| Student Support Services | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - December & July | - PD confirms program completion data | - Core faculty analyze data in February and September Meetings | - Input in Staffing Meetings and follow-up meetings or email | - Fall even-numbered years |

Auburn MFT Program Assessment Plan: Environmental Resources and Supports

| Component | COIs Engaged for Input | Measure | Data Collection Timeline | Data Preparation for Review | Data Review & Action Steps | Program Feedback & Advocacy to COIs |
|--|--|----------------|---|--|---|--|
| Program Director Effectiveness | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual Multicultural Alumni Advisory Board - External Supervisors | - August | - PD confirms program completion data | - Core faculty analyze data at the September Meeting | - Input in meeting and follow-up meeting or email | - Fall even-numbered years |
| Clinical Training Effectiveness | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - August | - PD confirms program completion data | - Core faculty analyze data at the September Meeting | - Input in meeting and follow-up meeting or email | - Fall even-numbered years |
| Core Faculty Teaching and Clinical Effectiveness | - Semi-Annual Department Head Evaluation Meeting - New Alumni Bi-Annual | - April | - PD confirms with DH that ALL faculty have a satisfactory review | - Core faculty analyze data at the September Meeting | - Input in meeting and follow-up meeting or email | - Fall even-numbered years |
| Curriculum | - Semi-Annual Graduate Student Contact - New Alumni Bi-Annual | - August | - PD confirms program completion data | - Core faculty analyze data at the September Meeting | - Input in meeting and follow-up meeting or email | - Fall even-numbered years |
| Supervisor Effectiveness | - Semester Graduate Student Contact | - August | - PD confirms program completion data | - Core faculty analyze data at the September Meeting | - Input in meeting and follow-up meeting or email | - Fall even-numbered years |

Program Governance



Auburn MFT Program Organizational Flow Chart

The Auburn MFT Program faculty are dedicated to a model of program governance that is collaborative where possible and honors the voices of program faculty, supervisors, students, alumni, and administrators. In almost all cases, decisions about program governance are made through program faculty consensus, with input from students and stakeholders who have long-standing with the program and are invested in the success of AU MFT. Student and alumni participation has been a longstanding tradition for Auburn MFT, with many programmatic decisions coming from suggestions from either students or alumni. Currently, students provide programmatic input through cohort representatives (who then communicate concerns to MFT core faculty during monthly staffing meetings). However, students can create change by completing anonymous surveys and providing exit interview feedback. Additionally, feedback is continuous as the program seeks feedback from recent and seasoned graduates.

Program Faculty Governance Responsibilities

The program core faculty are expected to take active roles in the ongoing governance of the program. Although the Program Director has specific coordination roles, all the faculty have voice in the program's governance. Wherever possible, decisions about teaching/learning practices, curriculum, clinical training, supervision, hiring, admissions, allocation of resources, and student issues are made by consensus of the program faculty. When strong disagreement occurs within the faculty, the Program Director takes the information to the Department Head for input and a potential decision. Governance responsibilities of the program faculty include:

- Attend and participate in monthly MFT faculty meetings
- Participate in the review of applications for admission, the admissions interview process, and the final selection of students for the program
- Be available and open to hearing concerns or suggestions from students and communicating the concerns or suggestions to the program faculty as a whole
- Participate in review of program goals, student learning outcomes, resources, teaching/learning practices, and curriculum to inform program improvement

Cohort Representatives

One student from each cohort will be elected (by the members of their cohort) to serve as a cohort representative. Student representatives serve for a minimum of one academic year. Cohort representatives attend AU MFT monthly staffing meetings, communicating feedback, concerns, suggestions, and questions from the members of their cohort in the meeting.

Students

Students have an active role in the governance of the program. There are four mechanisms by which students can be directly involved in the governance of the program:

- Communicate affirmations, concern, suggestions, or questions to cohort representative: Student representatives from each cohort share all feedback during the staffing meeting.
- Meet with MFT Program faculty directly: Students are encouraged to individually meet with Program Faculty to share affirmations, concerns, suggestions, or questions about the program.
- Provide honest, considered feedback on anonymous surveys twice a year. The surveys are intended to allow students to provide feedback on the Program.
- During the exit interview, students are provided time to discuss their suggestions, concerns, and input as graduating students.

Process for Responding to Student Program Suggestions/Concerns

The following is the process for addressing student program concerns:

- Cohort Representative Concern: When the cohort representatives share concerns during staffing meetings, on most occasions, there is a resolution during the meeting, or a plan is in place to attempt to address the concern, and either the Program Director will email a response to the students, or the PD announces the response in the subsequent staffing meeting.
- Individual Meetings with MFT Faculty: Students who share program ideas/suggestions/concerns individually with MFT faculty will be discussed by MFT faculty during faculty meetings. The PD will respond to the concern appropriately with one of the following: 1) meeting with the individual student (via meeting); 2) an email to all students; 3) during the monthly MFT staffing meeting.

- **Anonymous Surveys:** Program faculty will review the data to identify ways to enhance the program. The data and subsequent changes will be presented during the February and October staffing meetings, along with the survey results.
- **Exit Interviews:** Students are interviewed after completing their thesis/TOC and being cleared for graduation. They are asked about affirmations, concerns, suggestions, questions and sometimes to respond to specific feedback presented by other graduating students (maintaining anonymity) for their input/perspective that they wish to address. This is a moment in which students historically, have taken the opportunity to speak of heartfelt concerns, the need for change, as well as affirm suggestions for new ideas, actions or changes that have been monumental across the program's history.

Purpose of MFT Program Handbook

The Auburn University MFT program (Program) requires a minimum of 24 months (six consecutive semesters, including summers) to complete. The Program strives to provide graduate assistantships that qualify each MFT student for full tuition waivers over these two years. However, the student needs to be aware that following the 2-year time and/or 50 semester credit hours completed (for MS-only students), the student may no longer be eligible for an assistantship or a tuition waiver. Students should familiarize themselves with the requirements and timelines provided in this handbook to complete the program satisfactorily and promptly. If students lose their assistantship because they are not in good standing with the placement site, then the program is not obligated to find additional funding for the student. The student will be billed for their tuition expense.

This Handbook aims to provide prospective and current MFT students with information and answers to questions concerning the Auburn University MFT Program and the Program Policies and Procedures. The MFT faculty expects all MFT students to know the information and follow the policies and procedures contained in this handbook. **All students are required to sign the *Affidavit of Compliance* found in Appendix T.** When completed, give the *Affidavit of Compliance* to the MFT Office Administrator, who will place it in the student's file. Please direct questions regarding the MFT policies and procedures to any MFT clinical faculty.

SECTION II: AUBURN MFT DEGREE REQUIREMENTS

Auburn University MFT Program Requirements

This section aims to familiarize potential and current students with requirements specific to the MFT program. The MFT program prepares students to become competent clinicians, obtain a Marriage and Family Therapist license, and become a Clinical Fellow in the American Association for Marriage and Family Therapy (AAMFT). Therefore, the student must take responsibility for fully meeting all requirements listed below.

Students must complete the following requirements in addition to the courses in the plan of study and **record their progress on the *MFT Graduate Student Record Form* (located in Appendix B).**

1. Read and follow the MFT Program Handbook and the MFT Center Handbook (**Before Arrival**).
2. Observe and TGCSQ code 35 hours of therapy during the first semester in the program (**First Fall Semester**).
3. Complete and submit an AAMFT student membership application by 09/01, the first year (**First Fall Semester**).
4. Meet with the MFT Program Director (PD) during April of the first-year spring semester to make preliminary arrangements for internship placement (**First Spring Semester**).
5. Complete the Self-of-the-therapist requirements in the Spring and Summer of the program's first year, securing a score of 80% (**First Spring & Summer Semester**).
6. Complete the Sociocultural Attunement Paper requirements in the Spring and Summer of the program's first year; securing a passing score of 70% required to start placement (**First Summer Semester**).
7. Turn in a signed Internship Placement Agreement by August 15 of the second year (**Second Fall Semester**).
8. Complete minimum 500 direct client contact hours by the end of the third semester of the internship, 250 of which must be relational hours (**Second Summer Semester**).
9. Obtain a minimum of 100 hours of supervision: 50 hours individual and 50 hours group supervision. The student must also have 50 hours of raw data supervision. Supervision/direct client contact hours must be at a minimum ratio of 1:5 (**Second Summer Semester**).
10. For those students completing a Theory of Change (TOC) paper, present a formal statement of your therapy approach with a video during the last internship semester a passing score of 80% is required to graduate (**Second Summer Semester**).
11. For those students completing a Thesis, defend the thesis by the July deadline before graduation (**Second Summer Semester**).
12. Send in the application to take the MFT National Exam to the ABEMFT Board by April 30th of the second year in the program.
13. A completed final audit of all of your clinical files at the AU MFT Center must occur before your final semester of HDFS 7920 has a grade turned in (**Second Summer Semester**).
14. Complete a Portfolio at four time periods of the program: Summer of the first year, Fall of the second year, Spring of the second year, and Summer 2nd year. The portfolio culminates in the final semester's demonstration of clinical efficacy (second summer semester).
15. Attend an exit interview (**Second Summer Semester**).
16. Take the National Exam and let the faculty know when you pass.

AAMFT Membership

It is our experience that the most successful students have the goal of becoming a Clinical Fellow in the AAMFT. Students are required to apply and be accepted as a student member of AAMFT the entire time they are enrolled at Auburn University. Each year the student will provide the Office Administrator with their AAMFT membership certificate. Information about AAMFT and the student

application are online at www.AAMFT.org. Students are encouraged to become familiar with the AAMFT website to learn about professional opportunities and enrichment. Students are required to maintain their AAMFT membership throughout the entire program.

Student Admission

Following admission to the program, the MFT Program Director will provide academic advising for all incoming MFT students.

Degree Completion Timeline

Students typically complete their M.S. degree in an average of two years. The normal course load for MFT students is 9-12 hours in the Fall and spring semesters and 9 hours in the Summer term. The Auburn University Graduate School states that students have a maximum of six calendar years to complete their degree.

Degree Completion Requirements

To graduate with a Master of Science in HDFS with an emphasis in Marriage and Family Therapy, the following minimal requirements must be satisfied:

- Completion of the required 50 credit hours in residence within six years following the first semester registered in the program (See <https://bulletin.auburn.edu/thegraduateschool/>).
- Completing all required coursework with a cumulative B average (3.0 GPA) or better.
- Completion of 500 direct client contact hours, with 250 of these hours being relational (with couples and families).
- Completion of 100 clinical supervision hours, with 50 hours of observable data (e.g., video recordings; live supervision).
- Passing of the MFT Program Capstone Project (see *Capstone Project*).

Alabama Licensure Alignment

The MFT Curriculum aligns with Alabama MFT licensure requirements. See the [Auburn MFT Box Account](#) for the Table demonstrating program alignment with licensure requirements. Students who graduate from a COAMFTE-accredited program have met the educational requirements for licensure as an LMFT in Alabama (<https://mft.alabama.gov/rules.aspx>).

Additional Instruction and Training Requirements

Students will receive additional instruction and training in addition to coursework. Students are required to attend monthly MFT Staffing Meetings. In addition to addressing Auburn MFT business, faculty are invited to teach students about specific clinically relevant topics during these monthly meetings. The Program Director should approve absences from any scheduled program meeting or event before the event. These official meetings are not optional.

Student Diversity Admission and Commitment Statement

The Marriage and Family Therapy Program is committed to admitting and retaining students with diverse backgrounds and those from traditionally under-represented groups in our profession. The program's goal is to admit and graduate a greater percentage of diverse students than Auburn University does as a whole. The program continues to provide multicultural-informed therapy (awareness, knowledge, and skills) and diversity throughout the curriculum.

Follow the link below for the Auburn University/AU MFT Program definition of diversity:
<http://www.humsci.auburn.edu/main/diversity.php>

Admissions

For international students, we understand the importance of language proficiency. Therefore, we require a TOEFL score that meets or exceeds the standard set by the Auburn University Graduate School (<http://bulletin.auburn.edu/thegraduateschool/admissions/>) for consideration for admission, unless they have attended an English-speaking university. However, we also offer the flexibility to request a waiver for the TOEFL requirements. We consider previous academic records, personal characteristics, prior experience relevant to success as a marriage and family therapist, and congruence between professional goals and the marriage and family therapy program offered at Auburn University. The top applicants are then invited to submit a video for admission consideration by the MFT core faculty in lieu of in-person interviews before admission decisions.

Once applicants accept an offer of admission and enroll, we provide them with an Affidavit of Compliance for the program policies, procedures, and requirements in the program handbook. This document serves as a guide and reassurance, ensuring that students are aware of and understand the expectations of the program. A signed copy of the affidavit goes into the student's file, while the student receives a copy, providing them with a sense of security and confidence in their journey with us.

The following links go directly to 1) specific admission materials and deadlines for the Department of Human Development and Family Studies and the MFT option (<http://www.humsci.auburn.edu/hdfs/grad-admissions.php>) and 2) the Auburn University Academic Calendar: http://www.auburn.edu/main/auweb_calendar.html

Application Process

The AU MFT program employs a three-step application process.

Step 1: Applicants submit an online application by the second Friday in December.

Step 2: AU MFT faculty review all applications, and the top candidates are invited to submit an interview video. The faculty watches all videos and selects the final candidates from this sub-pool of applicants.

Step 3: The final group of candidates are invited to complete a Zoom video interview (see below for more details).

Video Interview

The AU MFT Program respects the time and the financial strain students experience in the graduate application process—application fees and interview travel expenses add up quickly. Therefore, we strive to alleviate these by enabling prospective students to participate in a video interview (for almost 30 years). Invited candidates will be given a few questions to answer and submit a video. This process allows us to meet each candidate and see which students would be a good fit. The final candidates will be invited to complete a Zoom interview with the three faculty members. We believe this process is more equitable and inclusive as it gives all applicants the chance to participate in the interview phase of our application process regardless of their financial situation or geographic location.

We also believe that students should pick the program that is the best fit for them. We recognize that most applicants apply to multiple graduate programs and that on-campus experiences often play a

vital role in their final decision-making process. Students interviewing for our program who would like an on-campus experience are welcome to visit campus, stay with a current student, sit in on classes, and meet with faculty! When you visit the Auburn MFT Program after being accepted, there is no hoop-jumping, anxiety, or stress about trying to put your best foot forward. You come with all of the cards: 1) You have been accepted, 2) You have funding that includes a full tuition waiver, and 3) You will have multiple paid internship options to choose from when setting up your clinical training process. Our faculty and students are also happy to speak with potential applicants by email or phone – to arrange either an on-campus visit or phone call, contact Scott Ketring, Ph.D. the MFT Program Director.

Tuition

Graduate Campus Student Tuition and Fees are calculated at the following website:

<https://auburn.edu/bannerappdev/tuition/>

Graduate School Links

Below is a table of quick links students may find helpful. For a more comprehensive list of the resources and services available to students, see the Academic Resources and Student Support Services section of this handbook.

| <u>Graduate School</u> | |
|--|---|
| Graduate School Catalog | https://bulletin.auburn.edu/thegraduateschool/graduatedegreesoffered/ |
| Graduate School General Policies | https://bulletin.auburn.edu/thegraduateschool/other/ |
| <u>Academics</u> | |
| Academic Honesty | https://www.auburn.edu/academic/provost/academic-honesty/ |
| Academic Support | https://academicsupport.auburn.edu/ |
| Office of Accessibility | https://accessibility.auburn.edu/ |
| <u>Assistantships and Financial Aid</u> | |
| Guidelines for Graduate Assistantships | https://graduate.auburn.edu/current-students/guidelines-graduate-assistantships/ |
| Guidelines for Graduate Tuition Fellowships | https://graduate.auburn.edu/current-students/guidelines-for-graduate-tuition-fellowships/ |
| Types of Graduate Assistantships | https://bulletin.auburn.edu/thegraduateschool/graduateassistantshipsandfellowships/#graduateassiships |
| <u>Resources</u> | |
| Student Health Insurance | https://graduate.auburn.edu/graduate-student-health-insurance-program/ |
| International Student Health Insurance | https://www.auburn.edu/academic/international/iss/insurance/ |
| Writing Center | https://www.auburn.edu/academic/provost/university-writing/miller-writing-center/ |
| Recreation and Wellness | https://www.recwellness.auburn.edu/ |
| Student Counseling and Psychological Services | https://scps.auburn.edu/ |

Course Sequencing and Curriculum Requirements

Non-Thesis Track

| | <i>Year 1</i> | <i>Year 2</i> | |
|----------------------|---|--|------------------------------|
| <i>Fall</i> | HDFS 7050: Research Methods for Human Development and Family Science (3) | HDFS 7650: MFT Professional Issues: Ethical and Professional Issues (3) | |
| | HDFS 7600: MFT Theory I – Systems Theory & Theoretical Models of MFT (3) | HDFS 7660: Systemic Impact of Illness, MedFT, & Psychopharmacology (3) * | |
| | HDFS 7601: MFT Theory Lab I – Pre-Clinical Practicum (1) | HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | |
| | HDFS 7670: Individual, Couple, And Family Dynamics of Addictions, Recovery, And Treatment (3) * | | |
| | HDFS 7930: Seminar in HDFS (1) | | |
| | Total Credit Hours: 11 | Total Credit Hours: 9 | |
| <i>Spring</i> | HDFS 7030: Lifespan Development (3) | HDFS 7640: MFT Clinical Issues III: Couples & Sex Therapy (3) | |
| | HDFS 7620: MFT Clinical Issues: Family Systems (3) | HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | |
| | HDFS 7621: MFT Lab II – Clinical Practicum (1) | | |
| | HDFS 7680: Systemic Assessment, Diagnosis & Treatment of Psychopathology (3) | | |
| | | Total Credit Hours: 10 | Total Credit Hours: 6 |
| <i>Summer</i> | HDFS 7630: MFT Clinical Issues II: Individuals - Critical Issues in Family & Cultural Diversity (3) | HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | |
| | HDFS 7631: MFT Lab III – Clinical Practicum (1) | HDFS 7970: Special Topics: MFT Entrepreneurial Practice Building (3) ** | |
| | HDFS 7610: MFT Theory II: Trauma & Crisis Intervention (3) | HDFS 7970: Special Topics: Theory of Change (1) | |
| | | Total Credit Hours: 7 | Total Credit Hours: 7 |

**Courses HDFS 7670 and HDFS 7660 are combined cohorts and rotate annually*

***Course is combined cohort and taught biannually*

Program Total Credit Hours: 50

Thesis Track

| | <i>Year 1</i> | <i>Year 2</i> |
|---------------|---|--|
| Fall | HDFS 7050: Research Methods for Human Development and Family Science (3) | HDFS 7650: MFT Professional Issues: Ethical and Professional Issues (3) |
| | HDFS 7600: MFT Theory I – Systems Theory & Theoretical Models of MFT (3) | HDFS 7660: Systemic Impact of Illness, MedFT, & Psychopharmacology (3) * |
| | HDFS 7601: MFT Theory Lab I – Pre-Clinical Practicum (1) | HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) |
| | HDFS 7670: Individual, Couple, And Family Dynamics of Addictions, Recovery, And Treatment (3) * | HDFS 7990: Research and Thesis (1) |
| | HDFS 7930: Seminar in HDFS (1) | |
| | Total Credit Hours: 11 | Total Credit Hours: 10 |
| Spring | HDFS 7030: Lifespan Development (3) | HDFS 7640: MFT Clinical Issues III: Couples & Sex Therapy (3) |
| | HDFS 7620: MFT Clinical Issues: Family Systems (3) | HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) |
| | HDFS 7621: MFT Lab II – Clinical Practicum (1) | HDFS 7990: Research and Thesis (1) |
| | HDFS 7680: Systemic Assessment, Diagnosis & Treatment of Psychopathology (3) | |
| | | Total Credit Hours: 10 |
| Summer | HDFS 7630: MFT Clinical Issues II: Individuals - Critical Issues in Family & Cultural Diversity (3) | HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) |
| | HDFS 7631: MFT Lab III – Clinical Practicum (1) | HDFS 7970: Special Topics: MFT Entrepreneurial Practice Building (3) (Optional) ** |
| | HDFS 7610: MFT Theory II: Trauma & Crisis Intervention (3) | HDFS 7990: Research and Thesis (1) |
| | HDFS 7990: Research and Thesis (1) | |
| | | Total Credit Hours: 8 |

*Courses HDFS 7670 and HDFS 7660 are combined cohorts and rotate annually

**Course is combined cohort and taught biannually

Program Total Credit Hours: 50

Plan of Study

Effective 1 January 2020, Auburn University no longer requires a formal Plan of Study. However, the AU MFT program utilizes its Course Sequencing guide as its Plan of Study (See Appendices S). Moreover, those on the nonthesis track must complete an additional three (3) credit elective course (traditionally, students will complete the HDFS 7970: Entrepreneurial Practice Building in MFT).

<https://graduate.auburn.edu/current-students/committee-selection/>

**Meeting ABEMFT Licensure and COAMFTE Accreditation Requirements
Clinical Practice in Marriage and Family Therapy18 credit hours**

- HDFS 7610 Marriage and Family Therapy Theory II: Trauma (3)
- HDFS 7620 MFT Clinical Issues I: Family Systems (3)
- HDFS 7630 MFT Clinical Issue IIs: Individuals (3)
- HDFS 7640 Couple and Sex Therapy (3)
- HDFS 7670 Ind., Couple, and Family Dyn., of Addition, Recovery, and Tx. (3)

Ethics and Professional Identity in Marriage and Family Therapy 3 credit hours

- HDFS 7650 Ethics and Professional Issues in MFT (3)

Mental Health Diagnosis and Treatment 3 credit hours

- HDFS 7680 Systemic Assessment, Diagnosis, Tx of Psychopathology (3)

Human Development and Family Studies 9 credit hours

- HDFS 7030 Lifespan Development (3)
- HDFS 7600 Systems Theory & Theoretical Models of MFT (3)
- HDFS 7660 Systemic Impact of Illness, MedFT, & Psychopharmacology (3)

Research 3 credit hours

- HDFS 7050 Research Methods for HDFS/Stats I (3)

Practicum and Internship 11 credit hours

- HDFS 7621 Practicum in Marriage Family Therapy (1)
- HDFS 7631 Practicum in Marriage Family Therapy (1)
- HDFS 7920 Internship in Marriage Family Therapy (9)

Multicultural Competency in Marriage and Family Therapy..... *

Auburn MFT chooses to incorporate multicultural competence throughout the program and solicits feedback from students, alumni, and supervisors about how students are being trained to be multiculturally aware.

Additional Courses.....6 credit hours

- HDFS 7601 Pre-Practicum in Marriage Family Therapy (1)
- HDFS 7930 Seminar in HDFS: Theory, Research, and Policy (1)
- HDFS 7990 Research and Thesis Credit (4)

* The Auburn MFT Commitment is to include multicultural competence in each course rather than having it established in a single course.

Total Credits Required for Concentration: 50 (39 didactic + 11 practicum and internship)

Students Must Complete 500 Client-Contact Hours (at least 250 couple/family hours) and 100 program clinical supervision hours.

Additional Coursework

Because of the program's rigor and intensity, students can take one extra course but must receive approval from the Program Director. However, prior student cohorts have strongly requested that the program offer entrepreneurship or an advanced trauma course. Every other year, a course is offered in one of these areas so that students can gain additional expertise.

Capstone Project

The Portfolio has been the Capstone project for the Auburn MFT program since 2010. This project includes twelve primary elements on which you will work (and receive feedback) throughout the program. The Portfolio will be required for the 3rd, 4th, and fifth semesters. The sixth semester is a culminating time to present how you have done as a therapist. The main adjustment is the Profile Analysis is a two-page compendium of practiced-based evidence of your success with clients during your last semester. The entire written portion of the paper will be 10-15 pages. The graphs highlighting client change for each case will be 20-30 pages. You outline how you effectively provided services to individuals*, couples, and families at the Auburn MFT Center each semester. You will also provide a summary of your professional progress within the program.

Your Portfolio will be scored by MFT faculty using the designated rubrics. The capstone is how we measure much of your clinical progress as a therapist, so it is a document that should be taken seriously. In Appendix D you will find instructions outlining the requirements for the papers and presentation, along with example write-ups to help prepare a successful Portfolio. When referring to clients, use the same initials for all of your cases. The structure of the Portfolio should match the outlines provided and have the same headings.

Capstone Project Goal

The Portfolio Capstone Project is an opportunity for you to present for evaluation your practiced-based evidence of clinical success as a therapist. Each semester, you will receive feedback enabling you to continue your growth and augment your success trajectory with clients. Your focus on client change should be theory-driven and allow you to demonstrate your abilities in developing a therapeutic relationship while helping individuals, couples, and families improve while receiving services. This project allows you to sharpen your awareness of how to implement clinical change throughout therapy, improve relationship dynamics, address downturns in mental illness, and take cultural competence and ethical decision-making into consideration. The project will culminate in a final semester presentation of your client relationship and mental health changes (See Appendix E).

The Portfolio is a document containing the following graded projects:

1. **INTRODUCTORY STATEMENT** about the professional progress during the Program
2. **INCOME** section outlining continuity of client care for work with economically diverse clients
3. **The DIVERSITY** section provides details of successful work with diverse clients
4. **The SOCIOCULTURAL ATTUNED THERAPY NARRATIVE** section takes what you have discussed in your prior SATN write-up and puts the ideas into practice. What are some examples of sociocultural attuned practice to address the uneven influence and opportunities based on social class, gender, race, ethnicity, language, sexual identity, age, national origin, and looks? For this section, we should know the interconnections of societal systems, culture, and power. How are you addressing power, injustices, inequity, and discrimination?
5. **PROFILE ANALYSIS** (SEE SCORING RUBRIC and Appendix at the end of syllabus). As a part of the Profile Analysis, you will demonstrate “individual” client outcomes in a one or 2-page face sheet. A CANVA link is provided to facilitate the data presentation**
 - a. **Clinical Efficacy Individual Clients** (Semesters 2 – 5)
 - b. **Clinical Efficacy Final Presentation** (Semester 6 – Final Semester)
6. **TGCSQ*** table with all the scoring for the therapy. The interns will complete these and provide them to you so they can be included in your portfolio. You will write a commentary on your strengths and weaknesses and how you improved throughout the Program.
7. **VIDEO*** section outlining each of the 10 video segments of you conducting a therapy along with the video links to locate the video. The specific types of interventions are listed in the VIDEO ASSIGNMENT section. You can substitute three videos of other techniques learned this

semester.

8. **PROFESSIONALISM/FILE MAINTENANCE/PAPERWORK/ASSESSMENTS*** as a clinician related to professional dress, therapist timeliness, and absenteeism. Likewise, case management, paperwork, and accurate assessment collection are priorities. Please review the Monthly File Audit. This can delay your graduation in your final semester.
9. **MARKETING*** for the semester. Explicitly outline the ways you marketed the MFT Center.
10. **SELF-CARE*** throughout the semester, starting the first week for mindfulness at least three times each week and exercising at least three times each week (or a variation of the two). Please note that you cannot completely exclude either aspect of self-care.
11. **SUMMARY** of your clinical work within the Program. What do you feel prepared to do?

** You will also include a one or two-page “Clinical Efficacy Report” of your “individual” client’s change. Likewise, the therapist can use data from clinic auditing to demonstrate ethical and professional practice strategies. [Face Sheet Example 2023 - US Letter \(canva.com\)](#)

* These assignments receive separate scoring from the Portfolio 20-point grade.

AU MFT Program Portfolio Capstone Progress Map

| | | Introduction | SES Effectiveness | Serving Diversity | Socio Culturally Attuned | Profile Analysis | TGCSQ | Video Highlights | Professionalism | Marketing | Paperwork | Self Care | Summary |
|------------|----------------------------|--------------|-------------------|-------------------|--------------------------|------------------|-------|------------------|-----------------|-----------|-----------|-----------|---------|
| COURSES | | | | | | | | | | | | | |
| Fall Y1 | HDFS 7600: MFT Theory I | | | | | | | | | | | | |
| | HDFS 7601: Pre-Practicum | P | P | P | P | P | P | P | P | P | P | P | P |
| Spr Y1 | HDFS 7621: Mini Practicum | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Sum Y1 | HDFS 7631: Practicum | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Fall Y2 | HDFS 7920: Fall Internship | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Spr Y2 | HDFS 7920: Spr Internship | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| Sum Y2 | HDFS 7920: Sum Internship | F | F | F | F | F | F | F | F | F | F | F | F |

P: Pre-practicum students work with a second-year teammate to create a portfolio. First-year student receives a copy of the Portfolio to support their future portfolio creations.

1: The Practicum portfolio is completed together in spring and summer. The graded spring class provides feedback and combines with the summer data to create a complete portfolio.

2/3: Internship students complete a portfolio for the fall and spring semester

F: The summer semester is the final Portfolio with the two-page composite data to provide employers

MFT Clinical Requirements and Definitions

Observation Hours

As part of the HDFS 7601 lab, students are required to observe and code therapist behaviors across 35 therapy hours. This requirement must be completed for students to be eligible to begin seeing clients during their second semester. The requirement serves several purposes. First, students learn from watching other therapists' work. Second, students gain exposure to various therapist styles and theoretical approaches. Third, students learn to observe rather than "watch" therapy. By observing and coding, therapists-in-training gain an appreciation for various therapeutic behaviors.

Students will record their observation hours using the TGCSQ form. They are required to view the session with another cohort member and complete the TGCSQ form together, coming to a consensus on what behaviors were seen. Students will reach at least an 80% consensus in their ratings on the form before turning them in. The deadline(s) for completing the observation hours and accompanying TGCSQ forms will be listed in the HDFS 7601 syllabus.

500 Direct Client Contact Hours

You are required to complete 500 direct client contact hours, with half being relational (250 hours with two or more clients in the therapy room), to graduate from the Auburn MFT program. COAMFTE defines direct client contact as face-to-face (therapist and client) therapeutic intervention occurring in person synchronously, either physically in the exact location or mediated by technology. No student has ever failed to graduate on time because they lacked the 500 hours. However, a few students have pushed the deadline out to August of their final semester to complete hours. The programmatic experience of the last three Program Directors (PDs) spans 40 years. The shared wisdom from the Program Directors is that at the end of the fourth semester (second fall semester), the student should be close to 200 hours. At the end of the fifth semester, a student should have around 350 hours. While some students have accumulated fewer hours and completed the program on time, they experienced more significant stress throughout the process.

Students must remember that they are required to complete the required 500 therapy hours. If they do not, they will delay graduation, pay tuition for additional semesters (in-state or out-of-state because the tuition waiver ends at two years), and lose assistantship for the placement. Additionally, students are required to see clients through the completion of the program, even if they have surpassed the 500-hour requirement.

100 Supervision Hours

Concurrent with the required 500 hours of direct client contact, students must obtain at least 100 hours of supervision from approved supervisors. This supervision will consist of both individual/dyadic and group. A minimum of 50 individual or dyadic supervision hours is required. Students must receive at least 1 hour of individual supervision each week they see clients and a minimum of 1 hour of supervision for every 5 hours of therapy conducted. Obtaining the 1:5 ratio of supervision to direct client contact occurs through participation in group case consultation, live supervision (primarily on clinic nights), and individual supervision with their on-campus supervisor. Additionally, if the internship supervisor is an AAMFT Approved Supervisor or Supervisor Candidate, the supervision received at the site also counts toward the program supervision requirement. Furthermore, at least 50 hours of supervision must utilize raw data, which is defined as live supervision or recordings of sessions.

Supervision Interruptions

Supervisors are expected to provide supervisory support during planned and unplanned interruptions to supervision. Students must receive supervision from a designated supervisor when seeing clients

when the University is closed (i.e., Spring Break, Winter Break, etc.). During interruptions and breaks, the supervisor responsible for the semester will continue the supervision. The fall internship supervisor will supervise the winter break; the spring supervisor will supervise the break between spring and summer semesters. The summer supervisor will supervise the first-year students transitioning to receive the client load from second-year therapists.

Self of the Therapist and Clinical Training

Multicultural Genogram Activity (MGA - 2021)

The Auburn University Genogram has been a programmatic segment since its original accreditation in 1979. The genogram is a valuable clinical tool for evaluating the therapist's self-awareness, strengths, influences, and weaknesses that can impact client interactions. The Multicultural Alumni Advisory Board (MAAB) suggested that the program adapts the genogram to focus more on the therapist's multicultural experiences during childhood and adulthood. In 2021, the MFT Program transitioned to the Multicultural Genogram Activity (MGA). They shared reading material from Dr. Ken Hardy and from others to emphasize family-of-origin background information related to ethnicity, gender, culture, spirituality, religion, and sexuality as aspects of self that the therapist brings into the therapy room. The MGA aims to enable supervisors and student colleagues to be aware of the potential therapeutic strengths, influences, and biases of the therapist, thereby supporting in-session client interactions more effectively.

When student therapists see clients, they have colleagues behind the mirror who provide support. They are a resource that provides critical feedback related to therapist behaviors and potential struggles within the therapeutic interaction. The MAAB recognized that the therapist has much power and privilege in the therapy room and can disregard fiduciary responsibilities, abuse their power, collude, press agendas, ignore client needs, or react emotionally within the session. It is recognized that some ingrained family-of-origin experiences, values, and cultural beliefs negatively interact with the client's systemic dynamics. The MAAB emphasized that student colleagues and supervisors act as sounding boards or reflective agents when helping the therapist-in-training ground themselves during disorienting moments in therapy, emotionally charged exchanges, or times of reactivity. The MGA provides background information to student cohort colleagues and supervisors about the therapists' family-of-origin experiences, emphasizing trainee experiences within a cultural context. Likewise, student presentations of the MGA help define, develop, and elaborate on their family-of-origin culture and values, increasing personal cultural awareness.

The value of the MGA is most apparent during the clinical training context of supervision. The therapy room is an incubator of strong emotions, which can influence the therapist's responses during the session. To act as a proper fiduciary, therapists must be trained to recognize their own emotional reactivity during sessions or their inability to respond therapeutically. Student colleague and supervisor support is imperative when serving clients, especially federally protected individuals. The MAAB felt a respectful way to ask the therapist-in-training if personal reactivity impeded judgment or biased their response regarding a particular client or a federally protected group would be to ask the therapist if their reaction was related to their genogram. An example provided was one in which a therapist doesn't like the parenting practices of religious parents or a first-generation immigrant Hispanic family when discussing a child's sexual behavior. The supervisor can ask the therapist, "Do you think this reaction is related to your MGA?" Likewise, a therapist who is consistently taking sides with a male client while talking over the female partner would be asked if the gendered response was related to their MGA?"

Additional

Students shared concerns that the MGA was highly personal, invoked feelings of vulnerability, and, on occasion, revealed that specific experiences were unknown to others within their family. They did not feel comfortable sharing information with strangers that is not common knowledge within the family. Likewise, the MGA is not a commonly shared aspect of self and can thus be highly uncomfortable. For this reason, safeguards should be in place to ensure students know how the MGA can affect them and how faculty should address specific genogram content throughout the two-year training process.

MGA Procedures

Because the MGA experience exposes vulnerabilities, faculty with the most power within the training environment will present their MGA to allow students to witness the MGA process. Students are informed that there are no expectations about sharing personal information. Students are informed that when presenting the MGA, 1) Students decide what they will share with the group. 2) The program recognizes that what students share can be unsettling and painful. For this reason, students should know that the following questions are standard practice within the program. Question 1: Given the information shared within your MGA, what client problems or dynamics might be most difficult for you to treat? Question 2: How do you think that your family of origin experiences will benefit your abilities within the therapy room? Question 3: What might be cultural limitations and benefits from your family-of-origin experiences?

Subsequent Clinical Experiences and the MGA

The most likely scenario in bringing up potential family-of-origin experiences is during individual or group supervision and when focusing on a client. The faculty might ask, “Why do you think this case evokes strong emotion? Or “Is there a reason you feel stuck with this particular couple?” The faculty should lead the students to a potential perspective that they should consider potential family-of-origin issues.

The MAAB emphasized that the helpful aspect of the program was when faculty addressed potential power dynamics between a therapist and a client, asking about potential MGA concerns. One student of color said, “My colleagues, who were part of the majority, needed to be asked about potential abuse of power within the session. A great approach was asking the student, “Does this go back to your genogram?” She said that was a time when I felt like the faculty were advocates for vulnerable clients who suffered discrimination.

The two aspects of faculty and student responsibilities are: 1) Remember that faculty train students to be practitioners. We hope that students also demonstrate respect and support for their colleagues, and 2) We must be multiculturally aware and help students become aware of potential cultural influences and biases. For this reason, faculty with more influence and power in the program should be comfortable reflecting on how their MGA impacts their interactions with students and clients. One MAAB Board member said, “I gained respect for the faculty when they said, ‘This client’s action pushes my genogram buttons.’” The alumni further stated, “I felt at that moment it wasn’t shameful to have an emotional reaction to client behaviors. What mattered is how I responded.”

MFT Center Role Play Guidelines (2024)

Role-plays are critical for learning therapeutic approaches, specific within-session experiences, and emergency responses. It is a technique in which participants focus on treatment scenarios under the guidance of a clinical supervisor. This training can build student confidence in their abilities and, when properly done, prepares student therapists for complex or unfamiliar therapeutic encounters.

Role-play training enables participants to perform realistic scenarios that simulate therapist-client interactions while supervised. The supervisor provides feedback regarding therapeutic performance. Students are encouraged to work together to find solutions and adjust to challenging encounters. Often, students are encouraged to analyze their performances and provide feedback to other participants. Secondarily, while other students watch a role play, they can identify and mentally evaluate how they would present information and adjust to challenging client responses.

The benefits of role-play training are: 1) preparing participants for therapeutic encounters. The therapist-in-training can prepare for highly emotional situations that all therapists eventually encounter (e.g., child abuse reporting, suicide interview, mental status exam, or teletherapy first session). 2) It helps students identify strengths and weaknesses when responding to a scenario. Students can see their response patterns to specific client interactions and learn to adjust their responses in a controlled environment. 3) The student who plays the role of the client gains a client's perspective and identifies potential systemic interactions that might not be easily identifiable. Students can develop empathy for future client encounters.

Safe Environment

Role-plays are effective when they begin in a safe environment. The activity requires a respectful and positive environment that facilitates self-confidence through developmentally appropriate training scenarios. There are areas for caution when using role plays in the training environment, including encouraging students to share personal relationship struggles, painful personal scenarios, or traumatic family experiences. Each of these can present a threat to the safe training environment. Personalized sharing can resemble therapy sessions rather than role-plays. Likewise, students with marginalized identities may keenly feel an imbalance in student sharing compared with faculty and other students.

Auburn University MFT Program recognizes the Alabama Ethical Guidelines in Rule 536-X-8-.04 (2): "Marriage and family therapists do not provide therapy to current students or supervisees." The AU MFT program will avoid using traumatic or painful personal life experiences in role-plays to minimize the lingering strong emotions that students may not be able to easily or quickly process. Because role-play is a one-off experience designed to train on a specific therapeutic technique, the student therapist is at risk of experiencing residual psychological, emotional, or physiological reactions without the therapeutic support they need.

To create a safe environment for role-plays, AU MFT will have safeguards in place to ensure students only share mild anxiety-producing scenarios (e.g., road rage, test anxiety, or struggles with roommates). No role-plays will be based on students sharing personal, more intense emotional or relational struggles that are related to childhood ACES, moderate to severe interpersonal struggles, or traumas. Role-play sessions may be created by AI (e.g., ChatGPT) or based on specific therapeutic moments from students during actual therapy sessions. If a student feels that the role-play may be distressing, they may speak with the supervisor or instructor about not actively participating.

Role Play Procedures (see supporting articles)

It is common practice, but not required, to begin a role-playing session with a demonstration, which can help prepare students to evaluate how to respond to different situations. Faculty members, administrators, or students may act out a scenario for the other participants. It is essential to set the scene so that both the actors and the audience are aware of the interactions that will be played out. While the realism of the role-play might require some ambiguity about the client's problems, it is beneficial to provide background information.

The following Guidelines come from the Northern Illinois University Center for Innovative Teaching and Learning and will be used as a guide for role-plays.

1. If the role-play is to be a graded exercise, it is beneficial to introduce non-graded role-plays earlier in the semester to help students prepare.
2. Formal role-plays need a rubric that allows students to write observations and remarks.
3. Set the scene for the actors and the audience to ensure everyone knows what is happening.
4. Ensure the actors understand their roles before presenting them to the group.
5. Give the observers or audience something concrete to look for as they watch the role-play.
6. If the scene is not coming to a resolution, guide the actors to find a suitable ending. This can be done through verbal instruction or by having one of the student observers tap the shoulder of one or two actors in the scene and take over their role. This technique is often called “freeze tagging” or “tapping in.”
7. Always process the scene! Ask open-ended questions so the entire class can reflect on the scene and deepen their understanding.
8. Have students reflect on how the scene felt both in and out of the role.
9. Ask the observers or audience to reflect on what they saw and how it felt to watch it.
10. Instructors should take care to provide structure and boundaries for role-play sessions. Set clear guidelines from the start. Within the guidelines above about personal examples, students should have as much freedom as they, you, and the class feel safe and comfortable with.

Faculty Responsibilities with Role-Plays

The two aspects of faculty and student responsibilities are: 1) Faculty recognize the impact that role-playing personal information can have on a student therapist, especially immediately preceding clinic night activities. Learning to conduct therapy is an emotionally charged and sometimes draining experience. Role plays aim to instill confidence in the student-therapist and provide confident energy, and 2) Faculty are aware of the personal and draining impact of sharing painful life experiences. For this reason, faculty use role-play experiences to prepare student therapists for success with specific client scenarios and case experiences. One alum said, “I appreciate role-plays that took my client interactions that went poorly and allowed me to approach the scenario differently. I felt empowered for the future therapeutic encounters.”

Supportive documentation

There is evidence that role plays assess therapist competency associated with client outcomes

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7293551/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6593356/>

<https://www.niu.edu/citl/resources/guides/instructional-guide/role-playing.shtml>

Clinical Readiness Evaluation

The Clinical Readiness Evaluation is a comprehensive assessment of your professional growth. The intensive and complex nature of work with marital and family problems requires maturity from marriage and family therapy practitioners. Those training to become marriage and family therapists must possess both personal and professional integrity, be able to articulate mature motives and professional goals, and demonstrate clinical readiness. Therefore, the MFT faculty will evaluate your academic and professional growth. This process starts with your first contact with the MFT faculty and continues throughout your involvement in the program.

During the two-year program, the MFT and the departmental faculty observe the MFT students' interactions with faculty, including one-on-one and group contact with students, as well as their general

functioning within the program environment. The faculty provides students with feedback regarding these observations and evaluations, a process designed to support their growth and development. It is the student's responsibility to act on recommendations for professional growth. Each spring semester during the student's two-year program, a formal evaluation process occurs, completed by the departmental graduate faculty for all HDFS graduate students. Additionally, MFT faculty supervisors provide feedback based on evaluations of clinical skills and ethical behavior during first-year labs and second-year internships. Off-campus placement supervisors provide evaluative feedback each semester during the internship placement. The information is compiled, and a letter is written in May of each year outlining your progress within the program.

MFT faculty share observations and evaluations with students throughout the program. Instructors of non-clinical HDFS graduate classes who instruct MFT students and assistantship supervisors provide feedback to MFT Core faculty at the annual graduate student evaluation. Earning a "C" or lower in any HDFS 7600 series courses will require an evaluation by the PD concerning the student's ability to understand the concepts and demonstrate the skills necessary to participate in the clinical labs and internship. Clinical evaluations focus on repeated poor grades in courses, client negligence, and the maintenance of case files. Each of these areas carries weight in determining a student's continuance in the program, prompting the remediation, retention, and potential dismissal process.

Additionally, throughout the two-year program, the MFT core faculty assesses students' maturity and personal and professional integrity, helping them become successful marital and family therapy practitioners. Students who have acted contrary to the MFT Program's policies or ethical stipulations related to file management, professional practice, and timely client record-keeping receive counseling to make positive changes within a specific timeframe. If the necessary change(s) does not occur or occur, but there is a relapse into unprofessional behaviors, then the dismissal policy is followed. The student will be accepted into the HDFS (nonclinical) master's degree program if they are in good standing in the Department and are selected by a faculty mentor. Students will be denied enrollment in MFT clinical labs and internships, as these courses require departmental approval as a prerequisite.

Determining Student Readiness to see clients

Readiness is determined in two phases in the Auburn MFT Program. Phase 1 readiness is determined for students to see clients at the Auburn MFT Center in the spring of the first year, in which all therapy sessions receive live supervision. Phase 2 of readiness is when students transition to the internship element of seeing clients. Students are expected to see clients at the MFT Center and join an internship placement site within the community. There are determining factors in preparing for readiness for each phase.

Phase 1 Readiness: Seeing Clients in the Auburn MFT Center

Students see clients the first week of February of the spring semester. The Core Faculty and the Program Director will determine readiness to see clients. The determination will be based primarily on student demonstration of:

1. Student completes 35 observational hours and then codes the therapist's behaviors with colleagues.
2. Student's grasp of course concepts.
3. Demonstration of maturity and professionalism.

The 7600, 7601, 7620, and 7621 course instructors will meet with the Program Director to discuss student readiness to see clients. Students will receive notice that they are ready to see clients. Students not deemed ready will meet with the PD to develop a plan for seeing clients.

Before seeing clients, students must also:

1. Pass the Auburn MFT Program Handbook quiz (HDFS 7601)
2. Complete Alabama Child Protective Services Interactive Training for Mandated Reporters training (HDFS 7621).
3. Complete Auburn University technology usage and privacy training and submit Auburn certification to the OA (HDFS 7601)
4. Provide proof of AAMFT membership containing CPH liability insurance (HDFS 7601).
5. Complete the 12-hour Alabama Teletherapy training required for online client sessions (HDFS 7620 & 7621).

The PD will meet with the faculty teaching the respective courses to verify the information. Students will begin seeing one case (individual, couple, or family). During the first spring semester, a student therapist will carry a minimal caseload (1-3 cases) and will be expected to begin clinical supervision at the onset of seeing clients.

Phase 2 Readiness: Transitioning to Community Internship to see clients

After reviewing the students' spring portfolio, the PD will review readiness with the spring/summer supervisors. Students will receive notice that they are ready to transition to internship. Students not deemed ready will meet with the PD to develop a plan for seeing clients.

Before Transitioning to Internship, students must accomplish the following:

1. Pass with 70% the Sociocultural Attuned Practice paper, graded by a non-MFT faculty member (HDFS 7630)
2. Demonstrate ethical and professional behavior across five months with solid Case File Audits (mean of 3.0) and no “Underperforming” scores.
 - a. If a score is underperforming, the student must demonstrate that the lapse in professionalism has been corrected and that other audits demonstrate “Skilled” or “Masterful” scoring.
3. The Office Administrator reports that the student received feedback concerning case file errors, corrected the errors, and established a behavior pattern that demonstrated a non-repeat of the error.
4. The students do not score “underperforming” for any of the eleven Portfolio rubric subscales and average a 3.0 for the Portfolio Rubric in the Spring semester.

The Program Director will meet with the spring and summer supervisors to discuss student readiness for seeing clients at an off-site placement. Students will be notified when they are ready to begin their off-site placement. Students who are not deemed ready will meet with the Program Director to develop a plan for the student's off-site placement.

Off-Site Internship Placements

Student therapists who have demonstrated readiness will begin an off-campus placement during the fall semester of the second year. This internship will continue for 12 months (the entirety of the second year in the program), regardless of the hours obtained. Two paid internship sites are available to Auburn University MFT Students (e.g., FCS and COC). The PD and/or the clinical administrator will assist in preparation for interviews at off-site internships. The PD and faculty must approve additional internship sites before formalizing an internship agreement. Students can initiate the process but must know that most internship sites are unpaid. Students can interview at the two sites to secure a placement location. Additionally, the MFT Program traditionally requests that the FCS Program Director supervise first-year students during the summer semester to evaluate student abilities more fully. Students can fail the placement interviews, the drug screening, or the ID

requirements (need a driver's license) and be denied a paid placement at both locations. If this occurs, students risk losing their tuition waiver as the assistantship is connected to the waiver. Students who are denied a placement position will be required to seek non-paid placement options, thus impacting assistantship funding and tuition waivers.

Students must sign the Internship Placement Agreement and receive the signature of the Internship Placement Representative the first week of work at the placement.

Once students are selected for a placement site, they must contact the placement site and complete all required training for the placement. Students are to be available for the HR training schedule for the site. Students must understand that their personal plans do not take precedence over the internship training schedule (e.g., vacations, travel, weddings, or other planned activities). The PD and placement site do not need to accommodate your prior plans. Please keep your schedule available for June - August of your first year of the program.

Offsite placement supervisors (supervisors who are currently employed at the off-site location and are certified MFT supervisors) complete an Internship Rubric and Evaluation Letter outlining performance and professionalism for each of the three semesters the student is at the off-site placement. These evaluations help faculty assess whether students act ethically and professionally at the site and identify any concerns with their clinical abilities. The agency can remove students who score “underperforming” on any Auburn MFT Placement Rubric. Likewise, placements can request that students be removed from the placement due to unprofessionalism or unethical behavior. While this has been rare across the last 27 years, it has occurred. Students should be aware that community agencies are subject to federal audits. Students must produce “timely” and “professionally written” notes on all cases or risk losing their placement.

Recording Clinical and Supervisory Hours

The MFT Program policy requires students to record their clinical and supervisory hours by completing the Monthly Clinical Hours Report and Monthly Supervision Hours Report forms (see appendices) and turning them in to the OA at the end of every month.

Teletherapy Compliance

The MFT Board Rules and Regulations (<https://mft.alabama.gov/rules.aspx>) require a minimum of 12 hours of initial training that covers the following areas (but not limited to): 1) Appropriateness of Teletherapy; 2) Teletherapy Theory and Practice; 3) Modes of Delivery; 4) Legal/Ethical Issues; 5) Handling Online Emergencies; 6) Best Practices & Informed Consent. Students will meet the Alabama MFT Board teletherapy training requirements during the first two semesters (Fall I and Spring I) of the student’s program (i.e., HDFS 7601, 7620, and 7621; see syllabi). After completing the training requirements, students can begin seeing clients via teletherapy (HDFS 7621).

Telesupervision Compliance

The Alabama MFT Board Rules and Regulations (<https://mft.alabama.gov/rules.aspx>) require that AAMFT Approved Supervisor, AAMFT Supervisor Candidate, ABEMFT Approved Supervisor, or ABEMFT Supervisor Candidate be considered trained to provide telesupervision or telesupervision training, the Supervisor must have nine (9) continuing education hours or a one (1) credit course (15 classroom hours) in teletherapy dealing with supervision conducted via electronic communication. All AU MFT Program clinical supervisors meet this requirement.

Sequence of Clinical Experience

| 1st Year | |
|----------------------------|--|
| Fall | <ul style="list-style-type: none"> ✓ Learn Requirements to see clients at the AU MFT Center ✓ Self-of-the-Therapist completion ✓ Complete 35 observation hours and coding of therapists ✓ Complete Alabama Mandatory Reporter Training ✓ Complete Auburn Training on financial billing, online security, and security |
| Spring | <ul style="list-style-type: none"> ✓ Complete teletherapy training and first session role play ✓ Complete suicidal client training ✓ Begin turning in the MFT Center Monthly Clinical/Supervision Hours Reports ✓ Begin seeing clients ✓ Complete first-semester Portfolio ✓ Complete monthly audits of clinical paperwork ✓ Continue weekly group supervision ✓ Begin interviews for internship placements |
| Summer | <ul style="list-style-type: none"> ✓ Continue Monthly Clinical/Supervision Hours Reports/Case File Audits ✓ Complete agency training during summer and August break ✓ Complete the Summer Portfolio ✓ Continue weekly group supervision ✓ Earn 70% or higher on the Sociocultural Attuned Practice Paper ✓ Transition to internship |
| 2nd Year | |
| Fall | <ul style="list-style-type: none"> ✓ Begin internship at off-site placements ✓ Start a full caseload at the AU MFT Center (9 clients maximum) ✓ Transition to group and individual supervision schedule ✓ Renew AAMFT membership, containing CPH insurance and verify with OA ✓ Renew Auburn Training on financial billing, online security, and security ✓ Continue Monthly Clinical/Supervision Hours Reports/Case File Audits ✓ Complete Portfolio for MFT Center/Satellite offices (e.g., IAMBK, FL, COC) ✓ Receive Evaluation and Rubric from Placement Supervisor ✓ Complete six state licensure evaluation project to verify practice requirements |
| Spring | <ul style="list-style-type: none"> ✓ Continue off-site placement ✓ Continue a full caseload at the AU MFT Center (9 clients maximum) ✓ Continue group and individual supervision schedule ✓ Continue Monthly Clinical/Supervision Hours Reports/Case File Audits ✓ Complete Portfolio for MFT Center/Satellite offices (e.g., IAMBK, FL, COC) ✓ Apply for the National Licensure Exam with ABEMFT |
| Summer | <ul style="list-style-type: none"> ✓ Continue off-site placement ✓ Continue a full caseload at the AU MFT Center (9 clients maximum) ✓ Continue group and individual supervision schedule ✓ Continue Monthly Clinical/Supervision Hours Reports ✓ Continue monthly Case File Audits ✓ Complete Portfolio for MFT Center/Satellite offices (e.g., IAMBK, FL, COC) ✓ Take the National Licensure Exam either in July or August, depending on the state for licensure ✓ Complete 500 (250 relational) client-contact hours & 100 supervision hours |

*This timeline identifies the typical sequence of clinical training based across 2-years, but progress of clinical training is dependent upon student readiness

Record-keeping of Supervision and Therapy Hours

Students are expected to maintain regular and consistent supervision throughout clinical practice.

When beginning to see clients at the MFT Center in the spring semester of their first year, students will be assigned a program clinical supervisor. During the spring and summer practicum, the student will be assigned a group supervisor (AAMFT Approved Supervisor/AAMFT Supervisor-in-training). Students receive supervision during the “clinic night” supervision schedule, along with supervision before and after evening sessions.

When students begin internship in the fall of their second year, they are expected to attend individual or group supervision once a week (students will reschedule if they cannot meet with their supervisor during their regularly scheduled time). Students must receive supervision from a designated program clinical supervisor when seeing clients when the University is closed (i.e., Spring, Summer, Winter Break, etc.). Students shall arrive to supervision well-prepared to discuss current cases, including showing videos of recorded sessions.

Students must keep an accurate account of all supervision and therapy hours accumulated. The student is responsible for demonstrating that they meet the program's requirements. Clinical supervisors accumulate and verify these hours for the different internship sites. Once the hours have been verified and the supervisors sign the monthly document, they are turned in to the Office Administrator (OA) no later than the third (3rd) of the next month. The accuracy of this data is paramount because it is used for MFT licensure and AAMFT Membership. Alumni must indicate the number of hours and dates when therapy and supervision occurred and have a signed report provided by the supervisor. Employers also need to know the experience level and the types of clients served within the training program. Finally, this organized tracking of therapy and supervision establishes a professional record-keeping routine that is useful throughout your career. We are lucky that Madison Winter, a 2023 Alumnus, has taken time to develop an Excel tracking log for all students to track clinical hours both during and post-program. This Excel tracking sheet provides monthly hour totals and a running total of clinical hours. (See the “Supervision and Therapy Section” in Appendix O for an in-depth explanation of this sheet). It is recommended that students use a notebook or digital spreadsheet to track their hours of supervision and therapy. The MFT center recommends that students use the provided Excel spreadsheet.

The spreadsheet can be found on z drive and distributed on Canvas for HDFS 7621 and HDFS 7920 during Fall semesters. Students should download a copy of the spreadsheet and begin to familiarize themselves with the format of the spreadsheet and what information is being tracked for each hour of therapy and supervision. For client contact hours, students will record and track the date, indicate where the therapy was conducted, time of the session, therapist number (and co-therapist number if applicable), the case number, the session number, modality in which therapy was conducted (i.e., individual, group, or team), type of session (i.e., individual, couple, family), and the length of the session. For supervision hours, students will record the site where the supervision was received, the type of supervision (i.e., live, case report, audio, video), if the supervision was individual or group, and the length of the supervision. For an in-depth explanation of how to track hours in the spreadsheet, see Appendix O.

MFT Clinical Hours Report Form

Once students begin doing therapy, they must complete an MFT Clinical Hours Report Form (“pink sheet”) at the end of each month (Appendix H). This form provides critical information to evaluate clinical training, assess the status and needs of the MFT Center, and maintain AAMFT accreditation. Turn in completed forms to the MFT Office Administrator on the third (3rd) day of the new month. Fraudulent reporting of clinical hours is considered an ethical and legal violation and potentially a reason for program dismissal.

The MFT Clinical Hours Report Form (Appendix H) tallies therapy and hours. Category definitions:

THERAPY HOURS: Hours the student is the therapist in direct client contact.

TEAM THERAPY HOURS: The student therapist's hours as a therapeutic team member who participates in the case and has direct client contact each session.

INDIVIDUAL SUPERVISION: This includes all the hours the student therapist is conducting therapy while a supervisor is viewing the session. It also includes face-to-face interaction with the supervisor and the student therapist concerning treating marital and family therapy cases. Finally, two supervisees present with one supervisor is individual supervision.

GROUP SUPERVISION: All hours when a group of no more than six therapists and one supervisor discuss cases, including live supervision behind the mirror and audio and videotape presentations.

Accounting of Contact and Supervision Hours during Clinic Nights

Utilize the following standardized procedure and criteria for students/supervisors to account for therapy, contact, and supervision during clinic nights. The underlying assumption is that each group consists of six students, with the supervisor dividing their time equally between the cases during each therapy hour. If these assumptions do not apply, the supervisor will instruct how to count the supervision.

- 1) During a therapy hour when there is only one session in progress, the following applies:
 - a) The primary therapist receives one hour of therapy and one hour of individual live supervision.
 - b) The teammate receives one hour of team therapy contact and one hour of group live supervision unless no one else but the supervisor observes them; they receive individual live supervision.
 - c) All other students present for the session receive no therapy contact but do receive an hour of group live supervision if they participate in the supervision discussion.
- 2) During a therapy hour when there are two sessions in progress, the following applies:
 - a) The two primary therapists each receive one hour of therapy contact and one-half hour of individual live supervision.
 - b) The two teammates each receive one hour of team therapy contact and one-half hour of live group supervision; unless no one else but the supervisor observed them, they receive one-half hour of individual live supervision.
 - c) All other students who participate in the supervision discussion receive no therapy contact but receive an hour of group live supervision if they follow the supervisor or one-half hour if they stay with one of the cases.
- 3) During a therapy hour when three sessions are in progress, the following applies:
 - a) The three primary therapists each receive one hour of therapy contact and one-third of an hour of individual live supervision.
 - b) The teammates each receive one hour of team therapy contact and one-third of an hour of individual live supervision.

In addition to the live supervision, second-year MFT students have group case report/video supervision before seeing clients (traditionally from 2-4:00 p.m. on Tuesdays.)

During the clinic night for first-year students, which typically runs from 4-10:00 p.m., the supervisor

assists students in calculating the appropriate amount and kind of supervision.

Internship Placements

The internship requirement includes on-campus clinic experience and an off-campus agency placement experience. On- and off-campus supervisors evaluate each student therapist at the end of each semester. The evaluation format may vary by supervisor (See Appendix F). The on-campus experience requires the student to maintain a maximum caseload of nine cases per week at the MFT Center, receive one hour of individual supervision, attend group supervision, and spend sufficient time maintaining client files and attending to administrative issues. Students are expected to attend supervision on Tuesday or Thursday evenings, depending on cohort, from 2:00 p.m. to 9:00 p.m. for clinical training. Furthermore, students are responsible for seeing clients for an additional nine 1-hour time slots during the week coordinated by the Office Administration in conjunction with student input. The schedule priorities determining the slots are externship requirements at the placement agency, curriculum schedule, and additional assistantship(s) time requirements. Students can voice preferences, but Office Administrators determine the clinical slots, clinical schedule, training priorities, and frequency of client usage.

The off-campus agency experiences vary according to the placement and the agreement with the agency. Once assigned to a site, the student, the on-site supervisor, and the MFT PD sign a contract (See Appendix F for example). This contract outlines the requirements for the placement. The year spent in an internship is an intense experience. Internship placement in a community agency allows students to experience MFT outside the academic community, providing an invaluable opportunity to become a professional staff member. Community placement site supervisors strive to treat students similarly to agency employees. Historically, most of these placements are in conjunction with paid assistantships. Paid clinical placements are less flexible for granting leave during semester breaks. Students are treated as new employees. They have the lowest seniority at the placement and thus do not have the first choice of vacation days across holidays or breaks. Students should not ask the placement for time off the first week they start the placement. Students should also not assume that they will have a free holiday schedule like their non-clinical graduate student colleagues. However, a review of ten MFT programs demonstrates that the Auburn MFT program had the most generous and favorable vacation/leave schedule.

MFT Paid Placements

The Auburn MFT Program is one of only two programs in the country that offers paid placements for students and is the only program to have secured assistantships for clinical services for 100% of students since 1998. Most MFT master's students complete their clinical hours for free, and if they have an assistantship, they must complete those hours after meeting clinical hour requirements. A .33 assistantship (13 hours) secures a 100% tuition waiver for in-state and out-of-state tuition at Auburn University. Likewise, a .25 (10 hours) secures a 50% tuition waiver for in-state and out-of-state tuition at Auburn.

Student Financial Support

1. All students are offered at least a .33-time assistantship (13 hours per week) with at least a nine-month stipend of **\$10,150.56** (\$1,127.84 per month).
2. All students have received summer funding across the last four years.
3. As an additional benefit of your assistantship, a subsidy of approximately **\$1,000** will be applied to the annual premium paid in two installments in the fall and spring semesters to defray enrollment costs in the Graduate Student Health Insurance Program (roughly \$2,0280).
4. Students are offered **\$250.00** annually for reimbursement to attend the ALAMFT state conference. The specific funding caveats are:

- a. Students travel together, when possible, to defray lodging and travel costs.
5. Since 2022, students who have a GPA of 3.0, complete 350 clinically supervised hours, and provide faculty proof of completed ABEMFT National Exam application materials for pre-check by April 30th have received **\$200.00** to defray the cost.
6. Since 1998, all students have been placed in paid internships in their second year of the program. This financial benefit allows the student to receive payment for clinical work completed at the internship site. However, the paid internship, assistantship, and subsequent tuition waiver can be lost because of unprofessional behavior, resulting in dismissal from the internship site, or if a student fails the interview process (e.g., drug screening failure, driver's license suspension, poor interview).

Monitoring and Evaluating Student Progress within the Program

The program monitors students' progress through coursework, supervision evaluations, and annual HDFS graduate student reviews. The ethical and professional monitoring occurs within the Portfolio, Case File, and Internship Rubrics.

Courses

Students receive grades for all academic and practicum courses (A–F). Faculty inform the program director if a student earns a grade lower than a B. The annual graduate student evaluation meeting in February identifies student success in coursework. A letter outlining student progress is written.

Supervisor Evaluations

At the end of every semester, clinical supervisors evaluate students on their progress on clinical work and progress towards meeting SLOs. One week before the end of the semester, the student therapist and the supervisor will meet to review practicum or internship performance. The Internship Supervisor will meet with the student and the subsequent supervisor to share the written evaluation. Placement supervisors will provide an evaluation letter and scored rubric for the student at the end of each semester, which also outlines progress.

HDFS Faculty Annual Graduate Student Evaluations

The HDFS faculty, led by the Graduate Program Officer, evaluates all graduate students within the department. Students are evaluated based on their coursework, assistantship, clinical work, research, outreach, and professional service abilities. After reviewing the students' submitted materials, the faculty rates the students' progress as satisfactory, concerning, or unsatisfactory. For MFT students, either the major professor or the program director writes a letter informing the student of their progress, highlighting strengths and behaviors or attitudes and potential remediation required. Students are free to meet with their committee concerning the feedback and with the Graduate Program Officer and the Program Director (See Appendix M – Graduate Student and Faculty Annual Evaluation).

Annual Student Report

The program director will provide each student with an evaluation letter, usually in May containing information about the student's course grades, supervisor evaluations, HDFS Annual Graduate Student evaluations, and progress in clinical requirements.

Formal Ethical and Professional Tracking

MFT core faculty will also formally track student progress throughout the Program using the Portfolio, Case File, and Internship Rubrics. Student strengths and weaknesses will be identified. As an informal monitoring procedure, core faculty will discuss student progress throughout faculty

meetings. Please be informed that students who demonstrate difficulties with case file audits “underperforming” during the second year of the program will receive a “serious deficiencies” letter outlining required behavioral adjustments and potential for remediation and removal.

Curriculum Evaluation and Adjustment

The Program evaluates the curriculum based on alignment with the Principles of Marriage and Family Therapy Practice, specifically adhering to the COAMFTE FCA standards, AAMFT Code of Ethics, AMFTRB domains, the state of Alabama licensure laws, and the HDFS requirements.

Formal Evaluation of Courses

Students formally evaluate each course through the AU standardized course evaluation process.

Formal Evaluation of Overall Curriculum

Current students (December and August) and graduates (bi-annually) provide feedback on the curriculum via online surveys.

Informal Review of Curriculum

During exit interviews, MFT core faculty seek student feedback on course content and curriculum.

Curriculum Evaluation Review Process

The MFT Program Director will compile evaluation data for the yearly MFT faculty review. During meetings, action steps and changes will be discussed and finalized.

Curriculum Change Process

Decisions surrounding curriculum updates are made jointly amongst the core Program faculty during faculty meetings. If program changes call for new course development or changes in the number of required hours, they must go through the university curriculum review process

(<https://www.auburn.edu/academic/provost/curriculum-management/revise/degree-program/>).

This includes review by the Department Head, HDFS graduate faculty, and university committees at the college and university levels. Changes will be communicated to students during the monthly MFT Staffing meetings.

Marriage and Family Therapy Codes of Ethics

Whenever students practice or observe therapy, they **must** follow the standards of ethical conduct set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT) and the AAMFT. The ABEMFT ethical standards are similar to the AAMFT Code of Ethics; however, there are various additions, just as there may be subtle differences among the standards from state to state. The *AAMFT Code of Ethics* and the *ABEMFT Standards of Ethical Conduct* are in Appendix D. Concerning any differences between the two sets of Standards, the higher Standard related to the particular issue applies. Failure to follow the professional code of ethics could result in a lowered grade in the MFT lab or internship or dismissal from the program, depending on the infraction.

Liability Insurance

Auburn University carries students under a blanket liability insurance policy that covers students at their on-campus and off-campus sites. The AAMFT student membership also carries a liability policy that covers you as a student member.

Personal Therapy

Some students find that undergoing therapy has enhanced their growth and effectiveness as a therapist. Appointments are available at Auburn University Student Counseling & Psychological Services: <http://wp.auburn.edu/scs/>

If a student requests a referral, the program faculty will assist the student in locating affordable service providers. Students may not receive psychotherapy from fellow students or program academic or supervisory faculty, nor anyone being supervised by program academic or supervisory faculty.

A Case for Vacation/Leave

If you are planning on a vacation or time away (for personal/family reasons), you must inform your practicum supervisor, the Office Administrator, and the PD and complete the request for leave form (see Appendix H, Request for Vacation/leave Form) if you are requesting vacation days from clinical responsibilities. The form should be completed and returned to your practicum supervisor at least two weeks in advance for approval. Please be aware that the internship placement has the right to deny vacation/leave because of student clinical responsibilities.

You will also need to identify a backup therapist and make your clients aware of what they need to do if they need to schedule a session while you are away. If you have any cases that have involved (present or past) violence or other potentially dangerous circumstances (i.e., safety concerns), these need to be made explicitly known to the PD, your practicum supervisor, the Office Administrator, and the backup therapist. Once the form has been signed and given to the Office Administrator, it will be approved, denied, altered, and updated on the Titanium calendar, along with your backup's name in the description box.

Even if you have time off from AU, you must request time off from your advanced practicum site supervisor. Remember that [you are working at a business](#), and there will be times that you will still have to go to your advanced practicum site even though the AU clinic is closed. Failure to be available or have explicit backup when seeing clients is unethical and will result in a remediation plan. Likewise, placement sites can fire you if you don't attend work at scheduled times. Losing the assistantship will result in a loss of tuition waiver.

Please be aware that the school breaks are related to your AU course schedule, and assistantships are the job facilitating the tuition waiver and work experience. The assistantships are for employment and are paid for 52 weeks, but receive three weeks of vacation. The vacation schedule is more generous than that of first-year employees at the same placements. You are required to work over different portions of the breaks as an employee. The AU schedule of breaks adds up to ten weeks. No agency would agree to pay for ten weeks of vacation for first-year employees, and most only offer two weeks for new employees.

National Licensure Exam and Applying for Licensure

In October 2021, the faculty voted on having students apply for and take the National Licensure Exam and apply for associate licensure before graduating from the Auburn MFT Program, which Alabama rules and regulations allow. In December 2021 the twelve students anonymously voted unanimously to move forward with the requirement for taking the National Exam and apply for licensure even though this meant incurring increased financial hardship while in the MFT Program. The AU MFT Program offered to provide support by purchasing study materials linked to the Auburn MFT Box system. Additionally, in 2023, the MFT Program provided a scholarship for students who completed 350 clinical hours and had a 3.0 GPA to apply towards the National Exam fees. This is not guaranteed but is available when funding is sufficient (that is why you see clients).

By April 30th of the fifth semester (Spring Semester Second Year), students apply for the National

Exam and Alabama Associate licensure if they are to remain in the state of Alabama. If a student is transitioning to another state, they complete the associate licensure forms for the state where they will reside while taking the sixth and final semester internship. The Internship Supervisor will review the application forms to ensure they have been completed for the specific state. The Appendix provides the forms and descriptions for the National Exam application (See Appendix K).

Final Audit of Clinical Files

You will not receive an internship grade until all client files for which you served as the primary therapist pass review by the MFT Office Administrator. The Office Administrator will track your caseload throughout the semesters through Titanium scheduling and perform monthly audits on all cases. All records require auditing of the therapy files before any official case closing. First, the therapist completes an audit of the client's case, ensuring that all paperwork is completed and filed. Next, the Office Administrator will confirm the auditing process and return the final assessment to the Supervisor. The Office Administrator will also work to provide any notes on file discrepancies for Therapists to fix. Therapists are responsible for correcting all errors, especially before closing a case.

Academic Competencies

Grading:

Academic performance is evaluated by the faculty and is based on the student's performance in coursework. The faculty is responsible for informing students of assignments and corresponding due dates. Penalties for failing to complete the assignment adequately or on time should be made known to the student at the beginning of the course or project. The faculty should discuss the criteria for success or failure (via syllabus/discussion) with the students. Students must maintain a 3.0 grade point average ("B" Average) while enrolled as graduate students in the Department of Human Development and Family Science—grades below "C" count in computing the GPA. The AU Graduate School sets forth academic standards that must be followed to graduate.

<https://bulletin.auburn.edu/thegraduateschool/academicprogress/>

The faculty considers the student's satisfactory progress toward completing his or her degree to be an issue of competence. Students not meeting the minimum academic requirements will be placed on academic probation and/or dismissed from the program.

Authenticity of Student Work

All Auburn University MFT students are expected to maintain standards of conduct appropriate for healthcare professionals and graduate scholars. Auburn University faculty expects academic integrity from its students and for them to follow the Academic Honesty Code.

https://www.auburn.edu/academic/provost/academic-honesty/_assets/pdf/academic-honesty-code-20201028.pdf

Academic dishonesty includes but is not limited to, each of the following acts when performed in any academic or academic-related matter, exercise, or activity.

- (1) Cheating: using or attempting to use unauthorized materials, information, study aids, or computer-related information.
- (2) Plagiarism: representing words, data, pictures, figures, works, ideas, computer programs or outputs, or anything generated by someone else as one's own.
- (3) Fabrication: presenting as genuine any invented or falsified citation, data, or material.
- (4) Misrepresentation: falsifying, altering, or misstating the contents of documents or other materials related to academic matters, including schedules, prerequisites, and transcripts.
- (5) Misuse or non-identified AI use within assignments. It is the instructor's right to deny use of

AI for their course. If AI is allowed a student should include the following statement in assignments to indicate use of a Generative AI Tool:

“The author(s) would like to acknowledge the use of [Generative AI Tool Name], a language model developed by [Generative AI Tool Provider], in the preparation of this assignment. The [Generative AI Tool Name] was used in the following way(s) in this assignment [e.g., brainstorming, grammatical correction, citation, which portion of the assignment].”

Students are expected to be familiar with and adhere to the Academic Honesty Code.

Policy Concerning Academic Integrity

The AU MFT program does not tolerate plagiarism or any other form of academic dishonesty. The Auburn University Student Academic Honesty Code (<https://sites.auburn.edu/admin/universypolicies/Policies/AcademicHonestyCode.pdf>) applies to all classes you take at Auburn University during your degree program. All instructors have access to resources to assess student work's authenticity and may submit any suspect assignment for assessment. <http://www.auburn.edu/img/apps/misc/plagiarism.html>

The following is a hyperlink to AU Academic Honesty Resources for Students that includes possible sanctions: <http://www.auburn.edu/academic/provost/academicHonestyStudents.html>

MFT Licensure and Portability of Degree

The AU MFT curriculum and clinical experience requirements reflect the clinical membership requirements for AAMFT, which served as the foundation for the model licensure law that was in place during the enactment of the vast majority of MFT licensure laws. Specific therapy models, new research findings, and evolving best practices lead to curriculum changes. The AU MFT educational experience: courses taken, clinical experience, supervision required, and the ongoing efforts to maintain accreditation ensure that your AU MFT degree will put you in a position for successful licensing as an MFT in most US states. Completing the MFT degree at Auburn maximizes portability with minimum disruption or need to meet additional standards. During your second fall semester, you are assigned to research the licensure laws of the state in which you wish to reside post-graduation (besides Alabama). This information, combined with the information other cohort students develop, will help ensure you take the coursework, etc., you may need beyond what our degree program requires. It is ultimately the student's responsibility to prepare for post-degree licensure for any state other than Alabama. The program faculty/staff will reasonably assist you with licensure and portability issues in your immediate post-degree days and your future as a seasoned alumnus.

The AU MFT Program meets all educational and clinical requirements for applying for licensure as a Marriage and Family Therapy Associate (MFT-A) in Alabama. Students graduating with a master's degree in Marriage and Family Therapy from AU must complete 500 direct client contract hours of therapy (including at least 250 hours with couples or families). The total hours are accumulated in clinical work at the AU MFT Center and approved off-site community placements. Students are encouraged to visit the Alabama Board of Examiners for Marriage and Family Therapy (ABEMFT) Board website to learn more about MFT licensure guidelines: <http://mft.alabama.gov/>.

Because individual states regulate licensure, a state other than Alabama may have additional requirements not provided as part of the standard AU MFT Program educational requirements. The

following resources are available to students considering licensure in other states:

- Listing of state licensure requirements: <https://amftrb.org/resources/state-licensurecomparison/>
- AAMFT link to state licensing boards:
https://aamft.org/Directories/MFT_Licensing_Boards.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01

Per the AU MFT Program Degree Portability Acknowledgement, The Program will notify students of licensure variation across states and provide resources for accessing each state’s licensure requirements after students have been accepted to the Auburn University MFT Program. The letter will outline the “Regulatory Alignment,” requiring a signed acknowledgment by the student of the portability of the Auburn University MFT degree along with supporting documents.

Auburn University Regulatory Alignment Student Signed Acknowledgement Form

Marriage and Family Therapy is a profession that leads to licensure in all 50 states; however, each state has its laws and regulations about what is needed to become licensed as an MFT in that state.

Please review license requirements in the state you intend to practice as soon as possible so that you understand what may and may not be accepted across state lines. Here is the link to each state's licensure resources: [MFT State/Provincial Resources](#) (AAMFT.org).

More importantly, we sent an Excel spreadsheet with the licensure requirements for all 50 states, the links to the licensure web pages, and an outline of whether we meet the licensure requirements. We update the spreadsheet yearly. However, we might miss recent licensure updates for specific states. That is why we provide the links to the licensure web pages for every state so that you can evaluate the state requirements where you wish to practice.

Auburn University's coursework was designed to meet MFT licensure requirements in Alabama. You may read more about the state requirements for MFT licensure in Alabama by clicking this link:

<https://mft.alabama.gov/>.

If you have questions about the program's alignment with professional licensure, contact the Program Director, Dr. Scott Ketring, at ketrisa@auburn.edu.

Please sign this form and return it to the Auburn MFT Office Administrator, Shelby Jones, at sms0009@auburn.edu

I acknowledge that I have been informed that licensing regulations differ across states and provinces. I understand that the Auburn University MFT program is designed to meet the licensure requirements in Alabama and that an MFT degree from this program may not meet MFT licensing requirements in a different state.

Printed name as shown in the application

Signature (may be electronic)

Date Informed of the Licensure Requirements

SECTION III: Conduct, Competencies, Procedures

Clinical Skills Competencies

In a clinical program, academic performance encompasses grades on assignments and the student's ability to fulfill clinical obligations. Students must demonstrate clinical competencies throughout the program, which involves engaging clients in therapy, assessing problems, and designing and implementing intervention strategies to improve outcomes. MFT faculty and supervisors continuously evaluate students' clinical competency throughout the program. These evaluations, which can be subjective, are based on live clinical supervision, video observations, and case discussions or objective measures of competency related to therapist behaviors and client outcomes.

The AU MFT Program's increasing focus is on objective measures of clinical competency with clients in the MFT Center and placement sites, along with measures of professional competency (e.g., marketing, case file management, and within-session behaviors). The effort is made to corroborate the supervisor's judgment with objective measures like the macro-coding therapist's behaviors within a session (TGCSQ), and student graphing of client change within therapy. To facilitate this effort, grades for clinical performance (e.g., HDFS 7621, 7631, & 7920) are based upon the Profile Analysis, Evaluation of work with Diverse Clients, marketing, placement supervisor evaluations, and monthly case file audit rubrics to provide additional information as supervisors evaluate and subsequently grade graduate student therapists. Underperforming on a rubric or supervisor/placement poor evaluations can trigger a "deficiency procedure."

If the MFT faculty or clinical supervisor determines that an issue persists despite clinical supervision, they will escalate the concern to the MFT Program Director. Based on the severity and frequency of the problem, a "Minor Deficiency Procedure" or "Severe Deficiency Procedure" could be initiated (refer to the details below). Should the issue remain unresolved after this improvement process or if the deficiency is egregious, it will be classified as a "severe deficiency," which could lead to the dismissal process.

Failure to meet program requirements for academic progress and/or clinical components may result in the student being dismissed. Dismissal from a degree program also results in suspension (dismissal from the Graduate School)" (AU Graduate School Handbook). <https://graduate.auburn.edu/handbook/>

Professional Competencies

Students are expected to conduct themselves with professionalism, uphold the fiduciary standard of care in client services (HDFS 7650), treat colleagues with respect, and respond constructively to feedback from faculty and internship supervisors. If a student disagrees with feedback from a faculty member or site supervisor, they should address the issue directly with the individual concerned rather than dismissing the feedback or discussing it with peers and other faculty members. Likewise, students should exercise sensitivity when providing feedback to colleagues, being mindful of the timing and appropriateness of their advice.

Students must proactively address any mental health or relationship challenges to ensure these issues do not adversely impact their clients or colleagues. Students are expected to resolve any personal problems that hinder their clinical effectiveness or professional interactions with other students, faculty, or colleagues. Faculty and site supervisors have the responsibility to assess if students are taking steps to self-care and if they are too impacted by mental health or relational problems to provide adequate MFT services. This is assessed by faculty or site supervisors.

If personal issues negatively impact conduct or clinical performance, faculty will provide feedback and encourage students to address the concerns and behaviors. While students often seek professional

assistance, attending therapy is not sufficient. Behavioral and emotional-regulatory change is needed for students to continue with clinical responsibilities (minor deficiency report is made). When students' emotional problems pose a risk to clients or they are unable to separate their issues from the therapy process, the faculty will choose to remove the student from clinical cases (severe deficiency report or dismissal process initiated). Finally, behaviors resulting in boundary violations, such as inappropriate relationships, romantic encounters, or business partnerships, will be immediately addressed, beginning with the student being immediately removed from their cases and required to cease all clinical.

The "Minor Deficiency Procedures" will be initiated when students demonstrate clinical or professional behaviors or exchanges that break the code of conduct or don't meet fiduciary competencies (see below). Should the issue remain unresolved following the improvement process, it may be classified as a "severe deficiency," triggering the implementation of the "Severe Deficiency Procedures" (see below).

Ethical and Legal Competencies

Each student and faculty member must understand and adhere to the ethical and legal guidelines outlined in Alabama Law, Alabama Ethical Code, and the AAMFT Code of Ethics. A breach of the legal or ethical code of conduct may be grounds for remediation or dismissal. As determined by the faculty, students found to have engaged in or to be engaging in ethical misconduct in their clinical work or other areas, such as misrepresenting facts in clinical paperwork or engaging in other ethically questionable conduct, may be subject to corrective measures in addition to the "Minor Deficiency Procedures" or "Severe Deficiency Procedures" described below. When deemed appropriate, this may be submitted as a violation of the AU academic misconduct code or to the ABEMFT Licensure Board.

The most common Minor Deficiency Procedure would be related to lateness in case notes and treatment plan documentation (which is serious), repeated problems with invoices, or non-collection of assessments. While the most common Severe Deficiency Procedure" would be clinical documentation delayed by more than 10 days or non-existent. When students repeatedly score in category one, "Under Performing," at any time during the program, the action can be deemed as a Severe Deficiency Procedure.

Non-Discrimination Statement

The Auburn University Marriage and Family Therapy program's non-discrimination policy is in accord with Auburn University-wide policies on discrimination <https://auburn.edu/administration/tix-eeo/policies.php>

We fully endorse and uphold Auburn University's anti-discrimination and affirmative stance, recognizing the diversity of human experience as a vital resource for the quality and vitality of our program and profession. We are dedicated to the principle that no individual shall face differential treatment or discrimination during recruitment, admission, adherence to codes of conduct, hiring, retention, or dismissal based on race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, veteran/military status, religion, spiritual beliefs, or national origin. The MFT program is committed to appreciating and understanding diversity, ensuring non-discrimination in treating all individuals, including prospective and enrolled students, clients, faculty, staff, and supervisors. This commitment extends to all activities, including but not limited to recruitment, admission, codes of conduct, hiring, retention, or dismissal. Faculty, supervisors, and staff are dedicated to fully complying with all applicable federal, state, and local

nondiscrimination laws.

Programmatic Multicultural Awareness & Cultural Sensitivity

Placements and Assistantships (1997-Present).

The Auburn University MFT Program has a long history of providing paid internships and assistantships working with diverse children and families within the tri-county area. We serve underprivileged, traumatized, and discriminated communities. The clinical assistantships and internship opportunities provide students with agency experience working with clients experiencing mental illness, social stigma, physical disability, and relationship struggles/conflicts. The majority of clients served in each of the community agencies are diverse, underserved, and disadvantaged. The services provide services based on models of equity, inclusion, and a desire to strengthen diverse families.

Family and Children's Services NOW INTEGRIA: Community Mental Health System

The crown jewel of the Auburn MFT assistantship/internship sites. INTEGRIA is the community mental health agency serving four counties (Lee, Tallapoosa, Russell and Chambers). The assistantship was secured by Thomas Smith, Ph.D., in 1997 and has since been maintained by Dr. Smith and Dr. Ketring. It has offered students the opportunity to work in community mental health with a diverse clientele in outlying counties, working with a range of mental and behavioral disorders along with individuals experiencing physical disabilities or neurodivergence. Alumni have outlined the internship as one of three aspects of the program that support the uniqueness of Auburn MFT training. It was also listed as the alumni's number one training experience to prepare them for practice. Most clients are ethnically, racially, sexually, or religiously diverse, with most therapists earning 350 clinical hours. The therapist-in-training are supervised by the four AAMFT-approved supervisors (Sarah Cox, Ann Bethea, Dallas Davis, and Caroline May) at community mental health.

Circle of Care: Center for Families Internship

The Circle of Care offers an internship opportunity as a satellite office of the AU MFT program. Scott A. Ketring, Ph.D., secured and maintained the assistantship since 2019. The therapist selected works within the agency markets within the community to receive clients and works with diverse rural clients seeking support for child and adolescent struggles, relationship difficulties, and coping with mental illness. Many of the families are ethnically/racially diverse and come from rural poverty, lacking education. Some of the clients are undereducated (GED or less), and homeless. The therapist also tracks client outcomes and supports the COC's efforts to seek additional community support funding. Dr. Scott Ketring has supervised the therapists for the entirety of the assistantship, from 2019 to the present.

Circle of Care: Center for Families Supervised Visitation

The Circle of Care offers an assistantship opportunity for the AU MFT program. Scott A. Ketring, Ph.D., secured and maintained the assistantship since 2022. The MFT Student works within the agency to market services to the lawyers, judges, and community DHR to secure supervised visitation clients. The assistantship has been reduced from 13 to 10 hours per week, and its responsibilities are being revised. The student works with rural, disadvantaged, and underserved parents, many of whom are unaware of their rights. Many of the families are ethnically/racially diverse and come from rural poverty, lacking education. Some of the clients are undereducated (GED or less) and homeless.

I Am My Brother's Keeper (IAMBK)

The IAMBK Circle of Care offers an assistantship opportunity for the AU MFT program for three hours per week. Scott A. Ketring, Ph.D., secured and maintained the assistantship since 2019. The program targets underserved youth within the Opelika, Auburn, and Tuskegee communities. Almost 100% of the participants are racially and ethnically diverse youth seeking support for academic, artistic, therapeutic, and social skills training. The services reach pre-adolescents and adolescents who can benefit from tutoring, training, and play therapy. The therapist provides group and individual therapy to participants. As a satellite office, the therapist also tracks client outcomes and supports the IAMBK's efforts to seek additional community support funding. Dr. Scott Ketring has supervised the therapists for the entirety of

the assistantship from 2019 to the present.

Mt. Meigs Juvenile Sexual Offender Treatment: Multi-family Group Therapy

The Mt. Meigs Sex Offender Treatment Program offers multiple assistantship opportunities for the AU MFT program. Margaret Keily, Ph.D., secured and maintained the assistantship from 2006 to 2018. Upon her passing, Raven Livingston took over the program and has directed the assistantship and the multi-family Group Therapy to the present. Students work with juvenile sexual offenders, many coming from underserved communities with economic disadvantages and racial discrimination. The students help facilitate the multi-family group therapy on the weekends and track client outcome data for publications, support for treatment, and tracking client outcomes. Dr. Margaret Keiley and Dr. Livingston have supervissupervisedts for the entirety of the assistantship 2006-Present.

Family Links, LCYDC – Previously Twin Cedars, Keeping Families Connected (KFC) – Previously Lee County Supervised Visitation

The assistantship was secured by Thomas Smith, Ph.D., in 2003 and has since been maintained by Dr. Smith with support by Dr. Ketring. The assistantship currently provides .50 funding for students providing supervised visitation to children and their non-custodial parents. The MFT Student works within the agency to market services to the lawyers, judges, and community DHR to secure supervised visitation clients. The assistantship has decreased from 13 to 10 hours per week, and the responsibilities are being revamped. The student works with rural, disadvantaged, and underserved parents, many of whom don't know their rights. Many of the families are ethnically/racially diverse and come from rural poverty, lacking education. Some of the clients are undereducated (GED or less) and homeless. Each year, multiple families are served who are undocumented immigrant non-English speaking clients. Dr. Thomas Smith supervised the therapists for the entirety of the assistantship 2003-Present.

Nourish Wellness

Scott A. Ketring, Ph. D., secured and maintained the 13-hour assistantship to support medical family therapy services within the Lee Country region since 2022. Dr. Ketring supervises and trains the therapist, collaborating with the owner and director, Katie Wolson. Nourish Wellness is a multidisciplinary pediatric wellness center that provides holistic care to patients who wish to prevent or treat lifestyle illnesses such as obesity, metabolic syndrome, type 2 diabetes, or hypertension. The collaborative care team includes a pediatrician, nurse, pharmacist, dietician, mindfulness expert, kinesiologist, marriage and family therapist, and social worker among other care providers. The organization seeks to bring wellness to the patients served. The student therapist provides mindful meditation training and family therapy services for families experiencing food insecurities, obesity, and debilitating physical health struggles. The families served often experience poverty, food insecurity, and nutrition miseducation. Nourish, AL is a hunger initiative that delivers fresh produce to food-insecure families in the community each week. Community partners deliver these produce boxes to our Nourish families each week. Through the deliveries, relationships are built with families that help us to nourish their whole selves.

Coursework focused on Multicultural Awareness (2017-Present)

The AU MFT Program agreed that rather than having one course dedicated to inclusion, diversity, and cultural sensitivity, the content should be introduced throughout each course material. The 7600 course, Introduction to Systems Theory and Therapeutic Theories, introduces Sociocultural Attuned Practice. The 7620 course introduces students to cultural awareness, attunement to others, and self-awareness in the role of a therapist. The students are required to write and grade their first draft of the Sociocultural Attuned Practice Paper (SAPP). The papers are graded, and the feedback is provided to the students and to Dr. Adrienne Duke-Marks, who teaches the multicultural attunement section of the 7630 courses in the summer. Dr. Duke-Marks is an extension faculty member, and her grading of the paper is an objective assessment outside of the MFT Program, focusing on student attunement to culture and diversity. Students must achieve a score of 70% on this paper to be accepted into the internship. The 7610-trauma course has weekly readings focused on trauma and institutional racism,

discrimination, and poverty. In the fall semester, the 7650 Ethics and Professional Issues course offers weekly readings on ethical practice in working with diverse communities, focusing on LGBTQ+, gender-affirming services, ethnic diversity and MFT services, religion and spirituality, aging populations, and serving individuals with physical disabilities.

Community Outreach Services (1999-Present)

The Auburn University MFT Program has a long history of providing services to underprivileged and traumatized communities. Community outreach is a tool to teach students how to have a financially stable therapy practice and offer pro-bono services. The history of community outreach is listed. A more in-depth history is presented online.

Safe Harbor (1999-2011 & 2019-Present)

The MFT Center offers eight free sessions to clients referred by Safe Harbor who have experienced sexual assault. The agency was assured that clients would only be referred to students who have completed the HDFS 7610: Trauma Course.

Active-Duty Military Personnel and Family Members (2002-2017)

At the start of the Gulf War, the AU MFT Center reached out to the Chaplains and Military One Source to offer free therapy to active-duty military personnel and their family members. The MFT leadership recognized that these families faced higher stress that impacted marital, adolescent, and child relationships and functioning. This was especially true during traumatic phases of deployment. The faculty marketed the services at various conferences and were listed among services with Military One Source.

Beauregard Tornado (2019-2022)

In March 2019, the Beauregard community was devastated by a category-four tornado. Several staff members within the college lost family members in the tornado. Members of the MFT family joined the efforts to provide disaster relief and participate in Habitat for Humanity Housing outreach. The Program Director lead multiple groups throughout the next four months. The MFT Center offered eight free therapy sessions for those affected by the tornado. The MFT undergraduate intern was a part of the community and helped with marketing for the MFT Center. Most tornado victims faced income challenges, had their homes destroyed, and had loved ones killed. The majority of victims were ethnically diverse, facing various life stressors.

COVID Pandemic Faculty and Staff and Family Members (2020 – 2021)

The pandemic of 2020 impacted the tri-county Alabama citizens. The AU MFT Program offered twelve free sessions for all faculty and staff of Auburn University during the pandemic. Likewise, the Faculty offered free training for MFTs throughout the state to transition to online teletherapy and telesupervision services. The PD worked with the Alabama MFT Board to transition. The Governor's office recognized these efforts for the efficiency in transitioning services. The MFT Program had services for teletherapy approved by the last week of March. This transition occurred less than two weeks after the pandemic started and was the swiftest response on the Auburn University campus. The other mental health services used the transition as a model to transition their services. Staff members are considered economically challenged and are the least advantaged within the community.

Dadeville Shooting (2022-2025)

The Dadeville shooting occurred while the PD was at a conference that focused on mass shootings. The PD included within the trauma course information about mass shootings and treatment. The AU MFT Program marketed services to the Opelika, Dadeville, Tallassee, and Alexander City Schools for 12 free therapy sessions for shooting victims and their families. Student therapists also provided valuable services at their internship placements for shooting victims and family members. Most shooting victims faced income challenges and were ethnic minorities facing various life stressors.

Sociocultural Attunement Paper (2022)

The Sociocultural Attunement Paper has undergone multiple iterations as the program strives to increase students' awareness of their cultural heritage, beliefs, and biases. The goal is to increase awareness and sensitivity to culturally diverse populations. The first iteration of the paper, which spanned 2015-2019, was part of the Statement of Therapy Approach and Digital Illustrations (STADI), specifically item #5, focusing on a culturally informed framework and approach for diverse clients. In 2020, the faculty transitioned to the socio-culturally attunement paper, which was connected with the Theory of Change (TOC) paper completed by all students. The students were required to pass the paper with an 80% average while receiving feedback from supervisors during the fall, spring, and summer of their final year in the program. Student feedback in 2021 indicated that the combination of the TOC, thesis, and portfolio was too demanding for students. In 2022, the faculty created the thesis/non-thesis option. The TOC became the document for the non-thesis option. However, the Sociocultural Attuned Paper transitioned to the Spring and Summer semesters of the first year. The AU MAAB suggested that the paper be tied to evaluating student readiness to see clients at an internship (MAAB 2022). The Board surmised that students have a minimal standard for readiness but that a second readiness could occur before starting an internship in which most clients are racially, ethnically, sexually, and religiously diverse. To start the placement, students must have a minimum standard score of 70% on the paper and a minimum standard on the Portfolio, with no "underperforming" ratings in each of the seven Portfolio subsections.

Multicultural Genogram (2021)

The Auburn University Genogram has been a programmatic segment since its original accreditation in 1979. The genogram is a valuable clinical tool to evaluate self-of-the-therapist strengths and weaknesses that can impact client interactions. The MAAB suggested that the program could change the genogram to become the multicultural genogram activity (MGA) and offered reading material from Dr. Ken Hardy and from others who had transitioned the genogram to include specific information about ethnicity, gender, culture, and sexuality as aspects of self that the therapist brings into the therapy room from their family-of-origin. The MGA aims to allow supervisors and student colleagues to be aware of potential therapeutic strengths and biases that could impact the therapy process. When students start seeing clients, they will have colleagues behind the mirror who are there for support and as a resource to provide critical feedback related to therapist behaviors within the therapy room. The MAAB recognizes that the therapist has a great deal of power and privilege in the therapy room and can easily abuse the power they hold to collude, take sides, press agendas, or ignore client needs. It is recognized that some of the ingrained family-of-origin qualities bring out strong emotions. The MAAB shared that the Multicultural Genogram Activity (MGA) benefit is that supervisors can ask the therapist if their reactivity in session or about a protective class goes back to their genogram experience. They felt this was a respectful way to ask the therapist-in-training if personal reactivity impeded judgment or biased their response regarding a particular client or a federally protected group of people. (See Page 36 for more information).

Multicultural Marketing Plan (2021)

The marketing plan was revised to become the multicultural marketing plan following a meeting with the Auburn Multicultural Alumni Advisory Board (MAAB). They reviewed the programmatic materials and spoke to the marketing they conduct to reach under-represented populations. Board members spoke to their positive feelings when the AU MFT Program provided community outreach for disadvantaged and traumatized groups. The suggestion was made that these efforts could be more systematically organized into the annual marketing efforts so that the program could be sure that community outreach was secured for underrepresented populations and those who are disadvantaged. The marketing plan is developed as part of the HDFS 7650 Ethics and Professional Issues course. The increased efforts to market to disadvantaged community groups have successfully increased services to the LGBTQ+ community, traditional Black and Hispanic Churches, and community outreach for the Dadeville shooting victims. Each year, students plan out and implement community marketing.

Auburn University Multicultural Alumni Advisory Board (MAAB; 2020 - Present)

The summer of 2020, the country was reeling from the murders of George Floyd Ahmaud Arbery, and Breonna Taylor, and the Dr. Ketring (PD) was taking phone calls from alumni who were suffering with the national news. During the discussion with various diverse alums, Dr. Ketring wanted to do something to make a difference within the Auburn MFT Program. Each has experienced significant racism or discrimination while at Auburn, but each had experiences that entrenched their loyalty and love for the MFT program. The PD asked if they would be willing to join an advisory board for the program. The four members were chosen because they each reported experiencing discrimination at Auburn University, they reported a willingness to be honest in feedback with the PD and each was willing to meet once a year for a Board meeting and once a year with the first-year students to discuss their experience at the MFT Program, as a part of HDFS, in the College of Human Sciences, at Auburn University. The members came up with the name of the board, AU MFT Multicultural Alumni Advisory Board (MAAB). They also agreed to the length of service being four years, with the first board members being staggered so that two representatives served four years and two served five years. The Board members agreed to meet and review the list of alumni and choose their replacements on the Board through a vote of the Board members. The board's voting members are the four alumni representatives, with a voice of the council from the PD. The MAAB aims to promote multicultural practice within the program, acceptance of cultural diversity, and enhance sensitivity to diverse cultures throughout every aspect of the program. Every four years, the board will evaluate the PD anonymously and provide feedback on programmatic functioning. The first suggestion of the board in 2020 was to eliminate or curtail the lower student fee, with multiple board members voicing confusion that the most privileged group in the community received the most significant fee reduction. The Board voiced support for offering fee reductions to AU staff as they were the most diverse group within the Auburn University community and suffered the most economic hardship. The Board suggested a goal of having student census in the clinic reach 20%, increasing community services, and increasing the diversity within the program.

Portfolio Focused on Effectively Serving Diverse Clients (2010 – Present)

The Portfolio is the capstone project and includes an evaluation of the therapists' ability to service diverse clients effectively and be aware of the intersectionality of clients' multiple life experiences. The therapist is required to justify service continuity for all client income categories (Portfolio 1). Additionally, as part of the Portfolio, students are evaluated on developing a therapeutic alliance with multiculturally diverse clients and their effectiveness with diverse couples and families (Portfolio 3a, 2010 – Present). In 2023, the program included a Sociocultural Attuned Practice Strategy section (Portfolio 3b, 2023-Present), which focused on the therapist's actions during the semester to improve their awareness, sensitivity, and focus on disadvantaged community members. How have they strived to push themselves to become more aware? The multicultural marketing actions of the therapist

during the semester is evaluated using Portfolio item four (4).

Clinical Services for Spanish-speaking clients (2010 – Present)

The MFT Program has had Spanish-speaking therapists throughout for 42 years. However, community leaders voiced appreciation for our services that no other program or agency offered in the tri-county area. It became a focal point of the program to accept a Spanish-speaking therapist into the program to offer services to the most disadvantaged within the community, primarily those who are undocumented workers. Many of these are women and children from Central and South American countries fleeing oppression, human trafficking, and severe trauma. We have served multiple women who were being hunted by notorious Central American gangs that are widely publicized in the media. Likewise, community agencies also appreciate having a Spanish-speaking therapist to augment their services to the poor and maligned in the community.

Clinical Paperwork, Assessments, and Brochures Translated to Spanish (2014 to 2023)

In 2023 all paperwork associated with informed consent, release of information, marketing, brochures, payment, and assessments have been translated into Spanish. We completed the translation and received great support from several native Spanish speakers to evaluate the translation, offering suggestions for a more accurate presentation of information. The Spanish-speaking clientele has continued to increase and is a major constituency in the clinic. We are grateful to all Spanish-speaking therapists who, over the years, helped in translation efforts, sat with clients to translate assessments in real time, and supported Spanish-speaking clients in navigating the clinical services at the MFT Center.

Non-Discrimination, Diversity, and Inclusion Code of Conduct

Auburn University Marriage and Family Therapy Program: Environment, Non-Discrimination, Diversity, and Professional Behavior

PREAMBLE

The desire of the Auburn University MFT Faculty and program is to create a safe, supportive, and respectful environment that fosters inclusive interactions and values freedom of expression among all individuals within our professional sphere. Ours is an environment that welcomes debates and questions about set beliefs and accepts that people hold dissenting views. We embrace cultural diversity and strive to respect and support those who voice minority or unpopular opinions. We hope to uphold expressive and intellectual freedom, allow diverse perspectives, and create space for dialogue across lines of identity and ideology through critical thinking, inquisitiveness, open-mindedness, and epistemic humility. We strive to maintain professional integrity and honesty in all activities and interactions, maintaining professional boundaries in the classroom, the therapy room, and our internship placement work. Our program and the field of therapy dictate that you must actively work to understand your social location and how it intersects with others. In alignment with COAMTE standards, every faculty member, staff, and student who professionally passes through our program is expected to demonstrate a conception of diversity and inclusivity that encompasses the values underlying our program mission statement to improve the lives of the people of Alabama, the nation, and the world through forward-thinking education, life-enhancing research and scholarship, and selfless services.

Expected Professional Behaviors

We expect all parties who participate in AU MFT program interactions to abide by Auburn University policies and [Code of Conduct](#), [AAMFT Code of Ethics](#), Alabama MFT Code of Ethics, AU MFT program policies, and AAMFT professional ethical standards and acceptance and value for inclusiveness when representing the MFT program in the classroom, clinic, and community. “MFT

Program interactions” include, but are not limited to, MFT program events, including meetings, courses, conferences, staff meetings, non-MFT program courses, forums, and any ancillary events or other interactions involving students, staff, and faculty in the MFT program.

Further, we expect and ask from everyone in the program (faculty, staff, and students alike) to commit and agree to:

- A personal commitment to improve our sociocultural awareness and understanding of our own and others’ social location in regard to race, gender identity, ethnicity, age, marital status, sexual identity, class, socioeconomic status, religion, national status or country of origin, disability, health status, relationship status, political affiliation, or any other qualification or characteristic (AAMFT 1.1 & AAMFT 1.8).
- A personal commitment to identifying and examining how our values, attitudes, beliefs, emotions, and past experiences affect thinking, behavior, and relationships (Aspirational Core Values of AAMFT Code of Ethics)
- Seek assistance when life experiences, traumas, or illness may impair work performance, interactions in the program, work with clients, or clinical judgment (AAMFT 3.3, 3.12).
- Recognizes and handles stress effectively by using appropriate self-care and communicates needs for additional resources with supervisors and faculty.
- Demonstrates an awareness of one’s limitations (AAMFT 3.10), while also recognizing one’s unique strengths
- As professional fiduciaries in training, we accept accountability for our actions in completing professional tasks and activities throughout the training process and graduate education (AAMFT Standard III).

Auburn MFT Program Guidelines for Navigating the Intersection of Personal and Professional Issues in the Learning and Work Environment

It is highly likely that we will each experience challenging moments and difficulties in our relationships with one another and our work with clients. A high-stress environment, schedule, and expectations stacked upon digging into family-of-origin (FOO) experiences, our past trauma, and who we are as a people is bound to initiate emotional and physiological reactivity. We recognize that this is not only likely, but perhaps expected. If we do not each do our part to create a safe, respectful, and supportive environment, then this can compound and create difficulties that can reinforce our earlier experiences and further the cycle of stress and trauma. It is up to *all of us* to do our best to address these issues and challenges and create an atmosphere where we can feel safe to reflect, process, and grow professionally. Each of us has personal responsibility in creating emotional safety. Below are some guidelines and steps to help navigate this process:

Recommended Grievance Process

- If you find that you have encountered a grievance with a fellow student (see below for University procedures for reporting), use the following for guidance:
 - Initiate contact with the peer with whom you have the grievance in a direct and professional conversation. Professionally, the two will attempt to resolve the problem satisfactorily for all parties involved.
 - If the problem persists, the aggrieved individual is expected to approach their peer regarding the continued concerning behavior and discuss the situation and potential solutions.
 - Should the problematic behavior end, the conflict is resolved. If the problem persists after the attempts to resolve the issue with their peer, the aggrieved individual may

- seek support from the instructor, the clinical supervisor, or the Program Director.
- If you find that you have encountered a grievance with a faculty member, use the following for guidance:
 - Contact the faculty member with whom you have the grievance and make an appointment to discuss the matter.
 - If you feel that the grievance was not adequately resolved with the faculty member, make contact to speak with the Program Director (PD) about the concern.
 - If you feel the grievance was not adequately resolved, or if it concerns the PD, contact the HDFS department head and/or Graduate Program Officer to speak with them.
 - If the grievance is not adequately solved after this meeting, seek a meeting with the Associate Dean for Research and Graduate Studies to resolve it.

Grievances and Procedural Guidelines for Reporting

If the above does not work (no action is taken, progress is not made, or you do not feel safe to do any of the above), please report your experiences through the following appropriate specific reporting mechanisms. In all instances, the Marriage and Family Therapy Program adheres to the Auburn University Student Academic Grievance Policy. This policy provides a means for students to resolve academic grievances resulting from actions from faculty and administration. The grievance policy includes types of grievances, grievance committee procedures, and revision policy.

Students should read the entire AU Academic Grievance Policy to know their rights if a fellow student, staff, or faculty member has committed an act that warrants an official grievance with Auburn University.

Keep in mind that if you do report these, AU will seek the following information:

- Identifying information (name/badge number, appearance) of the student, staff, or faculty member.
- The alleged behavior and potential violation.
- The approximate time of the behavior.
- The circumstances surrounding the incident.
- Other people involved in or witnessing the incident.

1. Auburn Cares

Auburn University students, faculty, staff, and others are encouraged to refer students who are struggling with academic, personal, or emotional difficulties or who may be exhibiting hostile, worrisome, or other concerning behavior. Students can also refer themselves for support. We will evaluate the report during normal business hours and determine the type of follow-up necessary to address the concerns. [Report Here](#)

2. Student Conduct Violation

Faculty and students can report potential violations of the community conduct policy; they can follow the university procedure for filing at the university level. Student Conduct (SC) at Auburn University is responsible for addressing non-academic violations of University policy involving University students and student organizations through the [Code of Student Conduct](#). Report through [Student Conduct Incident Report](#)

3. Student Grievances

Submit your complaint using the [Student Complaint Form](#). If you need assistance identifying the first point of contact for your complaint, contact Student Conduct by calling [334-844-1305](#) or

emailing conduct@auburn.edu.

4. Bias Incident Report

Auburn University is committed to providing a safe environment for all members of the community. Students, faculty, and staff all play a vital role in creating living and learning spaces that are free from bias, discrimination, and harassment. A bias incident involves actions committed against or directed toward a person or property that are motivated, in whole or in part, by a bias against race, color, religion, sex, sexual orientation, gender, gender expression, gender identity, national or ethnic origin, age, disability, or other protected classes. If you have been the target of a bias incident (or have witnessed a bias incident) you are encouraged to complete the online form below.

5. Auburn University Threat Assessment Team

If an individual engages in behavior that could possibly result in a threat to the safety and well-being of other members of the university community, that must be reported to the Auburn University Threat Assessment Team (334) 844-5010 or write an email. https://auburn.edu/administration/campus-safety/threat_assessment.php. In cases where a person may pose an immediate risk of violence to self or others, call 911 to reach the City of Auburn Police Department.

6. Office of Equal Opportunity Compliance

You may decide to speak with Auburn's [**OFFICE OF EQUAL OPPORTUNITY COMPLIANCE**](#)

The Office of Equal Opportunity Compliance is dedicated to fostering an inclusive, fair, and supportive environment for all faculty, staff, and students. We ensure compliance with federal and state laws prohibiting discrimination, harassment, and retaliation, including Title IX, Title VII, and the Americans with Disabilities Act.

7. Auburn EthicsPoint Anonymous Reporting through Human Resources

Auburn University (Auburn University, Auburn University at Montgomery, the Alabama Cooperative Extension System, and the Alabama Agricultural Experiment Station) uses the EthicsPoint anonymous Reporting System to enhance communication and empower individuals to promote safety, security, and ethical behavior. Use this anonymous, confidential system to report situations, events, or actions by individuals or groups that you believe unethical or otherwise inappropriate. Frivolous or unfounded reports do not help foster a positive workplace. Report [HERE](#)

8. University Ombudsperson

The Office of the Ombudsperson assists all members of the Auburn University community navigate through difficult situations encountered at the University. The Ombudsperson is responsible to the principles of independence, neutrality, confidentiality and informality, as well as the values and mission of Auburn University. Every visitor to the Ombuds office is treated with respect, dignity and honor.

University Ombuds Office: <https://ba.auburn.edu/ombudsperson/>

Ombudsperson Office

Quad Center, Suite 005
(Located on the ground floor)
(334) 844-7170 Office
(334) 844-7089 Fax

C. Kevin Coonrod, JD
University Ombudsperson
(334) 844-7170
ombuds@auburn.edu

Dona Yarbrough, PhD
Associate Ombudsperson
(334) 844-7174
aumbuds@auburn.edu

Handling of Unprofessional Behavior

Students who participate in unprofessional behavior will be subject to the procedures outlined below in the “Student Remediation” section, depending on the facts associated with the case, and based on Alabama and Federal legal requirements (see Student Grievance, Deficiency, and Dismissal Procedures).

Handling of Unacceptable Behavior

1. Unacceptable behavior related to the Auburn University Student Code of Conduct is enforced outside of the AU MFT Program. Faculty and students can report potential violations of the community conduct policy; they can follow the university procedure for filing at the university level.
<https://auburnpub.cfmnetwork.com/B.aspx?BookId=12548&PageId=462027#anc462027-12>
2. Unacceptable behavior that may violate policies enforced by the Auburn University AA/EEO/TIX Office must be reported to that office and handled in accordance with applicable university policy.
<https://auburn.edu/administration/tix-eeo/fileareport.php>.
3. If an individual engages in behavior that could possibly result in a threat to the safety and well-being of other members of the university community, that must be reported to the Auburn University Threat Assessment Team (334) 844-5010 or write an email.
https://auburn.edu/administration/campus-safety/threat_assessment.php.
In cases where a person may pose an immediate risk of violence to self or others, call 911 to reach the City of Auburn Police Department.
4. Students who participate in unprofessional behavior will be subject to the procedures outlined below in the “Minor Deficiencies,” “Severe Deficiencies,” and “Remediation and Dismissal Procedures,” depending on the facts associated with the case, and any applicable policies or laws.

Student Remediation regarding Violations of client care, professional issues

When a student violates legal statutes protecting clients or does not meet ethical guidelines in providing professional and ethical services, the remediation process focuses first on client safety. Students must place client care as the primary focus when providing clinical services.

Students and faculty follow guidelines regarding safety, confidentiality, and appropriate boundaries for their clients at the Auburn University MFT Center and external placement sites. Students who violate Alabama legal statute, ABEMFT rules and regulations, or the Alabama/AAMFT ethical code could have their caseload frozen at the AU MFT Center and external placement sites while an investigation is conducted. Client safety is the primary focus of care while students follow the due process of therapeutic violation. The MFT Core Faculty will meet to provide a remediation plan,

which could include automatic grade reduction, withdrawal from the course, or expulsion from the program, depending on the severity of the violation (e.g., breaking confidentiality, sex with a client, business dealings with a client), the extent of the violation, and how the violation discovered. If a violation of the ABEMFT or AAMFT ethical codes has occurred, the student in question could have a report filed with the licensure board and professional governing bodies.

Additionally, students are expected to write case notes within 48 hours and treatment plans within 72 hours. Delinquency in writing case notes will result in a remediation plan regarding the non-professional practice. However, when a student has case notes or treatment plans over three weeks overdue at the AU MFT Center or external placement, the student's therapeutic activities are frozen first at the MFT Center. The placement site will be contacted to ensure that file management is adequately maintained. If there are problems at the placement site, then a plan will be established to balance client needs and the freezing of the therapist's clinical activity at the placement site. Furthermore, the MFT Core Faculty will meet to provide a remediation plan, which could include automatic grade reduction, withdrawal from the course, or expulsion from the program, depending on the severity of delinquent case filings, the length of the delinquency, and how the discrepancy was discovered.

The process is developmental to remediate the problem(s) when possible. When a student violates legal statutes protecting clients or does not meet ethical guidelines in providing professional and ethical services, remediation focuses first on client safety and ethical practice, followed by remediation, retention, and dismissal.

Remediation and Dismissal Procedures

The MFT faculty provides three tiers of support for student development. The first tier focuses on daily professional interactions and practices during coursework and clinical supervision. The second tier is implemented when a student struggles to progress in one or more competencies through standard coursework and supervision. These "minor deficiencies" are addressed through the collaborative development and implementation of an improvement plan via the "Minor Deficiency Procedures." The third tier typically comes into play when a student has repeated "minor deficiencies" or when a single "severe deficiency" exists (e.g., a significant ethical violation with clients or a substantiated violation of the AU code of conduct). "Severe deficiencies" are addressed through the collaborative development and implementation of a remediation plan via the "Severe Deficiency Procedures." Failure to adequately address a "severe deficiency" will result in dismissal from the program.

Minor Deficiency Procedures

A deficiency will be noted when a student does not adhere to the following: 1) Progress on one or more competencies through typical coursework and supervision procedures or under-performing in clinical responsibilities; 2) Nondiscriminatory and Professional Conduct.

The student's clinical supervisor will inform the MFT Program Director of any identified deficiencies, leading to a discussion with the student and developing an improvement plan. To ensure transparency, the HDFS Department Head will review all improvement plans. The improvement plan will encompass:

1. Specific measures to be undertaken.

2. A timeline for completing the plan.
3. Criteria for evaluating the effectiveness of the measures taken.
4. Potential consequences for the student in the event of failure to adequately address the issue, including possible dismissal from the MFT program and the Graduate School.
5. Safeguards for protecting client rights and adhering to legal requirements in clinical service delivery.
6. Safeguards for protecting student rights throughout the process.
 - A written version of the improvement plan will be finalized, provided to the student, retained in the student's file, and distributed to all MFT faculty members. Failure to meet the outlined improvement goals may lead the MFT faculty to classify the issue as a “severe deficiency,” prompting the initiation of the “Severe Deficiency Procedures.”

Severe Deficiency Procedures

The MFT faculty and the Program Director will collectively assess all prospective severe deficiencies to ascertain when a problem (comprising multiple deficiencies or ethical/professional infractions) warrants classification as a “severe deficiency.” A “Severe Deficiency” is delineated as follows: 1) competency issues persisting despite the implementation of strategies during clinical supervision and the aforementioned “Minor Deficiency Procedures;” 2) instances of ethical violations; 3) substantiated violations of the AU code of conduct or threat response assessment. The dismissal and Board reporting processes will be initiated in cases of egregious ethical breaches, conduct, or threats. Problems designated as “severe deficiencies” will trigger the following procedures:

- The student will meet with the Program Director to discuss the deficiencies in light of previous behavior.
- The Program Director will meet with the Department Head to inform them of the potential deficiency
 - A determination will be made to contact the Auburn Cares Coordinator to report any potential student toward student/faculty violation so that an Auburn University report can be determined.
 - The Program Director will contact the Auburn Cares Coordinator and the Department Head to ensure that AU stipulations and required services are followed.
- MFT Faculty to discuss grievances and develop a remediation plan. The remediation plan will include at least the following components:
 1. Specific measures to be undertaken.
 2. A timeline for completing the plan.
 3. Criteria for evaluating the effectiveness of the measures taken.
 4. The consequences for the student in the event of failure to adequately address the issue, including possible dismissal from the MFT program and the Graduate School.
 5. Safeguards for protecting client rights and adhering to legal requirements in clinical service delivery; and
 6. Safeguards for protecting student rights throughout the process.
- A written improvement plan will be finalized, provided to the student, retained in the student's file, and distributed to all MFT faculty members. Failure to meet the outlined improvement goals may lead the MFT faculty to classify the issue as a “severe deficiency,” prompting the initiation of the “Severe Deficiency Procedures.”
- The meeting summary will be given to the student, the Department Head, and, if appropriate,

the Human Development and Family Science Graduate Program Officer.

- If the interaction between students or students and faculty has the potential for multiple layered offenses, the Department Head and Graduate Program Officer reserve the right to interview the students and faculty involved and determine how to proceed with the grievance processing, bypassing the MFT Program Deficiency Procedures.

At the end of the designated time, if the MFT Faculty or the Department Head Lead investigation determines that remediation has occurred, all individuals listed above receive notification by letter of that determination.

Unsatisfactory Programmatic Progress

Unsatisfactory progress within the program falls within two categories. Either the student demonstrates unprofessional practices contrary to the ABEMFT Ethical Code, legal statutes, or AU MFT Center policies focused on client care (e.g., case notes or treatment plan timeliness). Or, the student demonstrates unsatisfactory programmatic progress based on impediments related to emotional or physical dysregulation, unwillingness to interact professionally with diverse individuals, or an inability to care for self to the point that impedes client care (e.g., need to address mental functioning, concern for personal safety, or symptoms of psychosis). The MFT Faculty will determine the level of deficiency and proceed with the process.

MFT Procedures for Unsatisfactory Programmatic Progress

The student can prepare and present their case before the MFT faculty. The Department Head will be notified of the meeting and may opt to attend as the Committee Chair and voting member. Based on input from the student and the MFT faculty, a recommendation will be made to the HDFS Graduate Faculty.

- Should the student maintain good academic standing, the HDFS Department Head and Graduate Faculty may propose that the student formally remain within the department as an HDFS graduate student, provided an HDFS Faculty member agrees to serve as their advisor. Should the student opt to transition to a non-clinical HDFS degree, they will continue as a graduate student within the department.
- If a recommendation is made to withdraw the student from the HDFS Marriage and Family Therapy Program, and the student is not offered the opportunity to transfer concentration within the department, the committee will draft a statement reiterating the grievances and forward it to the student, the HDFS Department Head, and when appropriate, the CHS Associate Dean for Research and Graduate Studies.
- If the ultimate decision is to dismiss the student from graduate school, the MFT faculty will facilitate this transition for the student.

The dismissed student will receive a formal notification of dismissal from the Program Director, accompanied by copies distributed to all MFT faculty members, the HDFS Department Head, and the Dean of the Graduate School. A notification copy will also be filed in the student's records. Students desiring to contest the dismissal decision will adhere to the procedures outlined in the AU Graduate Student Handbook, directing their appeal to the Dean of the Graduate School.

The Graduate School Dean will allow the student to respond and decide on the committee recommendation. <https://cla.auburn.edu/media/rplb0ogk/graduate-student-handbook-2022-23.pdf>

Counseling students out of the program is challenging for faculty and students. Faculty will collaborate with students experiencing severe deficiencies whenever feasible to help them rectify the issues. However, in instances where remedial measures are deemed unfeasible—such as in cases

involving ethical misconduct or substantiated emotional or mental instability—the student may face dismissal from the program. In such circumstances, the student will receive detailed feedback regarding the rationale for dismissal. The members of the MFT faculty remain steadfast in their commitment to student development and are deeply invested in the success of all program participants. Consequently, every endeavor will be made by MFT Faculty to support students in addressing any deficiencies, enabling them to fully benefit from their training and realize their potential as therapists.

If the final decision is to drop the student from graduate school, the MFT Core Faculty will be responsible for facilitating this transition for the student.

Endorsement Policy

Relevant core MFT faculty will decide the appropriateness of an endorsement request for professional credentialing and employment based on the student’s experience, training, and coursework completed. The request is decided individually relevant to the specific endorsement being sought and the qualifications of the student requesting the endorsement. No student endorsement will occur for employment outside their area(s) of demonstrated competence. Students who score “under-performing” on the case file rubric in any area will be considered to have committed, in the least, a minor discrepancy. **All minor and severe discrepancies will be reported to the potential employer or licensure board by the faculty during any reference request.**

All students or alumni who request a recommendation for clinical licensure or employment will be required to complete a FERPA Authorization for Reference for each request (See Appendix U).



AUBURN UNIVERSITY
Office of the General Counsel

FERPA AUTHORIZATION FOR REFERENCE

Student's Full Name: _____

Student ID#: _____

I hereby provide consent for the disclosure of education records related to my performance in the Auburn University Marriage and Family Therapy Program to _____ *(identify potential employer or licensure board)* for the purpose of providing a reference.

Student Signature: _____

Date: _____

Computer Access and Use

When registering for classes, the AU Office of Information Technology (OIT) (<http://www.auburn.edu/oit/>) creates your computing global user ID. This gives you access to free e-mail and other computing resources (See *Survival Guide for New Students* <http://www.auburn.edu/oit/students/> for details on activating your computer user ID.) Your e-mail address on the Exchange server is userID@auburn.edu.

If you also have an off-campus account and want your on-campus e-mail forwarded to your off-campus account, please contact OIT at 844-4944 or through the web or e-mail the listed addresses. ***You must check your university-assigned e-mail address regularly. Dissemination of departmental communication, course information from your professors, and other important information occurs via university e-mail.***

The AU Human Sciences does require technology purchases to become a degree-seeking student. The AU MFT Center has eight computer stations, with two workstations dedicated to remote access for clinical services and Chromebooks for client paperwork completion. Additionally, our college's main classroom building, Spidle Hall, maintains a large computer lab with updated technology available for graduate students.

Student Technology Requirements

The AU College of Human Sciences requires that all students have a laptop computer that meets the following specifications. https://humsci.auburn.edu/academics/computer_specs.php. The software agreements allow students to have easy access:

Word processing software
Presentation software

Web browsing software
Calendar Software

E-mail software

Auburn University has site license software agreements with many vendors, many of which provide free software to students, staff, and faculty. We strongly encourage students, staff, and faculty to use the site license for Microsoft Office 365 and AU Box. The software is free to students, staff, and faculty and provides the recommended software and 1TB of cloud storage. A list of site-licensed software and instructions for downloading the software is available at https://auburn.service-now.com/it?id=software_catalog. Students, staff, and faculty have access to three computer labs in Spidle Hall.

Students, staff, and faculty in the MFT Program also have access to the computers in the MFT Center (Room 277). The AU MFT Graduate Program does not require specific software or hardware training. However, basic familiarity with Excel, word processing, presentation, web browsing, and e-mail software is strongly recommended and necessary to complete your degree. Individual courses will require writing papers and developing class presentations. The graphing of client outcomes is performed in Excel or SPSS. Also, the most official University and AU MFT Program communication will be within Outlook email.

All AU MFT students, staff, and faculty are provided with an individual school e-mail account upon acceptance to the MFT Program. The Office of Information Technology Support offers a wide variety of technology services and support videos for using AU technology (<https://www.youtube.com/channel/UCBjooqS8f03kRAb3ESrIGIQ>)

During new student orientation and clinical practicum, students will receive training in using the

electronic client file management system used by the AU MFT Program and Family Therapy Clinic. Training in research/statistical software will be part of your required courses.

Technology Workshops on Campus

The Instructional Media Group (IMG) offers technology workshops on campus. The IMG provides support and information regarding instructional technology and multimedia for Auburn University faculty. Graduate students have access to the workshops offered quarterly. IMG is an Auburn University Division of Telecommunications and Educational Television subgroup. The IMG office is located at 0015 Haley Center. For more information about the workshops:

<http://www.auburn.edu/img/>

Additional Graduate Policies and Useful Information:

The *HDFS Guide to Graduate Programs and Supplementary Application Material*

(<http://www.humsci.auburn.edu/hdfs/files/guidetogradprograms.pdf>) is helpful for prospective applicants and current students to review. Of specific interest for those interested in the MFT program are:

- 1) A description of the MFT MS option (p.2);
- 2) A listing of the course of study for the MFT option (p. 7) and
- 3) A listing of the current fees, tuition, and assistantship information (p.12)

A Procedural Guide for Master of Science Students, Department of Human Development and Family Studies, Auburn University http://www.humsci.auburn.edu/hdfs/files1/ms_web_procedural_guide.pdf includes (p. 4-5) a description of the annual evaluation, what degree progress means and the outcomes of the evaluation.

SECTION IV: Academic Resources and Student Support Services

Academic Resources and Student Support Services

Auburn University has extensive information for students, staff, and faculty available online, including academic resources and student support services

<http://www.auburn.edu/main/currentstudents.html#StudentServices>

Graduate studies in a rigorous MFT training program are often arduous and stressful. Striving for a balance of focus, commitment, and replenishment is essential. The following are support services available to students at Auburn University. Faculty urge students to familiarize themselves with the following resources and services:

Academic Resources

- Academic Honesty (www.auburn.edu/academic/provost/academic-effectiveness/academic-honesty.php)
- Academic Support (academicsupport.auburn.edu/)
- Accessibility Office (cws.auburn.edu/accessibility)
- Auburn University Bulletin (bulletin.auburn.edu/) – Auburn’s bulletin lists academic programs, degree requirements, and policy details.
- Canvas User Guide (community.canvaslms.com/docs/DOC-10701)
- Libraries (www.lib.auburn.edu/)
- Miller Writing Center (wp.auburn.edu/writing/writing-center/)
- Office of the Registrar (www.auburn.edu/administration/registrar/)
- Office of University Writing (wp.auburn.edu/writing/)
- Student Policy eHandbook (www.auburn.edu/student_info/student_policies/)

Graduate Student Resources

- Graduate School (graduate.auburn.edu)
- College of Human Sciences Graduate Student Professional Development (humsci.auburn.edu/research/dev.php)
- Electronic Thesis and Dissertation Guide (graduate.auburn.edu/current-students/electronic-thesis-dissertation-guide/)
- Graduate Assistant Handbook (graduate.auburn.edu/wp-content/uploads/2017/07/Graduate-Assistant-Handbook-201718.pdf)
- Graduate School New Student Checklist (graduate.auburn.edu/orientation/new-student-checklist/)
- Graduate Student Health Insurance (graduate.auburn.edu/graduate-student-health-insurance-program/)
- Guidelines for Graduate Assistantships (graduate.auburn.edu/current-students/guidelines-graduate-assistantships/)
- Guidelines for Graduate Tuition Fellowships (graduate.auburn.edu/current-students/guidelines-for-graduate-tuition-fellowships/)
- HDFS Graduate Student Resources (humsci.auburn.edu/hdfs/grad/student_resources.php)
- International Student Health Insurance (www.auburn.edu/academic/international/iss/insurance/)
- Master’s Completion Checklist – Graduate School (graduate.auburn.edu/current-students/masters-completion-checklist/)
- National Center for Faculty Development and Diversity (diversity.auburn.edu/ncfdd) – Free membership to an organization that provides external mentoring and career development resources (we recommend students complete the Core Curriculum and the Dissertation Success Curriculum)

- Placement for Graduate Assistants (PGA) – Application typically due in December (studentaffairs.auburn.edu/placement-for-graduate-assistants/)
- Preparing Future Faculty (PFF) Program – Self-paced online courses designed to prepare graduate students for careers in the academy (wp.auburn.edu/biggio/opportunities/pff/)
- Travel Fellowships – Graduate School (graduate.auburn.edu/current-students/awards-and-grants/graduate-research-and-travel-fellowships/)

General University Resources

- Athletic Tickets (auburntigers.com/sports/2018/7/26/ticket-central.html.aspx)
- Auburn App (cws.auburn.edu/mobile/)
- Auburn University Bookstore (www.aubookstore.com/)
- Bike Share (wp.auburn.edu/sustainability/engage/war-eagle-bike-share/)
- Career Center (career.auburn.edu/)
- Financial Aid (www.auburn.edu/administration/business-finance/finaid/)
- International Students & Scholars Services (www.auburn.edu/academic/international/iss/)
- Keys – Access Control (www.auburn.edu/administration/facilities/organization/operations/maintenance/access-control.html)
- Off-Campus Housing (offcampushousing.auburn.edu/)
- Office of Information Technology (OIT) (auburn.service-now.com/it)
- Parking (www.auburn.edu/administration/parking/)
- Student Affairs (studentaffairs.auburn.edu/)
- Student Financial Services (www.auburn.edu/administration/business-finance/sfs/)
- Tiger Card (www.auburn.edu/administration/tigercard/)
- Tiger Dining (auburn.campusdish.com/)
- Tiger Transit (www.auburn.edu/administration/parking_transit/transit/)
- University Housing (auburn.edu/administration/housing/)

Safety, Security, and Emergency Response Resources

- AU Alert (www.auburn.edu/administration/campus-safety/aualert/)
- Auburn Night Security Shuttle (www.auburn.edu/administration/campus-safety/shuttle.html)
- Campus Safety and Security (www.auburn.edu/administration/campus-safety/)
- Crisis Assistance Resources (www.ocm.auburn.edu/crisisassistance.php)
- Cybersecurity Center (sites.auburn.edu/admin/oit/CyberSecurityCenter/Pages/CSHome.aspx)
- Emergency Management (www.auburn.edu/administration/campus-safety/emergency/)
- Tiger Rescue (Auburn Motorist Assistance Services) (auburn.edu/administration/parking/tiger_rescue.php)

Health and Wellness Resources

- Brain Food (wp.auburn.edu/healthandwellness/brain-food/) – Self-care resources + finals week de-stress activities
- Campus Recreation (campusrec.auburn.edu/)
- Health Promotion and Wellness (wp.auburn.edu/healthandwellness/)
- Medical Clinic (cws.auburn.edu/aumc/)
- Nutrition Services (wp.auburn.edu/healthandwellness/nutritional-services/) – Are you interested in getting professional, individualized nutrition advice? The registered dietitians/nutritionists on the Auburn University Nutrition Team assist clients with grocery shopping, meal planning, food allergies/intolerances,

gastrointestinal issues, disease prevention, sports nutrition, eating disorder recovery, and women's health issues such as amenorrhea, and PCOS. Our Nutrition Team offers various services, including nutrition consults, grocery store tours, and dietary evaluations. The initial consult fee is \$45, due at the time of service.

- Psychological Services Center (cla.auburn.edu/psychology/aupsc/)
- Relax and Restore – A class offered through Campus Recreation and sponsored by the Dream Team (wp.auburn.edu/healthandwellness/dream-team/). This is a 30-minute class starting with a 10-minute meditation, followed by a 20-minute nap on Wednesdays at 1:30 PM in the Mind Body Room of the Campus Recreation Center. “Restore your body and mind with a 10-minute mindfulness meditation followed by 20 minutes of rest in a peaceful room using a variety of comfortable yoga mats, blankets, and other props. The Dream Team will also provide valuable information on sleep hygiene.
- Sexual Health Resources (<https://www.recwellness.auburn.edu/healthy-relationships>)
- Student Counseling & Psychological Services (wp.auburn.edu/scs)
- Student Pharmacy (AUSP) (www.auburn.edu/academic/pharmacy/phs/pharmacy/student.html)
- Substance Use Services (wp.auburn.edu/healthandwellness/alcohol-drugs/)

Student Support Services

- Campus Career Closet (career.auburn.edu/campus-career-closet) – The Campus Career Closet provides students access to **FREE** professional attire appropriate for career fairs, interviews, networking events, and the workplace. Inventory includes suits, blazers, skirts, button-down shirts, and more.
- Campus Food Pantry (aucares.auburn.edu/student-services/campus-food-pantry/) – The goal of the Campus Food Pantry is to provide non-perishable food items to aid Auburn University students struggling with food insecurity
- Feed the Family Fund (aucares.auburn.edu/student-services/feed-the-family-fund/) – The Feed the Family Fund is a meal assistance program for students experiencing food insecurity.
- Free Office 365 Download (auburn.service-now.com/it/?id=sc_cat_item&sys_id=b5412a56dbde72002fb0fba9bf96196e)
- Green Dot Bystander Intervention Program (wp.auburn.edu/healthandwellness/wedotauburn/) – This program aims to establish a community that does not tolerate violence and makes Auburn safer.
- QPR Suicide Prevention Training (wp.auburn.edu/healthandwellness/qpr/) – Just as people trained in CPR help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help
- Safe Harbor (wp.auburn.edu/healthandwellness/safe-harbor/) – Safe Harbor believes, supports, and assists students and employees of Auburn University who have experienced power-based personal violence, including dating/domestic violence, sexual assault, and stalking/ harassment.
- Safe Zone Training (wp.auburn.edu/scs/safe-zone/) – This is a 4-hour training designed to educate faculty, staff, and students about sexual orientation and gender identity to create a safe space for LGBTQ+ students.
- Unisex restrooms (studentaffairs.auburn.edu/wp-content/uploads/2016/08/AU-Buildings-with-Unisex-Restrooms.pdf)

Student Organizations

- AUinvolve (auburn.campuslabs.com/engage/organizations)
- African Student Association (auburn.campuslabs.com/engage/organization/asa)
- Bangladesh Student Association (auburn.campuslabs.com/engage/organization/bso)
- Black Graduate and Professional Student Association (bgpsa.auburn.edu/)
- Chinese Student and Scholar Association (auburn.campuslabs.com/engage/organization/cso)
- Cross Cultural Center (diversity.auburn.edu/cross-cultural-center-for-excellence/) – The focus of the CCCE is to support and celebrate specific affinity groups, including African American/Black, Asian

American, American Indian/Indigenous, Hispanic/Latinx, International, LGBTQ+, and faith communities, all are welcome to participate in CCCE events, programs, and services.

- Graduate Student Council (auburn.campuslabs.com/engage/organization/GSC/)
- Harold Franklin Society (auburn.campuslabs.com/engage/organization/hafs)
- HDFS Graduate Student Organization (GSO) (humsci.auburn.edu/hdfs/grad/gso.php)
- Hillel and Jewish Student Organization (auburn.campuslabs.com/engage/organization/hillel)
- Indian Student Association (auburn.campuslabs.com/engage/organization/isa)
- International Student Organization (auburn.campuslabs.com/engage/organization/iso)
- Iranian Student Association (auburn.campuslabs.com/engage/organization/iranianstudentassociation)
- Ladies Society for Collegiate Success (auburn.campuslabs.com/engage/organization/lscs)
- Latino Student Association (auburn.campuslabs.com/engage/organization/latinostudentassociation)
- Muslim Student Association (auburn.campuslabs.com/engage/organization/msa)
- National Association for the Advancement of Colored People (auburn.campuslabs.com/engage/organization/naacp)
- Office of Student Involvement (wp.auburn.edu/involve/our-mission/our-mission/)
- Saudi Student Club (auburn.campuslabs.com/engage/organization/ssc)
- Saga: Sexuality and Gender Alliance at Auburn University (<https://auburn.campuslabs.com/engage/organization/saga>)
- SPLC on Campus Auburn University Chapter (auburn.campuslabs.com/engage/organization/ausplc)
- Vietnamese Student Association (auburn.campuslabs.com/engage/organization/vsa)

AVAILABLE PSYCHOLOGICAL COMMUNITY SERVICES

1. **Student Counseling & Psychological Services.** Phone: (334) 844-5123. Website: <http://wp.auburn.edu/scs/> Students of Auburn University receive ten sessions without charge per academic year.
2. **Auburn Cares** (<http://aucares.auburn.edu/>): services include “navigating campus and community resources, exploration of and referral for mental health concerns, coordination, and follow-up during and after an illness or injury, financial hardship assistance, problem resolution, and crisis management.”
3. **East Alabama Psychiatric Services.** Phone: (334) 821-0238. Address: 2740 Village Professional Drive, Opelika, AL 36801. Office hours: Monday-Friday, 9 am-5 pm. Website: <https://eaps.eamc.org/> Austin Luker, M.D.; Chrissie Wilkins, M.D.; Ibrahim Askar, M.D.; Jennifer Smith, M.D., Madeline Hearn, D.O.; Milza Howard, M.D.; Tyler McQueen, PsyD.
4. **National suicide hotline.** Phone: 1-800-273-8255. Website: <https://suicidepreventionlifeline.org/>
5. **Crisis Center** of East Alabama, Inc. Phone: (334) 821-8600. Free services
6. **Safe House** (open to battered women) Phone: (334) 749- 1515. Free services
7. **East Alabama Mental Health Center** (Serving Lower Income Clients) Phone: (334) 742-2112. Free services for children and youth.

Anonymous Surveys (December & July)

The primary purpose of the anonymous survey is for the student to provide the MFT faculty with an overall evaluation of the MFT program and to give suggestions for improvements. During the anonymous survey, students provide feedback concerning clinical functioning. The student feedback is compiled into a report shared with the MFT Faculty, the Department Head, and the Multicultural Alumni Advisory Board. The faculty meets and makes programmatic decisions shared with the students. The students are allowed to voice concerns. On decisions pertaining to licensure, faculty will coordinate a student vote as a deciding factor.

Areas in which the faculty request feedback, both positive and negative, concerning include:

1. Course content and sequencing;
2. Type and amount of supervision;
3. Internship placements;
4. Thesis;
5. Program policies and procedures;
6. Department policies and procedures;
7. Assistantships;
8. Center policies and procedures;
9. Faculty;
10. Academic & support services;
11. Diversity within the curriculum, program, and department;
12. Diversity among the clients served;
13. Needed changes, additions, or deletions; and
14. Additional suggestions not fitting any of the above categories.

Please provide suggestions for improvement. Student suggestions maintain the program's quality.

Exit Interview

The primary purpose of the exit interview is for the student to provide the MFT faculty with an overall evaluation of the MFT program and to give suggestions for improvements. Although the students are encouraged to provide feedback and suggestions throughout the two years, during the exit interview, students can reflect on the program as a whole. It is through student feedback that the Auburn program has continued to maintain and improve in quality.

Areas in which the faculty request feedback, both positive and negative, concerning include:

1. Course content and sequencing;
2. Type and amount of supervision;
3. Internship placements;
4. Thesis;
5. Program policies and procedures;
6. Department policies and procedures;
7. Assistantships;
8. Center policies and procedures;
9. Faculty;
10. Academic & support services;
11. Diversity within the curriculum, program, and department;
12. Diversity among the clients served;
13. Needed changes, additions, or deletions; and
14. Additional suggestions not fitting any of the above categories.

Please provide suggestions for improvement. Student suggestions maintain the program's quality.

Before Leaving the Program

1. Provide the MFT administrative staff with your new contact information.
2. Turn in your MFT Center key to the AU MFT Office Administrator, where you checked it out.

SECTION V : APPENDICES

Appendix A: Thesis/Non-Thesis

Appendix A.1: Thesis Option Track

Graduate Student Record Form

Name: _____

Fall - 1st year

_____ Courses:

HDFS 7050: Research Methods for Human Development and Family Science (3); HDFS 7600: MFT Theory I – Systems Theory & Theoretical Models of MFT (3); HDFS 7601: MFT Theory Lab I – Pre-Clinical Practicum (1); HDFS 7670: Individual, Couple, And Family Dynamics of Addictions, Recovery, And Treatment (3) *; HDFS 7930: Seminar in HDFS (1)

- _____ Apply for AAMFT Student Membership - before September 1
- _____ Complete CITI training (modules specified in HDFS 7050)
- _____ Review the *AU MFT Program Handbook* and complete the “*Affidavit of Compliance*.”
- _____ Complete 35 hours of observation (5 Hours can be Master’s Series Tapes)
- _____ Select a major professor and thesis topic
- _____ Begin work on the thesis as directed by the major professor
- _____ Select thesis committee members
- _____ File Program of Study
- _____ Meet with the 7601 professor to receive feedback on clinical readiness.

Spring - 1st Year

_____ Courses:

HDFS 7030: Lifespan Development (3); HDFS 7620: MFT Clinical Issues: Family Systems (3); HDFS 7621: MFT Lab II – Clinical Practicum (1); HDFS 7680: Systemic Assessment, Diagnosis & Treatment of Psychopathology (3)

- _____ Complete the twelve-hour teletherapy training module.
- _____ Become familiar with MFT Center policies and procedures
- _____ Complete the first draft of the thesis proposal
- _____ Meet with MFT Lab II supervisor to receive feedback on Clinical Readiness
- _____ Evaluation meeting with the faculty supervisor

Summer - 1st year

_____ Courses:

HDFS 7630: MFT Clinical Issues II: Individuals - Critical Issues in Family & Cultural Diversity (3); HDFS 7631: MFT Lab III – Clinical Practicum (1); HDFS 7610: MFT Theory II: Trauma & Crisis Intervention (3); HDFS 7990: Research and Thesis (1)

- _____ Meet with MFT director regarding internship placement
- _____ Interview with internship site

- _____ Continue work on thesis proposal
- _____ Meet with MFT Lab III Supervisor to receive feedback on clinical readiness
- _____ Earn a 70% on the SocioCultural Attunement Paper in 7630
- _____ Evaluation meeting with the faculty supervisor

Fall - 2nd year

_____ Courses:

HDFS 7650: MFT Professional Issues: Ethical and Professional Issues (3); HDFS 7660: Systemic Impact of Illness, MedFT, & Psychopharmacology (3) *; HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3); HDFS 7990: Research and Thesis (1)

- _____ Turn in signed internship contract to MFT PD before July 31st
- _____ Meet Client Contact Hours goal – total = approximately 200/100 being relational
- _____ Meet Supervision Hours goal – total = approximately 40 hours; 20 being individual
- _____ The thesis proposal meeting is scheduled and completed
- _____ TOC first draft graded by MFT Core Faculty
- _____ Evaluation meeting with off-campus supervisor; turn in the completed form to faculty supervisor
- _____ Evaluation meeting with the faculty supervisor

Spring - 2nd year

_____ Courses:

HDFS 7640: MFT Clinical Issues III: Couples & Sex Therapy (3); HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3); HDFS 7990: Research and Thesis (1)

- _____ Meet Thesis Progress Goal – completion of results
- _____ Meet Client Contact Hours Goal – total = approximately 400/200 relational
- _____ Meet Supervision Hours Goal – total = approximately 80 hours, 40 being individual
- _____ Evaluation meeting with off-campus supervisor; turn in the completed form to faculty supervisor
- _____ Evaluation meeting with the faculty supervisor
- _____ Request graduation check

Summer - 2nd Year

_____ Course:

HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3); HDFS 7970: Special Topics: MFT Entrepreneurial Practice Building (3) (Optional) **; HDFS 7990: Research and Thesis (1)

- _____ Complete and defend Thesis
- _____ Meet Client Contact Hours Goal – total = 500/250 relational
- _____ Meet Supervision Hours Goal (100, 50 individual, 50 group, 50 raw data)
- _____ Evaluation meeting with off-campus supervisor; turn in the completed form to faculty supervisor
- _____ Evaluation meeting with the faculty supervisor
- _____ Exit Interview
- _____ Provide the MFT Administrator with a forwarding address

Appendix A.2: Non-Thesis Option Track

Graduate Student Record Form

Name: _____

Fall - 1st year

_____ Courses:

HDFS 7050: Research Methods for Human Development and Family Science (3); HDFS 7600: MFT Theory I – Systems Theory & Theoretical Models of MFT (3); HDFS 7601: MFT Theory Lab I – Pre-Clinical Practicum (1); HDFS 7670: Individual, Couple, And Family Dynamics of Addictions, Recovery, And Treatment (3) *; HDFS 7930: Seminar in HDFS (1)

- _____ Apply for AAMFT Student Membership - before September 1
- _____ Complete CITI training (modules specified in HDFS 7050)
- _____ Review the *AU MFT Program Handbook* and complete the “*Affidavit of Compliance*.”
- _____ Complete 35 hours of observation (5 Hours can be Master’s Series Tapes)
- _____ File Program of Study
- _____ Meet with the 7601 professor to receive feedback on clinical readiness.

Spring - 1st Year

_____ Courses:

HDFS 7030: Lifespan Development (3); HDFS 7620: MFT Clinical Issues: Family Systems (3); HDFS 7621: MFT Lab II – Clinical Practicum (1); HDFS 7680: Systemic Assessment, Diagnosis & Treatment of Psychopathology (3)

- _____ Become familiar with MFT Center policies and procedures
- _____ Complete the twelve-hour teletherapy training module
- _____ Meet with MFT Lab II supervisor to receive feedback on Clinical Readiness
- _____ Evaluation meeting with the faculty supervisor

Summer - 1st year

_____ Courses:

HDFS 7630: MFT Clinical Issues II: Individuals - Critical Issues in Family & Cultural Diversity (3); HDFS 7631: MFT Lab III – Clinical Practicum (1); HDFS 7610: MFT Theory II: Trauma & Crisis Intervention (3)

- _____ Meet with MFT director regarding internship placement
- _____ Interview with internship site
- _____ Meet with MFT Lab III Supervisor to receive feedback on clinical readiness
- _____ Earn a 70% on the Sociocultural Attunement Paper in 7630
- _____ Evaluation meeting with the faculty supervisor

Fall - 2nd year

_____ Courses:

HDFS 7650: MFT Professional Issues: Ethical and Professional Issues (3); HDFS 7660: Systemic Impact of Illness, MedFT, & Psychopharmacology (3) *; HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3)

- _____ Turn in signed internship contract to MFT PD before July 31st
- _____ Meet Client Contact Hours goal – total = approximately 200/100 being relational
- _____ Meet Supervision Hours goal – total = approximately 40 hours; 20 being individual
- _____ Begin Theory of Change Paper (Draft due Friday after Finals in December)
- _____ Evaluation meeting with off-campus supervisor; turn in the completed form to faculty supervisor
- _____ Evaluation meeting with faculty supervisor; Review of first draft by all MFT faculty members

Spring - 2nd year

_____ Courses:

HDFS 7640: MFT Clinical Issues III: Couples & Sex Therapy (3); HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3)

- _____ Begin 2nd round of Theory of Change incorporating feedback from MFT faculty (Due seven days after the Spring Break Friday in March)
- _____ Meet Client Contact Hours Goal – total = approximately 400/200 relational
- _____ Meet Supervision Hours Goal – total = approximately 80 hours, 40 being individual
- _____ Evaluation meeting with off-campus supervisor; turn in the completed form to faculty supervisor
- _____ Evaluation meeting with the faculty supervisor
- _____ Request graduation check

Summer - 2nd Year

_____ Course:

HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3); HDFS 7970: Special Topics: MFT Entrepreneurial Practice Building (3) **; HDFS 7970: Special Topics: Theory of Change (1)

- _____ Complete Theory of Change Paper (Final draft due last Friday in June)
- _____ Turn in Video
- _____ Meet Client Contact Hours Goal – total = 500/250 relational
- _____ Meet Supervision Hours Goal (100, 50 individual, 50 group, 50 raw data)
- _____ Evaluation meeting with off-campus supervisor; turn in the completed form to faculty supervisor
- _____ Evaluation meeting with the faculty supervisor
- _____ Exit Interview
- _____ Turn in MFT Center key
- _____ Provide the MFT Administrator with a forwarding address
- _____ Complete remedial TOC on the third Monday in July if the June write-up did not receive a pass.

Appendix B: Thesis

Selecting Your Thesis Topic

The thesis is a major component of the program, as it provides the in-depth research experience necessary for students to enhance their knowledge and research skills in a chosen area of interest. In thesis research, students identify an interesting question and then pose and test a hypothesis. Through close collaboration with a major professor, thesis research lets students develop close, professional ties with faculty members widely recognized in their fields while learning first-hand about the research process. You learn to:

- Define a problem; identify and review appropriate literature; develop a realistic schedule; and carry out the steps necessary to find a solution to the problem.
- Prepare a written report that presents the results of the study comprehensively to others.
- Understand the rigor entailed, the time and work involved, the resources required, and the problems that can arise when conducting research.
- Explain and defend research approaches when questioned by others in an oral presentation.

Topics for a thesis can come from many sources. Discussion with other students, faculty, classroom lectures, and prior or current work or assistantship experiences are just a few. Reading and reviewing the literature in your field of study provides valuable leads to ideas for possible subjects. Faculty members may have ideas they are interested in pursuing with you. However, do not depend upon faculty to choose your topic; that is your responsibility. Work with faculty to develop your ideas.

It is never too soon to begin thinking about your thesis. If you identify a suitable topic early in your program, it is possible to tie some class projects to your topic. You can develop more depth in your area of specialization and likely produce a stronger thesis. Although the department does not have a specific timing policy about thesis topic selection, we encourage you to begin thinking about the thesis project during your first semester.

As you choose a topic and plan your thesis, you should be in regular contact with your major professor. Major professors have different styles of work and personalities, but it is your responsibility to schedule appointments, solicit advice when needed, and keep them informed on your work. Thesis research is time-consuming; you can expect to spend at least nine months of concentrated work on your thesis.

Preparing a Thesis Proposal and Completing the Thesis

The thesis helps students develop skills in all aspects of the research process, including conceptualizing a research question, developing a research design, collecting data, coding and analyzing data, and interpreting and communicating results. The thesis provides the structure through which these skills are developed. Your committee, therefore, will expect you to demonstrate that you have acquired skills in each of these areas. It is the prerogative of the committee to ask questions regarding any or all of these skills.

A thesis proposal is the plan of action that results in a final thesis. As such, the Introduction and

the Review of Literature will remain largely the same from proposal to final thesis. In most cases, the Method section will be changed only by conversion from future to past tense. Thus, the proposal is not a "draft" of something that will be "polished up" later.

Students should understand, however, that many theses will confront unanticipated problems that will necessitate substantive changes to the proposal before the final draft of the thesis is submitted. Students should consider the proposal defensible (i.e., ready for a proposal meeting) only when the Introduction, Literature Review, Method, References, and appropriate Appendices have reached a finalized stage in the judgment of the student's major professor. All research in which human subjects are used must be approved in advance by the Institutional Review Board (IRB) for the Use of Human Subjects in Research. This includes research based on data already collected by others. The required training pertaining to human subject protections, called CITI (Collaborative Institutional Training Initiative), is part of your first class in research methodology. If a thesis student and major professor submit a research protocol to the IRB before the formal proposal defense meeting with the student's advisory committee, the committee may still require changes to their procedures. These changes will require further IRB review and approval. Such requests can be submitted to the IRB as an addendum after the proposal defense has occurred.

Forms for the IRB are found at the following website:
<https://cws.auburn.edu/OVPR/pm/compliance/irb/home>

Note that after your thesis research is complete and the final product has been defended in the formal meeting with your advisory committee, a final report is due to the IRB. The form for this final report is also found at the above website and should be submitted before you graduate.

The APA Publication Manual and the APA website below provides guidance for most sections of a thesis (but not the review of literature or proposed analysis sections).

Consult: <http://www.apastyle.org>

Below are brief descriptions of the elements of a typical thesis with some of the ways in which the Auburn University Thesis guidelines differ from APA practice. Please use the APA Manual or website and the Auburn University Thesis guide as you prepare your document.

<http://graduate.auburn.edu/current-students/electronic-thesis-dissertationguide/>

A thesis normally consists of:

Prefatory Material: Stipulated by the Auburn University Electronic Thesis and Dissertation Guide (certificate of approval, title page, table of contents, etc.)

The **Introduction** is a brief statement of the problem and an overview of the logic for the development of the problem (including supporting literature). It may help to think of the Introduction as a section that could (with little editing) become the Introduction to a published article. Specific hypotheses may be presented in the Introduction, or may be held for the Literature Review section (a decision students should reach with their advisor).

The **Review of Literature** is an extensive review of extant literature on all topics directly related to the thesis problem (e.g., theoretical and empirical background, a discussion of conceptual issues related to measures, any critique of previous literatures and/or methodologies). The Literature Review should build logically to a statement of the specific research hypotheses or questions that will guide the analytic strategy for the study.

The **Method** is organized by subheadings that provide information about the following topics: Participants, Procedure, Measures, and Proposed Analysis. (The proposed analysis should be linked directly to the research questions or hypotheses.) Generally this section includes estimates of reliability and validity for all measures.

The **Results** section is, at a minimum, a presentation of the outcome of all the proposed analyses. It may be organized (a) by research questions or hypotheses, (b) by issue or content area, or (c) some other logical criterion. In some cases, the planned analyses raise other interesting questions, and thus, the Results section may contain analyses beyond the originally-planned analyses.

The **Discussion** is a brief presentation of each finding or group of findings together with explanations and alternative explanations of their meaning. The Discussion should be related to the Introduction by connecting the findings with the driving issues that originally sparked the project. Furthermore, implications, limitations, and caveats of the results should be considered.

The **References** section includes all materials cited in the text. They are listed according to APA guidelines for references.

Footnotes, according to the Graduate School, may be placed at the bottom of the relevant page or the end of the section in which the footnote appears.

Appendices present pertinent material that one would not want directly in the text but that would help a reader understand some part of the thesis better (e.g., copies of questionnaires or surveys, the informed consent letter, a bibliography beyond the references, observational coding forms, additional analysis not presented in Results). Separate appendices present each kind of supplementary material (e.g., the questionnaire belongs in its own appendix) and are identified alphabetically at the end of the thesis (i.e., Appendix A, Appendix B, ... Appendix X)

Appendix C: Theory of Change Project

To graduate from the Auburn Marriage & Family Therapy Program Non-thesis option, you must complete a theory of change (TOC) project. You must write a ~15-20 page paper (not including references) outlining your integrated theory of change.

This project challenges you to (a) sharpen your awareness of the theoretical pillars underpinning your approach to therapy, (b) identify why it is that your interventions effectively promote change, and (c) consistently apply your theoretical framework across diverse client configurations and presenting problems, while (d) demonstrating high sociocultural attunement and ethical decision-making skills. The faculty expect that your ideas, theoretical inclinations, and clinical abilities will continuously evolve throughout the program as you develop increased knowledge and skill as a therapist. It is normal for students not to begin feeling grounded in their theory of therapy in their first year, which is why you will begin this at the start of the second year in the program. Rather, it is meant to help you begin conceptualizing, practicing, and negotiating the links between theory → intervention → outcome/change. You will revisit your theory of change throughout your career, so do not pressure yourself with burdens of perfection or permanency. You are simply starting a conversation and will be evaluated on thoughtfulness and thoroughness.

TOC Timeline of Drafts (During the 2nd year)

Students will turn in a complete draft of all sections with the following due dates:

Draft 1: 1 week after Friday Finals in December

Draft 2: 1 week after the Friday of Spring Break

Draft 3: Last Friday in June

Remedial Date: The Monday before the AU Thesis Deadline Date.

Incomplete sections will not be reviewed. It must be as complete a draft as possible.

Evaluating the Theory of Change Project

After the fall and spring second-year semesters, the TOC will rotate between faculty members who will review the paper. You will receive the TOC with faculty comments embedded to facilitate product improvement. Each semester, the faculty will adhere to the same guidelines for the TOC:

- * Pass with minor revisions (*Satisfactory*)
- * Pass with major revisions (*Satisfactory*)
- * Fail (*Unsatisfactory*)

The final theory of change project will be scored by MFT faculty using the theory of change paper rubric (see Appendix B.4) near the end of the second summer.

A *Satisfactory* evaluation of at least **40 points** by the final summer semester is necessary for students to be endorsed by the program for graduation. After completing all academic and clinical program requirements, the student is approved to schedule their Theory of Change Presentation.

A student who receives an *Unsatisfactory/Failure* evaluation by the final summer semester must promptly schedule a meeting with the MFT Faculty to gather the information necessary to develop a Remediation Plan. Details of a Remediation Plan will be developed based on the specific TOC deficiency areas

identified by the MFT Faculty feedback and may include additional stipulations.

Theory of Change Paper (~15-20 pages, excluding references)

Goal of the Paper: The Theory of Change paper allows you to integrate your understanding of 2-3 MFT theories into a personal clinical model that reflects and informs how you do therapy. Your model should be theory-driven.

As an emerging Marriage and Family Therapist, it is essential that you reflect on and write about your worldview and general philosophies regarding relationships and interpersonal dynamics – e.g., how you think about the nature of being human, the purpose of relationships, the difficulties that bring people to therapy; as well as how your worldview and philosophies affect the way you practice therapy (i.e., change mechanisms and interventions).

We introduce you to many therapy models throughout the program, mostly in broad strokes. For this project, you will identify the 2-3 models that inform your theory of change. You are expected to demonstrate in-depth familiarity with these foundational model(s) through independent reading beyond that assigned in class. The model summaries in your HDFS 7600 textbooks are insufficient sources for this project. However, you can use their reference lists as a guide to identify original and secondary sources acceptable for this project. You can also find a list of original texts authored by the lead model developers in our field in Appendix D.

Below are the instructions outlining the requirements for the paper and presentation. Please use the first person when referring to yourself (thoughts, behaviors, feelings, etc.). When referring to clients, use the same initials you use throughout your paperwork. It is expected that your paper will follow APA guidelines and that you will use headings liberally. The structure of the theory of change paper should match the outline provided, and, in particular, headings should mirror the topics specified. Note: It should be evident in the paper how you apply your model to different treatment configurations (i.e., individuals, families with children, couples, etc.).

1. Self-of-the-Therapist (2 pages)

Self of the Therapist: Describe how the following experiences/characteristics influence who you are today and your present worldview. In this section, we are looking for the groundwork or underpinnings of what informs your model selection/development and clinical practice. This includes your beliefs about human nature (e.g., common struggles or experiences of being human and having relationships), overarching ideologies (e.g., political, cultural, societal, religious, etc.), and your values. In some cases, it may also be appropriate to discuss significant changes in these beliefs when relevant to your chosen theory of change. Reflect on the following to help guide this section:

- A. Family of origin experiences
- B. Spiritual/religious experiences
- C. Other key life experiences

2. Integration of MFT Models to Build a Theory of Change (10-15 pages)

Choose 2-3 models with which you identify strongly. Reflect on why these models appeal to

you, what they bring out in you as a therapist, and how they fit together or complement one another (i.e., What does model A provide, which model B does not – and vice versa?).

In this section, your goal is to respond to the following questions/prompts by demonstrating (a) that you have a detailed understanding of the original models and (b) that you have integrated these models to develop a personal theory of change. In each of the following sections, you should reference multiple sources (at least some of which should be primary sources) for each model included in your theory of therapy.

A. **Theory Description** (approx. 1 paragraph/model)

- i. Provide an overview of each model highlighting the approach's basic theoretical and applied concepts (e.g., model developer and leading figures; philosophical orientation – i.e., modern vs. post-modern; major concepts and definitions; average session number; treatment phases; etc.).
- ii. For each model, write a brief explanation of why it appeals to you.

B. **Healthy Individual and Family Functioning**

- i. What is the optimal role individuals play in families, and how do families contribute to individual development?
- ii. What characteristics, dynamics, processes, structures, and interactional mechanisms (i.e., how they do what they do) typify a well-functioning family?

C. **How Problems Form**

- i. How do problems form? In general, your integrated model should have an overarching philosophy about problem formation that transcends client structure (i.e., individual, couple, family) and presenting problems.
- ii. Once formed, how do problems develop and evolve?
- iii. How are problems maintained in the context of (a) individual and (b) family systems?

D. **Assessment and Diagnosis**

Based on your beliefs about healthy individuals/families and problem formation, as informed by your integrated theory of change, discuss your philosophy and approach to assessment and diagnosis.

- i. What do you look for in assessments over the course of therapy, and why?
- ii. How do you look for your chosen indicators? We are not looking for you to describe an assessment battery and regimen, though discussion of instruments may be relevant depending on your chosen models. Consider the formal (e.g., self-report questionnaires, interviews, staged observations, etc.) and informal (e.g., internal evaluation of indicators for termination) assessment methods you use throughout therapy.
- iii. Why are you searching for your chosen indicators in this particular way? How does information gleaned from assessment inform your treatment process (e.g., suggest readiness to move to next tx phase, warrant changing tx plan, etc.)?
- iv. What are your beliefs about formal diagnosing? What is your approach to diagnosing?

E. **How Change Happens and Goals for Therapy**

This section focuses on change in general. Considering your worldview, life experience, and integrated theory of change, describe how change occurs in individuals,

couples, and families.

- i. What are the mechanisms or agents of change (i.e., insight, behavior, beliefs, emotion, experience) in your integrated theory?
- ii. How do you negotiate differences in change agents between your selected models?
- iii. Describe the phases/stages of your integrated theory of change and list the overarching goals and sub-goals/objectives for each phase/stage. This section should also include a substantive description of your inner dialogue during model integration. In other words, explain your decision-making process and rationale for choices made while integrating your 2-3 models. For example, did you lean more heavily on one model during a specific treatment phase? If so, why and how did you make this decision?

F. **Role of the Therapist**

- i. According to your integrated theory, what is your role as a therapist? This should reflect the previous section on how change happens, but it is who you are and what you do to affect change. This should not be confused with interventions, which you will address in the following section. Identify when and why you might take on a role or stance in the therapy room – e.g., coach, expert, collaborator, non-knowing, etc.
- ii. Discuss your role as a therapist from the beginning phase to the end of therapy. How does your role as a therapist evolve throughout the treatment process?

G. **Interventions**

- i. Next, discuss your specific interventions to facilitate change and meet your stated goals. These should draw from each of your models. Provide a clear explanation of the intervention itself, the purpose of the intervention, and the rationale for using the intervention at a specific point in the treatment process. It will be impossible to describe all interventions used in therapy, so focus primarily on those that most clearly illustrate your integrated theory of change in action. Additionally, consider the following questions when describing your interventions: What purpose am I using this intervention to accomplish, and how does it achieve my intended outcome? How do you know when the intervention is working? What conditions do you create for these interventions to be effective?
- ii. Identify an intervention you use that is not traditionally associated with your selected models and briefly explain how you could use it to achieve one of your treatment goals. This is your opportunity to highlight the depth of your understanding of your theory of change. When clear and confident about where we are going (i.e., treatment goals), we exercise greater creativity and flexibility in the therapy room.

H. **Strengths and Limitations of Integrated Model**

This section should describe the strengths and limitations of your integrated model. Use the following prompts as a guide:

- i. Identify the populations for which your model is particularly effective and those from which it is limited.
- ii. Discuss the presenting problems for which your model is particularly effective and those for which it is particularly ineffective.
- iii. Explain your lack of integration of particular elements of your selected models.

3. Conclusion (1 – 2 pages)

This section should wrap up the paper and drive home the concepts, models, and techniques you discussed above. Please also address:

- A. How your theory of change has developed over time
- B. Personal strengths and weaknesses
- C. What you want and need to continue developing as an MFT

Appendix C.2: Theory of Change Paper Grading Rubric

Student Name: _____ **Date:** _____

| 1. Self-of-the-Therapist | | | |
|--|--|---|--|
| <p>The student identified his/her/their present worldview, including crucial family of origin (FOO) experiences, spiritual/religious experiences, and other critical life experiences that inform your model selection/development and clinical practice. These include your beliefs about the nature of being human (common struggles, pain/loss, human connection, and relationships), overarching ideologies (e.g., political, cultural, societal, religious, etc.), and your values.</p> | | | |
| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
| <p>a. Identified a few key FOO, spiritual/religious, or life experiences and did not connect those with how they influence work with clients and worldview.</p> <p>b. Unclear description of personal values, ideologies, and the nature of being human.</p> | <p>a. Identified some key FOO, spiritual/religious, or life experiences and could more clearly connect it with how they influence work with clients and worldview.</p> <p>b. Somewhat unclear description of personal values, ideologies, and the nature of being human.</p> | <p>a. Identified several key FOO, spiritual/religious, or life experiences and clearly described how they influence work with clients and worldview.</p> <p>b. A clear description of personal values, ideologies, and the nature of being human.</p> | <p>a. Identified many key FOO, spiritual/religious, or life experiences and clearly described how it influences work with clients and worldview.</p> <p>b. Excellent description of personal values, ideologies, and the nature of being human, precisely how it fits with theoretical modalities.</p> |

Mean Total: _____/4

2. Theory Description

The student provides an overview of each model highlighting the basic theoretical and applied concepts of the approach (e.g., model developer and leading figures; philosophical orientation – i.e., modern vs. post-modern; major concepts and definitions; average session number; treatment phases; etc.) and describes how each model appeals to them.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|---|---|--|---|
| <p>a. Provided an overview of relational/systemic theoretical principles that guide their work, which was mostly not coherently described.</p> <p>b. The relational/systemic theoretical principles presented do not represent adequate scaffolding, mainly from the underlying assumptions previously identified.</p> <p>c. No or limited attempts at integrating relational/systemic principles from different theoretical traditions</p> | <p>a. Provided an overview of relational/systemic theoretical principles that guide their work that, for the most part, is coherently described.</p> <p>b. The relational/systemic theoretical principles presented represent adequate scaffolding, mainly from the underlying assumptions previously identified.</p> <p>c. Any attempts at integrating relational/systemic principles from different theoretical traditions were incomplete.</p> | <p>a. Provided an overview of relational/systemic theoretical principles that guide their work that is coherently described.</p> <p>b. The relational/systemic theoretical principles presented represent scaffolding from the underlying assumptions previously identified.</p> <p>c. Any attempts at integrating relational/systemic principles from different theoretical traditions were coherent and logical.</p> | <p>a. Provided an overview of relational/systemic theoretical principles that guide their work, which is richly described.</p> <p>b. The relational/systemic theoretical principles presented clearly represent logical scaffolding from the underlying assumptions previously identified and well presented.</p> <p>c. Any attempts at integrating relational/systemic principles from different theoretical traditions were clear and practically seamless.</p> |

Mean Total: _____/4

3. Healthy Individual and Family Functioning

The student identified their underlying assumptions concerning human/family development, the optimal role individuals play in families, and how families contribute to individual development. The student describes the characteristics, dynamics, processes, structures, and interactional mechanisms (i.e., how they do what they do) that typify a well-functioning family.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|--|---|---|---|
| <p>a. Identified underlying assumptions for two or fewer of the four required categories.</p> <p>b. Presented their underlying assumptions, with information gaps—a lack of coherent understanding of addressing each of the four required categories.</p> <p>c. There were gaps or inconsistencies When examining the assumptions across the areas covered.</p> | <p>a. Identified underlying assumptions for three or more of the four required categories</p> <p>b. Presented their underlying assumptions for each area with some gaps, but the material is covered clearly and coherently.</p> <p>c. There were apparent gaps or inconsistencies When examining the assumptions across the areas covered for integration.</p> | <p>a. Identified underlying assumptions for all four required categories</p> <p>b. Presented their underlying assumptions for all required areas clearly and coherently.</p> <p>c. When examining the assumptions across the areas for integration, coherence and consistency were on display</p> | <p>a. Comprehensively identified underlying assumptions for all four required categories: human/family development, health, change, and therapy</p> <p>b. Presented their underlying assumptions for all required areas in a clear, coherent, and thorough manner.</p> <p>c. When examining the assumptions beyond being coherent and consistent, integrating the underlying assumptions forms a rich underpinning for a comprehensive therapy approach practically seamless.</p> |

Mean Total: _____/4

4. How Problems Form

The Student describes how problems occur in families, including how and when they develop and evolve and how they are maintained within (a) individual and (b) family systems.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|---|--|--|---|
| <p>a. It does not clearly articulate how problems occur in families, especially how they manifest in cognitive, emotional, and behavioral ways.</p> <p>b. Problems are insufficiently described from an individual and relational perspective.</p> <p>c. There is a lack of connection between how problems form and the components of healthy family and individual functioning.</p> <p>d. Key family systems theory concepts are missing and lacking, and no clinical examples exist to bring them to life.</p> | <p>a. Somewhat unclear articulation of how problems occur in families, especially how they manifest in cognitive, emotional, and behavioral ways.</p> <p>b. Problems are somewhat insufficiently described from an individual and relational perspective.</p> <p>c. There is an attempt at a connection between how problems form and the components of healthy family and individual functioning, but it could be more explicit.</p> <p>d. Some key family systems theory concepts are present, but examples are still lacking.</p> | <p>a. A clear articulation exists in how problems occur in families, especially how they manifest in cognitive, emotional, and behavioral ways.</p> <p>b. Problems are sufficiently described from an individual and relational perspective.</p> <p>c. There is a clear connection between how problems form and the components of healthy family and individual functioning.</p> <p>d. Key family systems theory concepts are present and described, with some supporting examples.</p> | <p>a. An unambiguous articulation of how problems occur in families, especially how they manifest in cognitive, emotional, and behavioral ways.</p> <p>b. Problems are sufficiently described from an individual and relational perspective.</p> <p>c. A masterful weave exists between how problems form and the components of healthy family and individual functioning.</p> <p>d. Key family systems theory concepts are clearly described with examples practically seamlessly.</p> |

Mean Total: _____/4

5. Assessment and Diagnosis

The student identified his/her/their approach to assessment and diagnosis, including their philosophy and how they balance it with traditional psychological perspectives (insurance and billing). The student incorporates both formal and informal assessment methods across time and how they use them in therapy. Assessment is relational and not individually focused.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|--|--|--|---|
| <p>a. Unclear description of assessment methods.</p> <p>b. Assessment and diagnosis are individual-focused and lack a relational perspective.</p> <p>c. Insufficient description of formal and informal methods of assessing clients.</p> <p>d. Assessment is conceptualized only at the beginning phase of therapy.</p> <p>e. No attempt at describing how their approach is feasible in everyday contexts that require a diagnosis for insurance and billing purposes.</p> | <p>a. Somewhat unclear description of assessment methods.</p> <p>b. Assessment and diagnosis are mostly individual-focused with limited relational perspectives.</p> <p>c. Somewhat insufficient description of formal and informal methods of assessing clients</p> <p>d. Assessment is conceptualized at the beginning phase of therapy with tenuous attempts at assessment throughout therapy.</p> <p>e. A rudimentary attempt at describing how their approach is feasible in everyday contexts that require a diagnosis for insurance and billing purposes.</p> | <p>a. Clear description of assessment methods.</p> <p>b. Assessment and diagnosis are relationally oriented and incorporate individual/relationship assessments.</p> <p>c. Sufficient description of formal and informal methods of assessing clients</p> <p>d. Assessment is conceptualized across all phases and stages of therapy.</p> <p>e. Articulation of how their approach is feasible in everyday contexts that require a diagnosis for insurance and billing purposes.</p> | <p>a. Clear and thorough description of assessment methods.</p> <p>b. Assessment and diagnosis are relationally focused and weave in how individual and relational assessment fit.</p> <p>c. sufficient description of formal and informal methods of assessing clients with examples included.</p> <p>d. Assessment is conceptualized across all phases and stages of therapy with supporting clinical examples.</p> <p>e. Clearly describe how their approach is feasible in everyday contexts requiring a diagnosis for insurance and billing.</p> |

Mean Total: _____/4

6. How Change Happens and Goals for Therapy

The student considers how their world view, life experience, and integrated theory of change occurs in individuals, couples, and families. The student clearly articulates the mechanisms or agents of change (i.e., insight, behavior, beliefs, emotion, experience) in your integrated theory and how differences in change agents between your selected models fit together. The student describes the phases/stages of the integrated theory of change and lists the overarching goals and sub-goals/objectives for each phase/stage. This section includes a substantive description of their inner dialogue during model integration.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|---|---|--|---|
| <p>a. There is an unclear description of how change occurs and lacks specific mechanisms of change throughout therapy.</p> <p>b. No attempt to integrate models that have competing mechanisms of change.</p> <p>c. Unclear and lacking goals, subgoals, and objectives for each stage/phase of therapy and how to move from one to the next.</p> <p>d. No clinical examples were provided.</p> | <p>a. Somewhat unclear description of how change occurs and lacks specific mechanisms of change throughout therapy.</p> <p>b. Poor attempt at integrating models that have competing mechanisms of change.</p> <p>c. Somewhat unclear, and although some goals, subgoals, and objectives for each stage/phase of therapy and how to move from one to the next were described, more development is needed.</p> <p>d. Few clinical examples provided.</p> | <p>a. Clear description of how change occurs and the specific mechanisms of change throughout therapy.</p> <p>b. Good attempt at integrating models that have competing mechanisms of change.</p> <p>c. Clear description of goals, subgoals, and objectives for each stage/phase of therapy and how to move from one to the next were described.</p> <p>d. Several clinical examples were provided.</p> | <p>a. Excellent description of how change occurs and the specific mechanisms of change throughout therapy.</p> <p>b. Excellent integration of how models fit together despite competing change mechanisms.</p> <p>c. Clear goals, subgoals, and objectives for each stage/phase of therapy and how to move from one to the next, with specific ways these are measured (informal and formal).</p> <p>d. Several clinical examples are provided that highlight change.</p> |

Mean Total: _____/4

7. Role of the Therapist

The student describes their role as a therapist, which is connected to how change happens, who they are, and what they do to affect change. Unlike actual interventions, this focuses on when and why they might take on a particular role or stance in the therapy room – e.g., coach, expert, collaborator, non-knowing, etc. Describes how the role might change and evolve throughout the treatment process.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|--|---|---|---|
| <p>a. Lacking a description of their personal characteristics and qualities in the therapy room.</p> <p>b. Little to no connection to self-of-the-therapist section</p> <p>c. Little to no description of the roles or stances taken in therapy and how it is connected to change mechanisms, goals, or objectives.</p> <p>d. Limited discussion of how the therapist's role changes or evolves.</p> | <p>a. Somewhat lacking a description of their personal characteristics and qualities in the therapy room.</p> <p>b. Some connection to the self-of-the-therapist section</p> <p>c. Some description of the roles or stances taken in therapy and how it is connected to change mechanisms, goals, or objectives, but could be clearer.</p> <p>d. Discussion of how the therapist's role changes or evolves.</p> | <p>a. Clear description of their personal characteristics and qualities in the therapy room.</p> <p>b. Good connection to self-of-the-therapist section</p> <p>c. Clear description of the roles or stances taken in therapy and how it is connected to change mechanisms, goals, or objectives.</p> <p>d. Clear presentation of how the therapist's role changes or evolves.</p> | <p>a. Excellent description of their personal characteristics and qualities in the therapy room, with examples.</p> <p>b. Obvious connection to the self-of-the-therapist section.</p> <p>c. Clear and articulate description of the roles or stances taken in therapy and how it is connected to change mechanisms, goals, or objectives.</p> <p>d. Clear discussion of how the therapist's role changes or evolves.</p> |

Mean Total: _____/4

8. Interventions

The student discusses the specific interventions used to facilitate change and meet the stated goals drawn from their models. A clear explanation of the central interventions used, how they are presented, the purpose of the intervention, and the rationale for using the intervention at a specific point in the treatment process are provided. A clear description of how the interventions are known to be working and what to do when they fail or why. The student describes how any outside-of-their-model interventions are used to achieve treatment goals.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|--|--|---|--|
| <p>a. It did not identify a repertoire of techniques consistent with the underlying assumptions and relational/systemic theoretical principles previously presented.</p> <p>b. Any effort to contextualize seemingly disparate techniques with the underlying assumptions or relational/systemic theoretical principles previously presented was not convincing.</p> | <p>a. Identified a repertoire of techniques consistent with the underlying assumptions and relational/systemic theoretical principles.</p> <p>b. Any effort to contextualize seemingly disparate techniques with the underlying assumptions or relational/systemic theoretical principles previously presented was partially convincing.</p> | <p>a. Identified techniques consistent with the underlying assumptions and relational/systemic theoretical principles previously presented.</p> <p>b. Any effort to contextualize seemingly disparate techniques with the underlying assumptions or relational/systemic theoretical principles previously presented was convincing.</p> | <p>a. Identified techniques from the underlying assumptions and relational/systemic theoretical principles that were logically derived and diverse.</p> <p>b. Any effort to contextualize seemingly disparate techniques with the underlying assumptions or relational/systemic theoretical principles previously presented was successful and suggested creativity.</p> |

Mean Total: _____/4

9. Strengths and Limitations of Integrated Model

In this section, the student describes the strengths and limitations of their integrated model, including the particular populations for whom their model is particularly effective and those for whom it is particularly limited. The student can also clearly explain the lack of integration of particular elements of their selected models.

| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
|--|---|--|---|
| <p>a. The student's self-assessment was cursory, for the most part, with little to no convergence with the assessment the instructor would have determined.</p> <p>b. There is little connection between the students' awareness of strengths and weaknesses and the adopted therapy approach.</p> | <p>a. Student's self-assessment was comprehensive, for the most part, and demonstrated some convergence with the instructor's assessment.</p> <p>b. The student lacks awareness of personal strengths and weaknesses related to the adopted therapy approach.</p> | <p>a. Student's self-assessment was comprehensive and suggested insightfulness. Significant convergence with the instructor's assessment is noted.</p> <p>b. The strengths and weaknesses identified by the student suggest they have mostly chosen well in relation to the therapy approach they have adopted or developed.</p> | <p>a. Student's self-assessment was comprehensive, uncommonly honest, and insightful. The instructor's assessment was highly convergent and influenced by the student's perspective.</p> <p>b. The strengths and weaknesses identified by the student suggest they have chosen well concerning the therapy approach they have adopted or developed.</p> |

Mean Total: _____/4

| 10. Conclusion | | | |
|--|--|---|--|
| This section wraps up the paper, drives home the concepts, models, and techniques discussed above, and considers how their theory of change has developed over time, their personal strengths and weaknesses, and areas they want and need to continue developing as an MFT. | | | |
| Underperforming (1 point) | Developing (2 points) | Skilled (3 points) | Masterful (4 points) |
| <ul style="list-style-type: none"> a. Limited or poor summary and wrap-up. b. Does not discuss how they have developed over time. c. Little insight or description of personal strengths and weaknesses. d. No description of how they want and need to continue to develop as an MFT. | <ul style="list-style-type: none"> a. Lacking a good summary and wrap-up. b. Little discussion of how they have developed over time. c. Somewhat lacking in their description of personal strengths and weaknesses. d. Although they discuss how they want and need to continue to develop as an MFT, it is unclear if they know how to achieve these goals. | <ul style="list-style-type: none"> a. Good summary and wrap-up. b. Good discussion of how they have developed over time. c. Good description of personal strengths and weaknesses. d. Clear description of how they want and need to continue to develop as an MFT. | <ul style="list-style-type: none"> a. Excellent summary and wrap-up to the paper. b. Clearly discuss how they have developed over time. c. Excellent description of personal strengths and weaknesses. d. Clear description of how they want and need to continue to develop as an MFT, with specific examples of a path to achieve them |

Mean Total: _____/4

11. Clarity of Writing, Scholarship, and References

The student identified his/her/their present worldview, including crucial family of origin (FOO) experiences, spiritual/religious experiences, and other critical life experiences that inform your model selection/development and clinical practice. These include your beliefs about the nature of being human (common struggles, pain/loss, human connection, and relationships), overarching ideologies (e.g., political, cultural, societal, religious, etc.), and your values.

| Underperforming (1 point) | Developing (3 points) | Skilled (7 points) | Masterful (10 points) |
|--|---|--|--|
| a. The paper was not well written and lacked scholarly insights. | a. The paper was well-written but lacked scholarly insights. | a. The paper was well-written and scholarly. | a. The paper was well-written and scholarly. The depth and writing were superior to most TOC papers. |
| b. The paper was not consistently or appropriately referenced. | b. There were some errors related to the referencing of the paper | b. The paper was appropriately referenced. | b. The paper was appropriately referenced. |

Mean Total: ____/10

Grand Total: ____/50

Appendix D: Primary and Secondary Sources

Below is a list of original texts authored by model developers in our field that should help you kick-start your search for sources to use in your Theory of Change project.

Acceptance and Commitment Therapy

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: An experiential approach to behavior change* (2nd ed.). Guilford.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2016). *Acceptance and Commitment Therapy: The process and practice of mindful change* (2nd ed.). Guilford.

Bowenian/Intergenerational Family Therapy

Bowen, M. (1993). *Family therapy in clinical practice*. Rowman & Littlefield Publishers, Inc.

Carter, B., & McGoldrick, M. (1999). *The expanded family life cycle: Individual, family, and social perspectives* (3rd ed.). Allyn & Bacon.

Kerr, M. E., & Bowen, M. (1988). *Family evaluation*. W.W. Norton & Co.

McGoldrick, M., Gerson, R., & Petry, S. (2008). *Genograms: Assessment and intervention* (3rd ed.). Norton.

Cognitive Behavioral Therapy

Beck, A. T. (1988). *Love is never enough*. Harper & Row.

Beck, J. (2005). *Cognitive therapy for challenging problems: What to do when the basics don't work*. Guilford.

Dattilio, F. M. (2010). *Cognitive-Behavioral Therapy with couples and families: A comprehensive guide for clinicians*. Guilford.

Gottman, J. M. (1999). *The marriage clinic: A scientifically based marital therapy*. Norton.

Collaborative/Collaborative Language

Anderson, H. (1997). *Conversations, language, and possibilities: A postmodern approach to therapy*. Basic Books.

Anderson, H., & Gehart, D. (2007). *Collaborative therapy: relationships and conversations that make a difference*. Brunner/Routledge.

Contextual

Boszormenyi-Nagy, I., & Framo, J. L. (1965/1985). *Intensive family therapy: Theoretical and practical aspects*. Brunner/Mazel.

Boszormenyi-Nagy, I., & Krasner, B. R. (1986). *Between give and take: A clinical guide to Contextual Therapy*. Brunner/Mazel.

Emotionally Focused Therapy

Johnson, S. M. (2019). *Attachment theory in practice: Emotionally Focused Therapy (EFT) with individuals, couples, and families*. Guilford.

Johnson, S. M. (2019). *The practice of Emotionally Focused Couple Therapy: Creating connection* (3rd ed.). Routledge.

Experiential Family Therapy (Satir)

Satir, V. (1988). *The new peoplemaking* (2nd ed.). Science & Behavior Books.

Satir, V. (2009). *Your many faces: The first step to being loved* (3rd revised ed.). Celestial Arts.

Satir, V., & Baldwin, M. (1984). *Satir step by step: A guide to creating change in families*. Science and Behavior Books.

Satir, V., Banmen, J., Gerber, J., & Gomori, M. (1991). *Satir Model: Family therapy and beyond*. Science & Behavior Books.

Experiential Family Therapy (Whitaker)

- Napier, A. Y., & Whitaker, C. A. (2017). *The family crucible: The intense experience of family therapy*. Harper and Row
- Whitaker, C. A., & Bumberry, W. M. (2004). *Dancing with the family: A Symbolic-Experiential Approach*. Routledge.

Feminist Family Therapy

- Luepnitz, D. A. (1992). *The family interpreted: Psychoanalysis, feminism, and family therapy*. Basic Books.
- Perelberg, R. J., & Miller, A. C. (Eds.) (2011). *Gender and power in families*. Karnac Books.
- Silverstein, L. B., & Goodrich, T. J. (Eds.) (2003). *Feminist family therapy: Empowerment in social context*. American Psychological Association.

Functional Family Therapy

- Alexander, J. A., Waldron, H. B., Robbins, M. S., & Neeb, A. (2013). *Functional Family Therapy for adolescent behavior problems*. American Psychological Association.

Milan

- Boscolo, L., Cecchin, G., Hoffman, L., & Penn, P. (1987). *Milan Systemic Family Therapy: Conversations in theory and practice*. Basic Books.
- Palazzoli, M. S., Boscolo, L., Cecchin, G., & Prata, G. (1978). *Paradox and counterparadox: A new model in the therapy of the family in Schizophrenic transaction*. Jason Aronson Inc.

Narrative

- Freedman, J., & Combs, G. (1996). *Narrative Therapy: The social construction of preferred realities*. Norton.
- White, M. (2007). *Maps of narrative practice*. Norton.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. Norton.

Psychoanalytic/Object Relations

- Scharff, D., & Scharff, J. (1987). *Object relations family therapy*. Rowman & Littlefield Publishers, Inc.
- Scharff, D., & Scharff, J. (2014). *Psychoanalytic Couple Therapy: Foundations of theory and practice*. Karnac Book Ltd.

Solution-Focused Brief Therapy

- De Jong, P., & Berg, I. K. (2002). *Interviewing for solutions* (2nd ed.). Brooks/Cole.
- de shazer, S. (1985). *Keys to solution in brief therapy*. Norton.
- de Shazer, S., & Dolan, Y. (with Korman, H., Trepper, T., McCollum, E. & Berg, I. K.). (2007). *More than miracles: The state of the art of Solution-Focused Brief Therapy*. Haworth.

Strategic Family Therapy

- Fisch, R., Weakland, J., & Segal, L. (1982). *The tactics of change: Doing therapy briefly*. Jossey-Bass.
- Haley, J. (1985). *Problem-solving therapy* (2nd ed.). Jossey-Bass.
- Haley, J., & Richeport-Haley, M. (2003). *The art of Strategic Therapy*. Routledge.
- Keeney, B. (1983). *Aesthetics of change*. Guilford.
- Madanes, C. (1981). *Strategic Family Therapy*. Jossey-Bass.

Structural Family Therapy

- Minuchin, S. (1974). *Families and family therapy*. Harvard University Press.
- Minuchin, S., & Fishman, H. C. (1981). *Family therapy techniques*. Harvard University Press.
- Minuchin, S., Nichols, M. P., & Lee, W. Y. (2007). *Assessing families and couples: From symptom to system*. Allyn & Bacon.

Appendix E: Portfolio Capstone Project

The Portfolio Capstone Project is an opportunity for you to present for evaluation your clinical success as a therapist. Each semester, you will receive feedback enabling you to continue your growth and augment your success trajectory with clients. Your therapy model should be theory-driven and allow you to demonstrate your abilities in developing a therapeutic relationship while helping individuals, couples, and families improve while receiving services. This project allows you to sharpen your awareness of how to implement clinical change throughout therapy, improve relationship dynamics, address downturns in mental illness, and take cultural competence and ethical decision-making into consideration. The project will culminate in a final semester Clinical Efficacy Report that could be used when speaking with potential employers.

Below are the required sections with descriptions of each:

1. INTRODUCTORY STATEMENT (~1/2 page)

- a. **Title Page**
- b. **Table of Contents**
- c. **Introductory Statement:** Introduce the reader to the semester experience along with information about growth, development, and areas of success. Also, pointing out struggles and challenges would be helpful. This is a reflection on the semester and the experience throughout the semester.

2. INCOME (~1 page)

- a. **Summary Log of Charges:** Client number, therapy fee, dates of service, # of semester sessions, total # of sessions, amount paid this semester.

Example

| Client Number | Therapy Fee | Dates of Service | # of Sessions This Semester | Total # of Sessions | Amount Paid This Semester | Total Amount Paid by Client |
|--|-------------|--|-----------------------------|---------------------|---------------------------|-----------------------------|
| 202210234 | \$5 | 8/21, 8/26, 9/2, 9/9, 9/16, 9/23, 9/30, 10/7, 10/14, 10/26, 11/4, 11/11, 11/18, 12/1, 12/8 | 15 | 41 | \$75 | \$125 |
| 202204073 | \$20 | 8/19, 8/25, 9/1, 9/9, 9/16, 9/30, 10/7, 10/14, 10/21, 10/28, 11/4, 11/18, 11/30, 12/7 | 14 | 26 | \$280 | \$410 |
| Others cases listed in this example | | | | | | |
| TOTALS | | | 111 | 169 | \$3,170 | \$3,685 |

- b. Average Number of sessions per fee bracket/total paid by each fee bracket

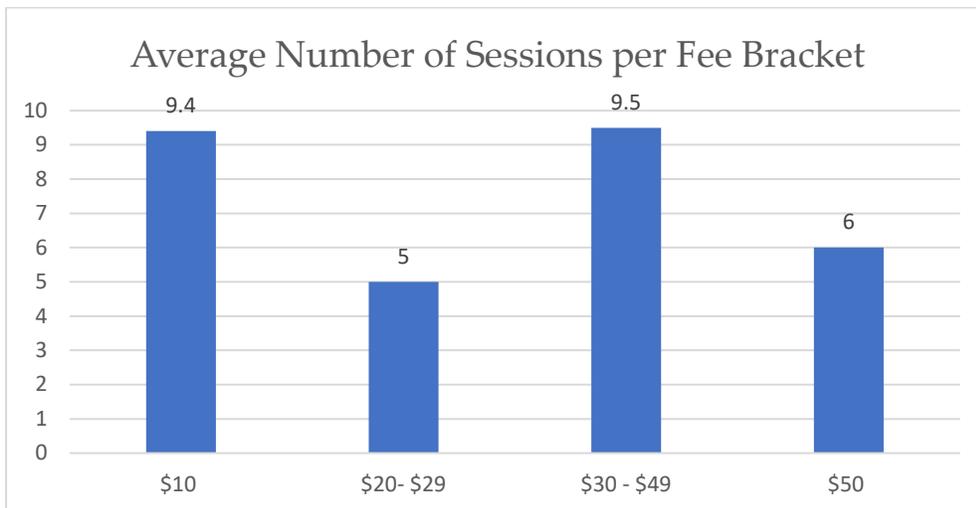


Figure 1. This figure describes the mean number of sessions per fee bracket. The figure includes clients with open and closed cases.

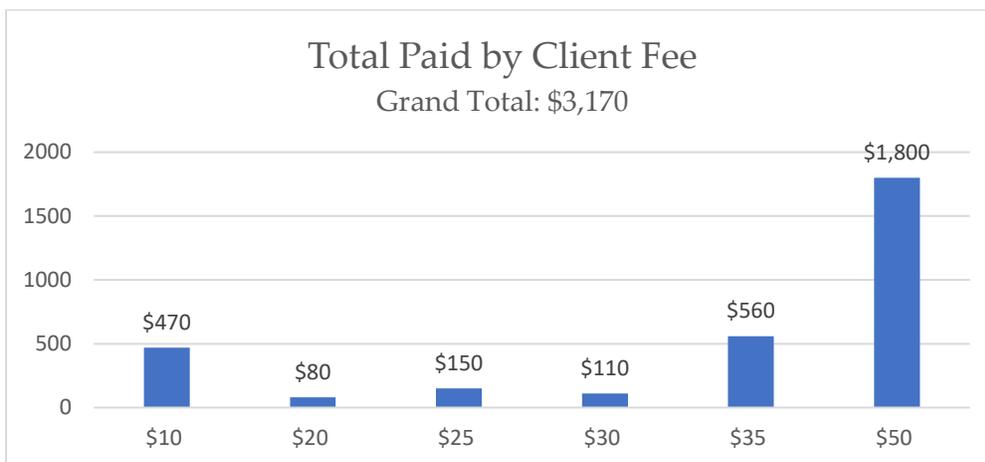


Figure 1. This figure describes the number of clients paying fees in these brackets. The figure includes clients with open and closed cases.

3. SERVING DIVERSITY (~1-2 pages):

- a. You will summarize and outline the diverse clients served across the semester. You can share the successes or challenges faced. From these statements, you will lead into the next section of how you empowered the clients.

Example Statement:

This semester, I worked with more racially and ethnically diverse clients than in the past. I held 11 cases with 18 clients. Of these 18 clients, nine identified as White, seven as Black or African American, and two as Bi-Racial.

Regarding SES, my clients range from an annual gross income of under \$5,500 to over \$100,000. As shown in the breakdown of client fees above, I have clients who pay \$60, clients who are receiving disability and pay \$10, and pretty much everything in between.

This spring, I was excited to gain more experience working with age groups I had never worked with previously. I began working with a client over 65 for the first time. Also, despite working with children as young as four in my internship, this semester was the first time I worked with children younger than 13 at the MFT Center. My youngest client this semester was seven, and my oldest was 66. I was excited to use the knowledge I gained in the play therapy section of the summer class when therapeutically working in an age-appropriate manner with young children.

I have seen primarily heterosexual couples, and I had a 50/50 split between men and women over the semester (nine men and nine women). This was the first semester I worked with a couple who identified as LGBTQIA+.

As you review my caseload, you will see 2021110230 and 202208170 as two cases that demonstrate significant success. The first case is family therapy for grief work. The depression scores have decreased from moderately high to lower. The ORS had a clinically significant increase and the perceived stress scale dropped more than 12 points. Likewise, with the couple scale you will see that both partners crossed the cut-off from distraught relationship satisfaction to the normal range. The male partner demonstrated a 13-point improvement, and the female partner had a 17-point positive change. Likewise, there were positive increases in sexual satisfaction and decreases in sexual problems. Last, I want to share my individual work with an African American Christian whose beliefs are unfamiliar. It was the highlight of the last two semesters. I learned a great deal about her faith during this therapeutic journey. I was amazed that she was a Black woman attending a predominantly white church. I put forth effort to learn about her beliefs, which aided me as I worked with her faith crises and healing. As she approached 20 sessions, we made amazing progress with her following the homework and me learning a great deal about resilience from her. While I just started meeting with my gay couple (session 2), I am excited to make progress and receive supervision. I already re-read the articles in the couples class on LGBTQ+ relationships. Overall, I feel better about my successes with diverse clients this semester. I like the fact that the work with Dr. Ruhlmann builds on my efforts with Dr. Ketrung.

Example Outline:

202110230 – African American family that is going through a readjustment after the mother’s death and oldest son’s divorce. I am working with them to grieve, readjust family structure and behaviors, and navigate the new family turmoil. I also work with the father individually to prepare for single parenting.

202210216—This is a family from Chile. The parents recently divorced (44 and 41), and I am working with the adolescent son (15) to cope while adjusting to U.S. cultural differences. He demonstrated uncharacteristic acting-out behaviors. While this appears to be developmentally appropriate for his age and life circumstances, his parents report that this is unusual for their culture.

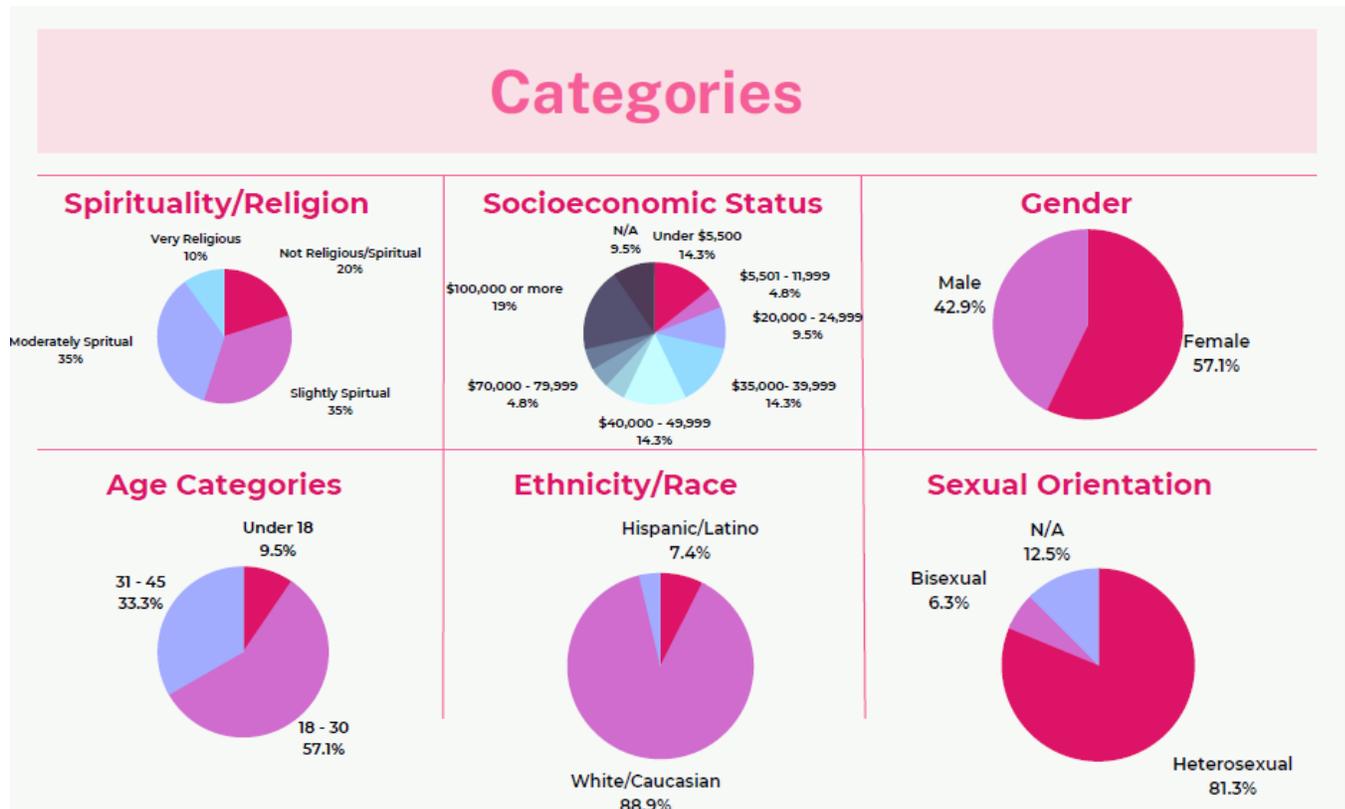
202208162—Thai adult woman (47) in a cross-cultural marriage. The husband planned on participating via Zoom. The couple came looking for help communicating better and navigating a relationship that requires his constant travels and her living alone in a new country.

202208170 – Aging (78) African American woman and practicing member of a Christian faith. She has a low SES background. She came seeking treatment for anger management, childhood

trauma, and solidifying her spirituality. Her grandson was recently killed, and she has lost her spiritual grounding.

202211224—A recent immigrating Mexican couple (34 and 38). She received appropriate paperwork to enter and work in the United States, and he came undocumented. Both have been here for over ten years. They came seeking therapy for help because he is potentially being deported. The wife is working to help him gain citizenship.

One Student Created Categories and a narrative to highlight the diversity of clients



4. SOCIOCULTURAL ATTUNED THERAPY NARRATIVE (~1 page)

Example Statement from Spring 2023 Student:

I have worked with a multitude of clients from backgrounds that were very diverse from my own. One example of this is my work with sexual minorities—specifically a transgender couple and a client experiencing paraphilia. Working with such groups has not only opened my eyes to problems that might be unique to them (such as issues of not finding stores to buy clothes that fit) but also showed that this might be a niche of interest later in my career in private practice. Overall, I built a great rapport with the clients, having a therapeutic alliance quantified at 40 by the end of our last session. One specific turning point for me was identifying my pronouns at the beginning of the session, thus providing clients with the space to tell me their pronouns if they wish to do so. Other challenges included managing large families, managing conflict, establishing boundaries with clients that made me uncomfortable, and working with Spanish-speaking and bilingual families.

Throughout this program, I also worked with clients from diverse religious, racial, ethnic, SES, sexual orientation, and sexual expression backgrounds—one example being my black couple who has a total of twenty sessions (only two cancelations) and who I have been very proud of for the progress they have made. I am incredibly grateful for the opportunity to serve marginalized populations and learn

tremendously from them. I will continue to grow in respect and awareness of diversity-related aspects on my journey to a more equitable and sociocultural-attuned practice. Lastly, I utilized my language skills by working with three Spanish-speaking clients (two families and one couple). It feels gratifying to help members of the local Latin population who need accessible therapy, and it also gives me a sense of feeling closer to home. I have decided to begin reading more about Mexican history and culture. One of my clients told me about a book highlighting the complete relationship between the U.S. and Mexico. I plan on educating myself more over the break. Likewise, I have continued with my Duo Lingo Spanish training and appreciate how it helps me with my language abilities within the session. I appreciate that Josh and Scott can both supervise my Spanish-speaking clients and offer ideas for integrating culture into the therapy process.

5. PROFILE ANALYSIS (~20-30 pages – Bulk of the Pages)

This section cannot be completed overnight or even in a short period. You will update and fix this section throughout the semester. The Profile Analysis section begins with an overview of the patients seen during the semester. Each case should contain a case number, the current file status, a brief case synopsis, history, developmental aspects related to therapy, and treatment techniques related to the theoretical assumptions clearly outlined, demonstrating a cohesive treatment plan for clients. The client goals, client homework, date goals are to be completed, and the percentage of homework completed, along with relevant figures depicting therapeutic progress, is needed for each case. Any information, including asterisks*, contains redacted data to maintain client confidentiality.

The Profile Analysis would provide the types of cases seen, with bolded case numbers referring to clients who are diverse, underrepresented, or face discrimination.

Example

The analysis will be organized as follows:

| Individual | Couple | Family |
|-------------------|---------------|---------------|
| 201906110 | 201907135 | 201909191 |
| 201908151 | 201908142 | 201909192 |
| 201908157 | 201909180 | |
| 201909193 | 201909182 | |
| 201909199 | 201910223 | |
| 201906110 | 210910235 | |

An alumnus of the AU MFT program developed an Excel spreadsheet to help students easily track their clients' progress throughout treatment and to help students stay on track to complete this portfolio section. This spreadsheet can be found [in the z-drive?], and students are encouraged to download and familiarize themselves with the different information (i.e., assessments) collected for individual, couple, and family clients. Students will record their clients' responses on their paperwork packets completed before and after sessions, and using the recommended spreadsheet makes this process easy for students to enter responses and see the data reflected on an accompanying graph for the client (see examples below for how final graphs and write up should be presented in the portfolio). Students should refer to Appendix N for an in-depth explanation of 1) how to use this spreadsheet to track their clients' information and 2) how to ensure their graphs are in the correct format for the portfolio.

As a part of the Profile Analysis, you will demonstrate "Clinical Efficacy with Individual" client outcomes in a one or 2-page face sheet. You will also include a one or two-page "Clinical Efficacy Report" of your client's change the final semester. The therapist can use data from clinic auditing to demonstrate ethical and professional practice strategies. [Face Sheet Example 2023 – US Letter \(canva.com\)](#)

Additional Example

Individual Summary

Clinical Efficacy Individual

Auburn University MFT Center

38.32
Average SRS

*36-38 = Great alliance
*38-40 = Excellent alliance

Average Increase in ORS

0 → +5.6
Session 1 → Session 4

Overall well-being is measured using the 40-point ORS scale. Scores were standardized, meaning an average client presenting with a score of 20/40 would increase 5.6 points to 25.6/40 after 4 sessions. A 5-point score is considered a clinically significant change.

Average Decrease in Anxiety

0 → -4
Session 1 → Session 8

Anxiety was measured using the GAD-7 21-point scale. Scores were standardized, meaning an average client presenting with a score of 10/21 (moderate) would decrease 4 points to 6/21 (mild) after 8 sessions.

Average Decrease in Depression

0 → -5
Session 1 → Session 8

Depression was measured using the PHQ-9 27-point scale. Scores were standardized, meaning an average client presenting with a score of 10/27 (moderate) would decrease 5 points to 5/27 (mild) after 8 sessions.

Average Clinical Skill
Rating (Measured by
TGCSQ)

3.0

Poor: 1 Fair: 2
Good: 3 Excellent: 4

1
Adolescent

5
Adults

*Data collected from 5 individuals throughout the semester. One client has not completed a follow-up packet at the time this data was recorded.

Couple Example

Case Number: 202007128 – Couple

Current File Status: Closed (Completed sessions 2-15 this semester)

SYNOPSIS AND HISTORY: S (male -41) and A (female - 36) are a mixed-race couple married for 12 years and have a 7-year-old son. S and A presented to therapy because of an emotional and physical affair that A was having. A had an affair five years prior, but the couple had “swept it under the rug.” A is also pregnant, and there is concern the baby is not S’s. At the start of therapy, S heavily internalized A’s infidelity and believes his work focus contributed to A’s affair. The couple is developmentally in the stage of parenting young children, and both are in middle adulthood (generativity vs. stagnation). The couple voices that an over-focus on parenting and family has detracted from the marriage. Both partners independently agreed that they wanted to work on the relationship. Thx and the clients agreed to discuss the impact of A’s affair actions. Later, the therapy would focus on strengthening the relationship and addressing the couple's sexuality and intimacy. Thx has been working with S and A to build trust in their relationship. S has difficulty disclosing his emotions, so thx has been working with the couple to increase emotional intimacy. In their last session before the winter break, S and K met with Thx the day before the baby was due. Thx spent the session discussing the family's hopes and dreams, particularly related to S’s increase in presence with his family over the past couple of months and how that has improved his relationship with A and their child. (see figures below). I used reframing techniques, point processing, and sequencing throughout therapy to bring the couple to a collaborative stance within the relationship. The couple became more balanced in their marital and family perspective and followed the metaphor of the teeter-totter. Being overly focused on the child was to the detriment of the intimate and sexual relationship.

| | | | |
|---|---|---|---|
| <p>Goal 1: Increase trust in the relationship to balance the hierarchy by addressing the affair/infidelity</p> | <p>Good progress: A was able to disclose the chronology of the affair, outlining the affair's depth and sexual/intimacy parameters. S was able to ask questions related to sexuality, divulging confidences, and the lies created to maintain the relationship. S and A met weekly on Fridays for one hour to discuss the affair. As stated below, S and A have demonstrated a balance in the hierarchy by reporting higher satisfaction scores in how they feel their partner listens or responds to their concerns. A has demonstrated trust by leaving her phone out on the counter, and S has demonstrated trust by coming to A when he has concerns, highlighting</p> | <p>Homework:</p> <ul style="list-style-type: none"> - A was assigned to write out an outline of the affair before coming to the session. She was to highlight lies, relationship dynamics, and sexual components of the affair. - S was to listen to the story and return the next session with questions. The couple was not supposed to discuss the affair that week - Later the couple decided to meet every Friday for three weeks to discuss the affair (30 min Fridays) - The couple were to have a “friendship date.” - S and A would set aside 30 minutes to discuss what actions would denote trust within their | <p>Date: 10/4/19</p> <p>Clients completed 80% of goals by 10/4/19</p> |
|---|---|---|---|

| | | | |
|--|--|--|---|
| | his desire to communicate more, a goal for A. | relationship. If they could not agree, they would bring the content to therapy. Tasks Fully Completed | |
| Goal 2: Increase positive passion between A and S | Good progress: S and A focused on improving marriage and balancing marital time and family time. The couple increases the time spent together without their child, picking two nights and a morning during the week to have time together. The goal was to improve their friendship, which was a feature of their marriage, and secondarily to improve sexual intimacy, which had deteriorated with the child. The couple reported more adult conversations. | Homework: - The couple was assigned to split the week and surprise the other with a date or action of kindness - A ran a bath for the couple, and they enjoyed some alone time together. S surprised A with a concert she wanted to attend in Atlanta. He set up babysitting with a family member. - S and A completed the 7-day 72-hour exercise with Gears 1-4. - The couple was assigned gear five to each complete once during the week | Date: 11/17/19 All homework other than the final assignment were completed on time. |
| Goal 3: Increase A's emotional vulnerability towards S | Good progress: Between the first session and last, S has demonstrated an increased ability to communicate his emotions to A. By engaging in Enactments during therapy, S no longer speaks to Thx directly, instead of A. S needs less prompting from the therapist to go deeper, and he confidently acknowledges the discomfort he feels and continues to try. The couple reported completing their weekly date night. They also completed the 48-hour - touch game and mindful memory exercise to connect with their partner. S and A went hiking at FDR and decided to do more outdoor activities. | Homework: - Hold hands each morning and share one compliment and one emotion. Alternate and share a compliment and emotion from the past. - Create a list of prior friendship activities that were enjoyable and then choose to do one. They chose to hike together. - Do the 48 hour touch activity for seven days. Share with the partner what it was like to be the recipient. Come to therapy and share what it was like to be the giver. - Create a "family date" that enhances bonding. They chose hiking and going to the beach. | Date: 12/19/19 The couple completed all of the homework. |

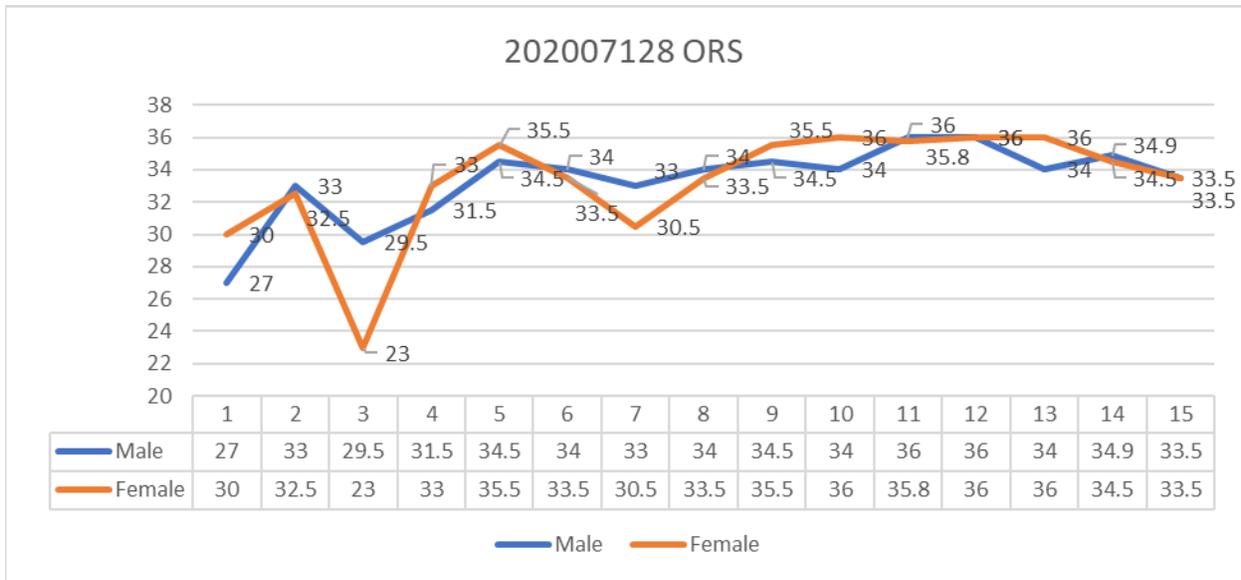


Figure 1. Overall, scores have shown good progress. As to be expected, scores dropped as the details of the affair became discussed more in the third session, and the couple began to practice communicating more outside the therapy room. The husband made **significant clinical changes**, with an increase of six points (five is clinically significant). Their scores reflect those similar to a community sample. The wife made less change, but reported that her initial score of 30 was elevated higher than it should have been in the first session.

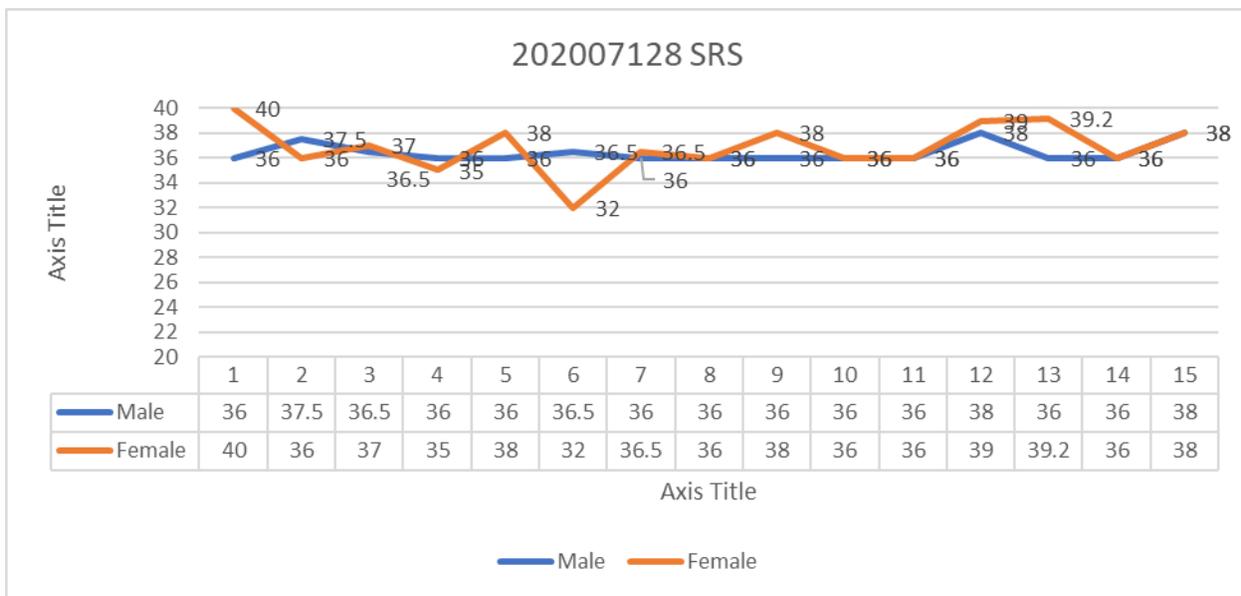


Figure 1. Overall, scores have shown good progress. As to be expected, scores dropped as the details of the affair became discussed more in session, and the couple began to practice communicating more outside the therapy room. Scores dropped at the sixth session because she was concerned that S would never trust her again. She became angry with the thx. Most alliance scores were between 36 (Good) and 40 (Excellent) throughout therapy. Both partners rated the final therapy session at 38, which is very good. They reported reinvigorated marriage.

Case Summary

The couple has made substantial progress in balancing their attention and focus on their relationship rather than only focusing on their child. They have spent time getting to know each other again and participating in positive activities like hiking and discussing politics. The couple reports that the negative emotions and memories of the affair are fading and that trust is growing. The two times that S remembered painful memories, he could sit and discuss them with A. A has also continued her transparent behaviors within the marriage, making her phone more available and calling and checking in with S when she is with sisters or friends. S has not followed A or checked on her. They have a renewed sexual relationship and rate it as an 8/10. The couple has explored more instances of friendship and companionship sexuality with bridges to erotic and romantic sexual interactions. S reported that it is surreal that their marriage has transformed into a pleasurable, intellectually stimulating, and peaceful relationship. Both partners also report working on individual insecurities. The couple will return if S's anxiety manifests again or if A begins to incorporate avoidant behaviors that push away intimacy. The CSI, ORS, Depression, and Anxiety scales all demonstrated clinically significant change. Likewise, the IAI and power scores dropped considerably (they don't RCIs). The couple never reported any violence.

* *The long paperwork was not presented to save space. You will need to present long paperwork.*

Example of a 2020 Family Therapy Case:

Case number: 202007120 [15 sessions] – Spanish

SYNOPSIS: Family presented to therapy after a recent domestic dispute. The dad (58) hit M1 (daughter - 14), and S2 (17) called the police. S2, and M are now living with the S1 (oldest son - 22). The dad has taken over the house by changing the locks and putting up security cameras; most of the family's possessions remain. Thx made a report to DHR and has worked with the family to meet their basic needs by providing information about assistance and potential church support, which matches the family's belief system. M and both brothers are working and thx has connected them with food banks and made a safety plan in case the dad does anything serious. Two weeks after this, S1's girlfriend left him and took his money saved for the rent, car payments, and groceries. Treatment has been helping the family build unity and support each other through these significant transitions. The family is ethnically diverse, having come to the U.S. from Guatemala 20 years prior. The children have two different mothers, and neither is part of the family nor do the children know where they live. Violence has been a part of the family of origin for the siblings, but none of them have ever instigated violence among the siblings or in relationships. The relationship stories focus on each being taken advantage of in their relationships. The therapist worked with the siblings to balance the hierarchical power structure within the home environment. The two younger siblings did not want to be bossed around by the older brother. The therapist offered reframes that they have been controlled their entire childhood and they want some freedom from control. However, the siblings agreed to the rules in the S1 apartment and agreed to live by his house rules to show respect. The theme of the family is respect and support. Thx works closely with DHR as S1 is the legal guardian and must ensure that his sibling attends school. Thx will help negotiate the transition to S1, taking on more parenting roles.

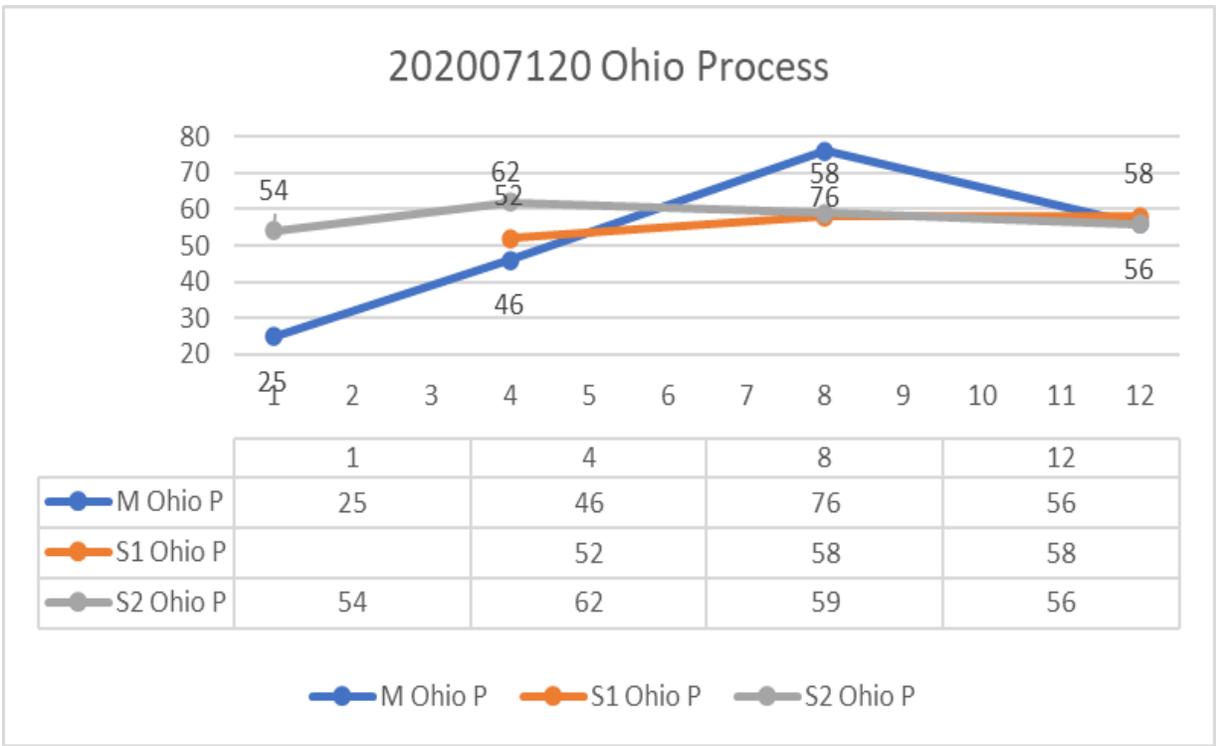


Figure 16. The data shows that neither S1 nor S2 believe they could function better in some aspects of their life. Given S2’s dramatic increase in ORS, his ability in everyday functions may not improve, but his emotional state did. On the other hand, M improved significantly, with a 41-point increase at one point, indicating that she is functioning much better now. Feeling safer, improving relationships, and having support from thx could all be reasons for M’s improvement. M had a decrease on the 12th session, but all clients converged on their scores, indicating that they are at similar levels of functioning and are scoring similarly to a community sample. M (Sister) demonstrated **clinically significant change** with an increased score of 31 points. This is due to a safe environment and support among the three siblings.

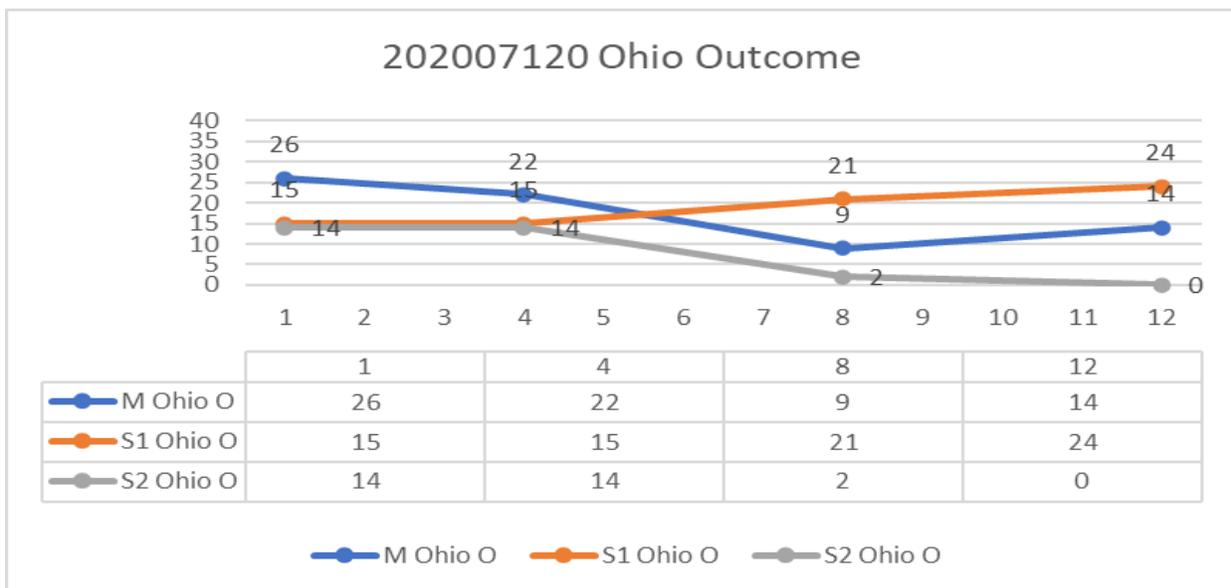


Figure 17. Outcome scores indicate that both M and S2 had significantly fewer problems during their course in therapy, whereas M had a 12-point decrease and S2 a 14-point decrease – **Both were clinically significant improvements**. This supports their improvement in other assessment areas as they feel safer and more unified as a family. S1 felt significantly more problems over therapy (9-point increase) -**almost clinically significant worsening**, which was a point processed by both the family and the thx. S1 has been experiencing issues with anger recently regarding the theft of money, internalized feelings towards the father, and increased stress of care for his siblings. Addressing these is a current task in therapy.

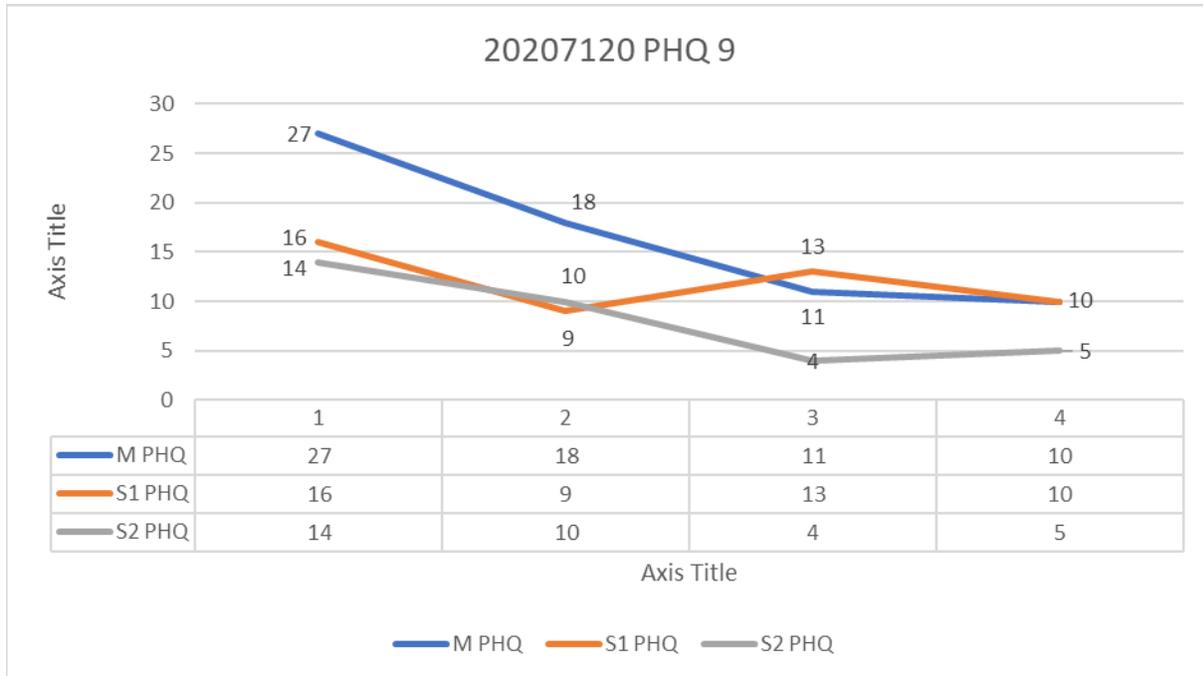


Figure 18. Similar to the above stories, S2 and M had clinically significant decreases of 9 and 30 points, respectively. This again speaks to feeling safer and becoming more unified as a family. S1 also showed a clinically significant decrease in his depression score, with a drop of six points. S1 works nights and is isolated from the family a lot during the day, which may be why his change was less.

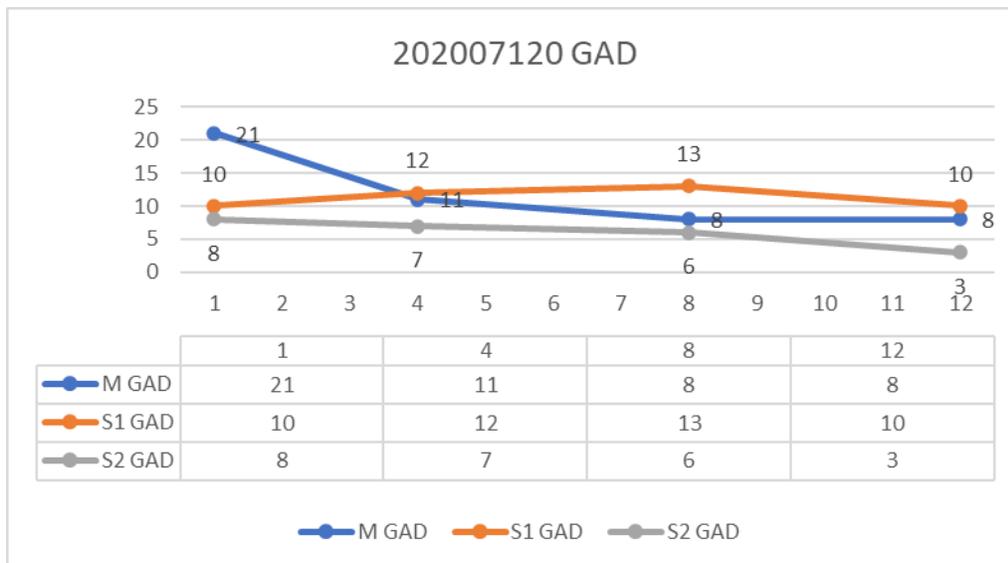


Figure 19. Similar to the above stories, S2 had a significant decrease of 5 points, and M had a significant decrease of 13 points, both **clinically significant changes**. This again speaks to feeling safer and becoming more unified as a family. S1 did not have a statistically significant decrease in his depression score and has voiced worry of meeting the financial needs of the family. The siblings completed a ROI to speak with the minister, who agreed to help the children financially with rent and care payment while they get on their feet. M started treatment severely depressed but is now only experiencing moderate depression symptoms. S2 scores minimal anxiety, M scores mild anxiety, and S1 score moderate anxiety. Increasing support systems should benefit the well-being of S1.

* The case summary was skipped for the family case to save space.

6. TGCSQ (~1-2 pages)

The student interns and practicum students will complete the TGCSQ evaluations. They are trained at the beginning of the semester, followed by weekly 2.5-hour training on scoring. They achieve interrater reliability of ~80%. If they only reach 70%, a different rater group will code the session. Sessions with consistent differences in coding among raters will be brought to the weekly coding training session.

Students can meet with the coders to see their evaluations throughout the semester. Therapists will not dispute the scores with the coders but will bring potential inconsistencies to the Program Director (PD)/ Please be aware that this is a deliberate process. You should provide clear examples of inconsistent coding if you feel that there is an error. The likely outcome is that the PD will code the session with the coders in a training session to verify the final scores.

Example TGCSQ of a Student in their Spring semester along with Summary (PLEASE LANDSCAPE FOR VISUAL PURPOSES)

| | | | | | | | | | | | |
|---------------------------|--|-----|---|---|---|---|---|---|---|---|---|
| WARMTH | Use of humor | 2 | 3 | | 4 | 1 | 1 | 1 | 3 | 1 | 1 |
| | Smiling | 4 | 4 | 2 | 4 | 2 | 4 | 4 | 4 | 4 | 4 |
| | Voice tone | 4 | 3 | 3 | 4 | 3 | 4 | 4 | 4 | 4 | 4 |
| EMPATHY | Reflective statements | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 |
| | | | | | | | | | | | |
| VALIDATION | Agreement | 3 | 2 | 4 | 3 | 2 | 2 | 2 | 3 | 1 | 1 |
| | Affirming/legitimizing | 2 | 3 | 4 | 2 | 3 | 3 | 3 | 4 | 1 | 2 |
| THERAPIST COLLABORATE | Asking for client opinions & preferences | 3 | 2 | 2 | 1 | 4 | 4 | 2 | 4 | 1 | 1 |
| | Collaborative language | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 |
| THERAPIST PRESENCE | Asking personal questions | 4 | 2 | 1 | 1 | 2 | 4 | 0 | 1 | 1 | 1 |
| | Staying on topic | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Eye contact | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| | Body language | 3 | 4 | 3 | 3 | 4 | 3 | 3 | 4 | 4 | 4 |
| SYSTEMIC BASED TECHNIQUES | Balance in attention to partners | 3 | 2 | 3 | 3 | 3 | 3 | 3 | | 4 | 4 |
| | Noting cyclical patterns | 1 | 1 | 4 | 0 | 2 | 1 | 0 | 1 | 1 | 0 |
| | Circular questioning | 3 | 1 | 4 | 1 | 4 | 2 | 2 | 3 | 1 | 2 |
| | Seeking information/creating interventions | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| SESSION STRUCTURE | Control of conflict | | 2 | 2 | 1 | | | | | | |
| | Pacing & efficient use of time | 4 | 3 | 3 | 4 | 3 | 2 | 4 | 4 | 4 | 4 |
| | Opportunity for both members | 1 | | 1 | 1 | 4 | 1 | 1 | 1 | 1 | 2 |
| | Therapist reinforces positive change | 4 | 4 | 2 | 3 | 3 | 4 | 1 | 4 | 1 | 1 |
| AVERAGES | WARMTH | 3.1 | | | | | | | | | |
| | EMPATHY | 3.9 | | | | | | | | | |
| | VALIDATION | 2.5 | | | | | | | | | |
| | THERAPIST COLLABORATE | 3.2 | | | | | | | | | |
| | THERAPIST PRESENCE | 3.3 | | | | | | | | | |
| | SYSTEMIC BASED TECHNIQUES | 2.6 | | | | | | | | | |
| | SESSION STRUCTURE | 2.5 | | | | | | | | | |

My TGCSQ for the spring semester gives me a good idea of how I progressed in therapy and the areas for improvement moving forward. As compared to the Fall, “Warmth” increased from 3 to 3.1, “Empathy” increased from 3.8 to 3.9, “Validation” increased from 2.1 to 2.5, “Therapist Collaborate” increased from 2.9 to 3.2, “Therapist Presence” reduced from 3.4 to 3.3, “Systemic Based Techniques” reduced from 3.0 to 2.6, and “Session Structure” reduced from 2.9 to 2.5. Overall, my scores show good therapeutic competence, with all categories above the cut-off of 2.0 (Moderately Present) out of 4 (Consistently Present). I reviewed the session structure and systemic-based techniques with my supervisor. I can see that while I was learning EFT, I emphasized the model’s warmth, empathy, and validation aspects and slightly lowered on other aspects of therapeutic behaviors. This feels like a good adjustment from Structural to EFT and shows the developmental learning process. I specifically addressed attachment ruptures in multiple cases, improving my warmth and empathy scores. I hope to integrate the knowledge and work on incorporating more systemic and structural techniques. I am also excited about the opportunities for the final semester. I have now started watching my videos of sessions with higher systemic-based technique scores to see what I do differently. I see how this integrates with my Theory of Change. I have decided to sit with the Spanish-speaking coder and review the video of two sessions to gather from his perspective the behaviors that are present and missing from the sessions.

7. VIDEO (~1 page)

This section should highlight the name and location of the videos outlining therapeutic intent to follow the model prescribed for the semester. Currently, the location for the video is VALT. Students in practicum (i.e., 7621, 7631) complete five videos each semester for 10 videos between the two semesters. Students enrolled in an internship (7920) must have 10 videos to represent their body of work implementing the therapeutic model.

THERAPEUTIC ABILITY VIDEOS

Videos can be found on Valt by searching their names (in bold below), or the term “F23”.

F23: Enactment (202201014)

In this clip, I led an enactment in which the son/brother apologized to his mother and sister for berating his sister. The goal of this enactment was to increase the emotional engagement between family members and solidify the family's structure. The sister and mother then also apologized.

F23: Systemic Reframe (202301015)

In this clip, I provided a systemic reframe that highlighted the couple's mutual internal experience of grief but different external symptoms of grief.

F23: Interactional Reframe (202308123)

In this clip, I reframed the stepdaughter’s behaviors as a plea for more involvement and interaction with both mother and step-father.

F23: Motivational Reframe (202303038)

In this clip, I provided a motivational reframe that highlighted the client's experience of his friend as “no longer grieving.” I used the client's own experience with grief to highlight potential alternate internal experiences. The outcome was the sharing of grief responses between both clients and a cathartic expression of love.

F23: Sculpting (202308123)

I led a sculpting activity with the family. This sculpting activity started in the previous session and continued into this one. The family sculpted the power dynamics that impede positive interactions. The sister sculpted the younger daughter, colluding with step-mom, and negotiating a better living arrangement than what Dad is offering.

8. PROFESSIONALISM/PAPERWORK/ASSESSMENTS (1-2 pages)

Please make a case for your professionalism, which includes professional dress and demeanor, timeliness with clients and class, respectful participation in supervision, not missing scheduled sessions, and helpfulness with teammates. This means that you strive to follow the code of ethics in the timeliness of contacting clients by phone for initial sessions, rescheduling, and for follow-up when they miss sessions. You do not cancel clients with the supervisor's permission, and you never go more than 18 calendar days without seeing your clients. There are a few exceptions to this policy.

Example

This semester, I have upheld the standards of professionalism expected of this program. I have expanded my wardrobe of professional dress to accommodate the four days per which I see clients between the MFT Center and FCS. I have contacted clients promptly at intake and through weekly reminder emails, including paperwork and billing information. I have called clients when they have missed sessions or had questions. I have participated in individual and group supervision every week and have strived to be helpful to my cohort mates during group supervision. I have attended all scheduled sessions and supervisions. I have also not gone more than 18 days without seeing clients and have ensured that the upcoming break will stay within this policy. My MFT File Audits suggest that I have scored a 3 or 4 in each category for each of the four months. I want to highlight that I scored "Masterful" for the timeliness of case notes and treatment plans.

Paperwork/Assessments

Audits occur monthly to ensure that all non-active cases are terminated (3 weeks without attendance). Students whose files need to be more organized will receive a notification and are expected to fix the problem in seven days. Students will ensure that all client financial, assessment, and paperwork requirements are 100% completed each month. The Office Administrator will review the files during the last week of the month. Completion of client assessments is the responsibility of the therapist. Please examine all client paperwork to ensure it is complete. Missing, non-complete or falsely completed questionnaires reflect the therapist's professionalism and case management.

Delinquency in file maintenance, paperwork, and assessments is an ethical violation. If it is egregious, it will require a grade reduction, faculty review, and possible notation in your permanent academic record. Remember that you are required to turn in your monthly clinical hours 72 hours after the end of the month, without exception - September 3, October 3, November 3, December 3, January 3, etc.

You will include the audit rubric scores for each month of the semester. You will also provide an outline of how you corrected errors and the timeliness of these corrections. You will describe your professionalism with paperwork and ethical behavior regarding the timeliness of client

notes, treatment plans, financial billing, and weekly and monthly assessments. Please share the plan for improving or maintaining excellent file maintenance throughout the semester.

Examples

| Month | Invoice | Bef/Aft | Assess | Miss T Plan | T Plan Sched | Note Time | % Note | File Compl |
|------------|---------|---------|--------|-------------|--------------|-----------|--------|------------|
| Aug (3.37) | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 3 |
| Sep (3.25) | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 3 |
| Oct (3.63) | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 4 |
| Nov | 2 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| Dec | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 2 |

The therapist would also outline each month's errors and how they worked with the Office Administrator to fix them promptly. The OA will review the therapist's notes to provide feedback concerning accuracy. The therapist will explain how they received scores of 1 or 2 in different areas and the plan in place with the next supervisor to correct the actions. As of 8/04/2023, the policy is that any score of one (1) on the audit rubric will require a “minor deficiency plan” unless more egregious violations require a “severe deficiency plan.” The typical plan is to formally and systematically oversee the file maintenance of the therapist. The probationary period could result in removal from the program if the behavior is not improved.

9. MARKETING (~1-2 pages)

You will follow the Multicultural Group Marketing Plan. This will require an accounting of your individual and group marketing efforts for **each month of the semester (Aug-Dec)**. We need to know the measurable marketing behaviors you did each month to fulfill the plan. Please provide examples of both online and in-person marketing each month.

Example:

August

- During this month, I contacted the Pediatric and OGBYN offices and met with the Office manager (four Office Managers). I also contacted three lawyers offices for supervised visitation referrals.

September

- I planned to contact food service restaurants with my first-year buddy. We called several restaurants and emailed them to offer brochures or presentations. I presented our services to the business managers of two coffee shops in Opelika and Acre.
- I coordinated the Pride on the Plain booth for the MFT Program. I gathered the tent, chairs, water, and chocolates. I contacted Dr, Ketring to get additional flyers printed and got him to agree to a raffle for four free sessions for a client.

October

- Sent emails and made follow-up phone calls to healthcare businesses in the area
- Volunteered for Educating Early Childhood Event with first-year buddy in Alex City
- Picked up tablecloths and printed pamphlets to bring to the event.

- Took contacts of interested attendees

-

November

- I developed a new flyer for the clinic to be printed on full and half pages
- The '23 cohort is developing a list of therapists and businesses to send the new flyer to let them know we have moved locations, still have a sliding scale, etc.

-

December

- Presented on “Collaborative Care. . .” at Zoe Center for ABA in Columbus, GA

Online Marketing

As the head of social media marketing, the tasks I have continuously completed throughout the semester are outlined below.

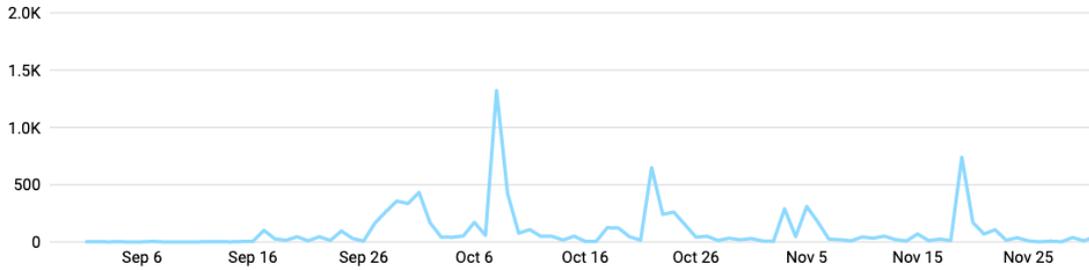
- Directing the creation of enough social media posts to post main posts 3x week all year by everyone in the program, then reviewing them to ensure professional and accurate presentation
- Record and file in Box all posts made by all people in the program.
- Posting at least 1-3 stories every week (created by myself)
- Linked Instagram and Facebook accounts for ease of management
- Keep up on and respond promptly to social media messages
- Track the success of posts and think about different ways to increase engagement.

The photo below depicts how our pages have grown since I took them over at the beginning of the semester. More data can be provided upon request.

Results

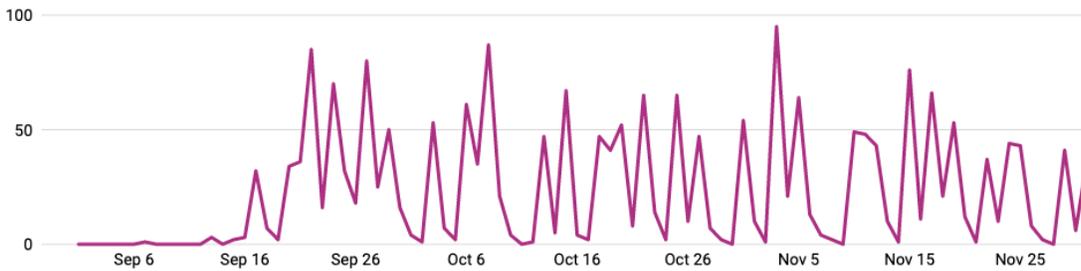
Facebook Page Reach

5,776 ↑ 4.4K%



Instagram Reach

397 ↑ 1.5K%



Other

Online Posts

BOOKS WE'RE LOVING
 AU MFT Center: Therapy Resources

How to Improve Your Marriage Without Talking About It teaches couples how to get closer in ways that don't require "trying to turn a man into a woman." Rich in stories of couples who have turned their marriages around, and full of practical advice about the behaviors that make and break marriages, this essential guide will help couples find love beyond words.

BOOKS WE'RE LOVING
 AU MFT Center: Therapy Resources

NOW PLAYING

Podcasts to Give a Listen:

Find them here: Spotify Listen on Apple Podcasts

AUBURN MFT CENTER WISHES YOU A

HAPPY KWANZAA

Celebrating love, family, and community.
From Umoja to Imani, may the blessings of Kwanzaa be yours!

Showing Respect Through our Language

Respectful: "Gay" instead of "Homosexual".

Respectful: "Transgender people or Cisgender people" instead of "Transgender people or normal people".

Respectful: Calling someone "they" versus "it" when you're unsure of which pronouns they use.

Respectful: "A Gay or transgender person" versus "a gay" or "a transgender".

Respectful: "All genders" versus "Either/Both Male/Female".

FIND MORE EDUCATIONAL RESOURCES AT:
THESAFEZONEPROJECT.COM

Discipline vs. Punishment

- 1 Know Your Breaking Point
- 2 Pretend You Have an Audience
- 3 Visualize and Meditate
- 4 Take Care of Your Own Needs
- 5 Practice Patience Daily

www.reallygreatsite.com

AU MARRIAGE & FAMILY THERAPY CENTER IS HERE TO SUPPORT YOU IN CARING FOR YOUR MENTAL HEALTH

SIGNS & SYMPTOMS OF BURNOUT



- CHANGES IN SLEEPING PATTERN
- FEELING ALONE AND DETACHED
- A LOSS OF MOTIVATION
- WITHDRAWING OR PROCRASTINATION
- FEELING LIKE A FAILURE/ SELF-DOUBTING
- FREQUENT SICKNESS OR PAIN

INFORMATION FROM: HELPGUIDE.ORG



“If you’re too busy for sex, you’re too busy.”.

ESTHER PEREL

10. SELF-CARE (~1-2 pages)

This section should be highlighted using a table for the semester.

Example

| Week & Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------------|---|-------------------|--|--------------------|----------------------------------|--------------------------|----------------------------|
| Jan 9-15 | Run (45) | Walk (60) | Cycle (45) | Butts & guts (50) | Gym & stairs (50) | Squash (60) | |
| Jan 16-22 | Gym/Run (90) | Yoga (60) | 1. HIIT (60) 2. Meditate & gratitude (30) | Barre (60') | Stairs & walk (90) Dance (30) | | |
| Jan 23-29 | Run (40) | Walk (60) | Cycle (45) | Barre (60) | Gym (45) | Walk (50) Rowing (2h) | |
| Jan 30-Feb 5 | 1. Therapy 2. Stairs & walk (60) | Walk (45) | Cycle (45) & Abs (15) | Gym & run (60) | Gym & squash (90) | Dance (60') | Meditate (30) Walk (30) |
| Feb 6-12 | Run (45) | Walk (60) | Cycle & walk (60) | Stairs & walk (60) | | | Power yoga (75) |
| Feb 13-19 | 1. Therapy 2. Gym (60) | Butts & guts (50) | Cycle (45) | Barre (60) | Gym (60) | | |
| Feb 20-26 | Stairs (30) | Run (30) | Cycle (45) | Barre (60) | Gym (60) | Tennis (90) | |
| Feb 27-Mar 5 | Spring Break (went to a music & arts festival in Florida) | | | | | | |
| Mar 6-12 | | | Tennis (75) | Walk (45) | | | |
| Mar 13-19 | 1. Therapy 2. Cycle (45) | Butts & guts (50) | 1. Meditation (15) | Walk (60) | | | |

| | | | | | | | |
|---------------------|-----------------------------|----------------------------|---------------------------------|--------------------------------|------------|--------------------------------|----------|
| | | | 2. Cycle (45) | | | | |
| Mar 20-26 | 1. Walk (30) 2. Gym (45) | Walk (60) | Cycle (45) | | Gym (60) | 1. Walk (45) 2. Stairs (15) | |
| Mar 27-Apr 2 | 1. Therapy 2. Gym (60) | Dance (45') | Run (30) | Butts & guts (50) | Gym (60) | | |
| Apr 3-9 | Gym (60) | Run (30) | Cycle (45) | Barre (60) | Walk (45) | Dance (120) | |
| Apr 10-16 | 1. Therapy 2. Walk (30) | Gym (60) | Cycle (60) | Abs (15) | Walk (60) | Walk (60) | Run (30) |
| Apr 17-23 | 1. Gym (60') | Walk (45) | Cycle (60') | Butts & guts (50') | Walk (60') | | |
| Apr 24-30 | 1. Therapy 2. Gym (60') | Walk (50) 2. Dance (30) | 1. Cycle (45') 2. Yoga (30') | 1. Barre (60') 2. Walk (40) | Gym (60') | | |

11. SUMMARY (~1 page)

This section should cover the paper and describe how you supported clients throughout the semester. Remember that you are marketing yourself and want to present data that highlights your successes. If most clients rated your alliance as very good to excellent, then you want to highlight this point. You don't hide your weaknesses, but you want to emphasize the strengths while acknowledging the weaknesses.

The summary integrates information and outlines your professionalism and effectiveness in each category measured in the Portfolio. You want to make a case for your effectiveness, developmental growth, and goals to improve.

Remember, you are selling your effectiveness with clients and providing an honest appraisal of what needs improvement. Please present a systemic perspective of your professional work as a therapist.

Appendix F: Auburn MFT Clinical Portfolio Capstone Rubric

The items on this rubric should be used as relevant for the MFT Portfolio

Completed by:

Date:

Concerning Clinical Portfolio

Circle Masterful, Skilled, Developing, or Underperforming for each relevant item below.

The average score across relevant items:

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|--|---|--|--|
| 1. Student justified service continuity for all client income categories. | | | |
| <p>1. Provided specific and accurate information about client type (individual, couple, and family), reason for seeking therapy, dates of services, fee amount paid, total amount collected during the semester, and average amount collected per income category.</p> <p>2. Clearly and accurately demonstrated within the table or figures that clients of all income categories were adequately served.</p> | <p>1. Provided some information on client type (individual, couple, and family), the reason for seeking therapy, dates of services, fee amount paid, the total amount collected during the semester, and the average amount collected per income category.</p> <p>2. The information lacks specificity or completeness, so determining if client income influences outcomes is difficult.</p> | <p>1. Did not provide one or more of the following: Client type (individual, couple, and family), reason for seeking therapy, dates of services, fee amount paid, total amount collected during the semester, and average amount collected per income category.</p> <p>2. The information is vague, making it difficult to surmise if a relationship between income and therapeutic outcomes exists.</p> | <p>1. Large segments of information related to fees paid and client outcomes are missing.</p> <p>2. The information regarding client income and therapeutic outcomes was incomplete or inaccurate.</p> |

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|---|--|---|--|
| 2. The student successfully provided a thorough overview of the client’s progress for individual, couple, and family cases, using multiple frameworks to demonstrate client change for each case. | | | |
| 2a. Student successfully provided a case history outlining presenting problems, developmentally appropriate information, and current case issues (across the semester). (Final Semester 2a not graded) | | | |
| <ol style="list-style-type: none"> 1. I reviewed the client's background, demographics, physical, emotional, and psychological diagnoses, presenting problems, and current case issues addressed throughout the semester. 2. The background, human development, diagnoses, presenting problems, and treatment issues were clearly communicated and theoretically based on all cases. 3. Treatment techniques related to the theoretical assumptions are clearly outlined, demonstrating a cohesive treatment plan for all clients. | <ol style="list-style-type: none"> 1. The case history provided essential demographic and salient client information but lacked information for a relational or diagnostic understanding of the case. 2. Most cases contained background, human development, diagnosis, presenting problems, and treatment issues with coherent, theory-focused treatment. 3. Treatment techniques related to the theoretical assumptions are clearly outlined, demonstrating a cohesive treatment plan for most clients. | <ol style="list-style-type: none"> 1. The case history was provided but lacked specificity and was vague concerning demographic, diagnostic, or relational information. 2. The cases presented did not specify or clearly outline background, human development, diagnoses, presenting problems, and treatment issues. 3. The information was not organized coherently, but the reader could see some treatment effectiveness. | <ol style="list-style-type: none"> 1. The case history was unclear in determining physical, emotional, and psychological diagnoses and presenting problems. 2. The cases presented contained minimal background, developmental information, diagnostic, and treatment focus and only told a story of client problems. 3. Very little information was organized, and it was difficult to decipher the therapeutic influence on client behaviors. |

| 2b. Student identified treatment goals, identified the magnitude of client meeting goals, and outlined client homework completed related to goals and dates related to tx goal treatment. (Final Semester 2b not graded) | | | |
|---|--|--|---|
| <p>1. Explicitly identified treatment goals and objectives.</p> <p>2. Provided measurable behaviors to complete objectives and tasks related to the goals.</p> <p>3. 95% of all behavioral goals were performed outside of the session</p> <p>4. Provided dates of service related to the treatment goal and provided treatment information to enhance progress or minimize deterioration</p> | <p>1. Failed to explicitly identify the treatment goals for 5% of cases.</p> <p>2. Provided measurable behaviors to complete objectives and task-related goals for 95% of entries.</p> <p>3. 90% of all behavioral goals were performed outside of the session</p> <p>4. Some service dates related to specific goals were missing, and the documentation of treatment strategies to improve progress or minimize deterioration was less thorough.</p> | <p>1. Failed to explicitly identify the treatment goals for 15% of cases.</p> <p>2. Provided measurable behaviors to complete objectives and tasks related to goals for 85% of entries</p> <p>3. 85% of all behavioral goals were performed outside of the session</p> <p>4. Missing more than 10% of service dates for treatment goals and/or offering minimal documentation of strategies to deal with clients to address non-progress</p> | <p>1. Failed to explicitly identify the treatment goals for 25% of cases.</p> <p>2. Provided measurable behaviors to complete objectives and tasks related to goals for less than 85% of cases</p> <p>3. 80% or less of all behavioral goals were performed outside of the session</p> <p>4. Missing more than 15% of service dates for treatment goals and/or offering almost no documentation of strategies to deal with the client to address non-progress</p> |

| 2c. Student provided line graphs to chart client change on ORS and SRS. (Final Semester 2c not graded) | | | |
|---|--|---|---|
| <p>1. Created line graphs of client change on ORS and SRS for each session with no missing data points</p> <p>2. Partner's scores are charted to determine potential change across time within a relationship with one or two missing data points.</p> <p>3. At least 70% of ORS scores demonstrated clinically significant change, and/or cut-off scores crossed.</p> <p>4. SRS scores demonstrated good to excellent (37-40) alliance scores for 90% of cases, with only one case showing low alliance scores (<34).</p> | <p>1. Created line graphs of client change on ORS and SRS for each session with few missing data points (< 5%)</p> <p>2. Partner's scores are charted to determine potential change across time within a relationship with less than 3 or 4 missing data points.</p> <p>3. 60% of ORS scores demonstrated consistent clinically significant change, and/or cut-off scores crossed.</p> <p>4. SRS scores demonstrated good to excellent (37-40) alliance scores for 80% of cases, with three cases showing lower alliance scores (<34).</p> | <p>1. Created line graphs of ORS and SRS for each session with under 10% missing data points</p> <p>2. Partner data are not charted together >5% of cases making it difficult to determine potential relationship change across time.</p> <p>3. 50% of ORS scores demonstrated consistent clinically significant change, and/or cut-off scores crossed.</p> <p>4. SRS scores demonstrated good to excellent (37-40) alliance scores for 70% of cases, with 4 cases showing lower alliance scores (<34).</p> | <p>1. Created line graphs of ORS and SRS change with missing data exceeding 10% of cases</p> <p>2. Partner data are not charted together >10% of cases making it difficult to determine potential relationship change across time.</p> <p>3. 40% of ORS scores demonstrated consistent clinically significant change, and/or cut-off scores crossed.</p> <p>4. SRS scores demonstrated good to excellent (37-40) alliance scores for 60% of cases, with >5 cases showing low alliance (<34).</p> |

| 2d. Student provided line graphs to chart client change on CORE assessments across Couple and Family therapy. (Final Semester 2d not graded) | | | |
|---|---|--|--|
| <ol style="list-style-type: none"> 1. Created line graphs of client change on CORE and other case-specific assessments with no missing data 2. Line graphs were easily readable with partners or family members charted together to demonstrate change over time. 3. Consistent demonstrated change for 60% of clients while outlining <u>clinical change</u> on measures that have RCI and Cut-off scores. 4. Only one or two people show deterioration. 5. Provided a theory-based narrative of changes in scores and progress towards sustained change. | <ol style="list-style-type: none"> 1. Created line graphs of client change on CORE and other case-specific assessments with few (<2%) missing data 2. Line graphs were easily readable with partners or family members charted in separate graphs to demonstrate change over time. 3. Consistent demonstrated change for 50% of clients while outlining <u>clinical change</u> on measures that have RCI and Cut-off scores. 4. Three or four people show deterioration. 5. Provided a narrative of changes in scores and progress towards sustained change but lacked theory assumptions | <ol style="list-style-type: none"> 1. Created line graphs of client change on CORE and other case-specific assessments with <5% missing data 2. Line graphs were difficult to read as multiple assessments were used within each graph, but partners were graphed together. 3. Consistent demonstrated change for 40% of clients while outlining <u>clinical change</u> on measures that have RCI and Cut-off scores. 4. Five people show deterioration. 5. Provided an incomplete narrative of changes in scores, with only a cursory explanation about change. | <ol style="list-style-type: none"> 1. Created line graphs of client change on CORE and other case-specific assessments with >5% missing data 2. Difficult to read line graphs as more than one assessment was used within each graph, and no partners are graphed together. 3. Consistent demonstrated change for 30% of clients, outlining <u>clinical change</u> on measures with RCI and Cut-off scores. 4. Six or more people show deterioration. 5. Provided limited information about changes in scores. |

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|--|---|--|---|
| 3. The AU MFT Portfolio Rubric Client progress outlined for Diverse Clients (DC) | | | |
| 3a. Clinical Effectiveness with Diverse Clients | | | |
| <ol style="list-style-type: none"> 1. The final outline of DC’s progress was thoroughly depicted, providing a story of client’s change. 2. SRS scores demonstrated good to excellent (37-40) alliance scores for 90% of DC, with one case showing low alliance (<34). 3. At least 70% of ORS scores demonstrated clinically significant DC change and/or cut-off crossed. 4. Demonstrated consistent progress for the majority of DC (60%) while outlining <u>clinical change</u> on measures that have RCI and Cut-off scores. | <ol style="list-style-type: none"> 1. Provided an overview of DC progress, hitting key details but offering less of a story of client change. 2. SRS scores demonstrated good to excellent (37-40) alliance scores for 80% of DC, with 3 cases showing low alliance (<34). 3. 60% of ORS scores demonstrated consistent clinically significant DC change and/or cut-off crossed. 4. Demonstrated consistent change for 50% of DC while outlining <u>clinical change</u> on measures with RCI and Cut-off scores. | <ol style="list-style-type: none"> 1. Provided a minimal or vague overview of DC progress. Gave a vague story of the client’s change. 2. SRS scores demonstrated good to excellent (37-40) alliance scores for 70% of DC, with 4 cases showing low alliance (<34). 3. 50% of ORS scores demonstrated consistent clinically significant DC change, and/or cut-offs were crossed. 4. Demonstrated consistent change for 40% of DC while outlining <u>clinical change</u> on measures with RCI and Cut-off scores. | <ol style="list-style-type: none"> 1. Provided a vague or non-existent overview of DC progress. 2. SRS scores demonstrated good to excellent (37-40) alliance for 60% of DCs, with >5 cases with a low alliance (<34). 3. 40% of ORS scores demonstrated consistent clinically significant DC change or cut-off crossed. 4. Demonstrated consistent change for 30% of DC, outlining <u>clinical change</u> on measures with RCI and Cut-off scores. |

3b. Sociocultural Attuned Therapy Narrative

| | | | |
|--|--|---|---|
| <p>1. Demonstrated an excellent reflection on personal sociocultural attunement and worked with clients this semester.</p> <p>2. Demonstrated consistent growth and personal reflection on many/all areas of improvement related to client diversity.</p> <p>3. Fully addressed context, power, injustices, and intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, abilities</p> | <p>1. Demonstrated an adequate reflection on personal sociocultural attunement and worked with clients this semester.</p> <p>2. Demonstrated growth and personal reflection in most areas of improvement related to client diversity.</p> <p>3. Adequately addressed context, power, injustices, intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, and abilities.</p> | <p>1. Demonstrated a developing reflection on personal sociocultural attunement and worked with clients this semester.</p> <p>2. Demonstrated growth and personal reflection in some areas of improvement related to client diversity.</p> <p>3. Adequately addressed context, power, injustices, intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, and abilities.</p> | <p>1. Lacking a clear demonstration of reflection on personal sociocultural attunement and work with clients this semester.</p> <p>2. Demonstrated growth and personal reflection in a few areas of improvement related to client diversity.</p> <p>3. Inadequately addressed context, power, injustices, intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, and abilities.</p> |
|--|--|---|---|

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|---|---|---|---|
| 4. Marketing Efforts | | | |
| <p>1. Provided specific examples of substantive individual or group marketing for 3 months during the semester.</p> <p>2. The student contacted treatment stakeholders, therapy participants, and community agencies, with at least one significant outreach effort to diverse community members.</p> | <p>1. Provided examples of substantive individual or group marketing for 2 months during the semester.</p> <p>2. Throughout the semester, the student contacted treatment stakeholders, therapy participants, and community agencies with a minor outreach effort to reach diverse community members.</p> | <p>1. Provided examples of substantive individual or group marketing for 1 month during the semester.</p> <p>2. Throughout the semester, flyers were placed with community stakeholders or therapy participants. However, the student focused on easy-access groups of privilege and made little effort to reach diverse community members.</p> | <p>1. Student spoke with some clients about referrals or provided minimal marketing with limited contact with people.</p> <p>2. There was no clear example of contacting treatment stakeholders; efforts were focused on placing flyers, while outreach to diverse community groups was non-existent.</p> |

| 5. The student provides videos of therapeutic techniques matching specific theories and demonstrations of change and struggle with clients. | | | |
|---|---|---|--|
| <ol style="list-style-type: none"> 1. The student makes 9 or 10 video clips outlining therapeutic techniques and effectiveness in treating clients throughout all phases of therapy. 2. Student demonstration of therapy techniques in clips is consistent with a specific treatment model. 3. Student can provide video clips of the therapy process, demonstrating successes and therapy struggles and outlining their work throughout the semester. | <ol style="list-style-type: none"> 1. The Student makes 7 or 8 video clips outlining therapeutic techniques and effectiveness in treating clients throughout all phases of therapy. 2. Student demonstration of therapy techniques in clips is consistent with a specific treatment model but has inconsistent elements. 3. Student needs some improvement in providing video clips of the therapy process demonstrating both successes and therapy struggles throughout the semester. | <ol style="list-style-type: none"> 1. Student makes 5 or 6 video clips outlining therapeutic techniques and effectiveness in treating clients throughout most phases of therapy. 2. Student demonstration of therapy techniques in clips is inconsistent with the proposed treatment model. 3. Student struggles to provide video clips of either therapy successes or struggles, and the videos do not adequately outline a body of work throughout the semester. | <ol style="list-style-type: none"> 1. Student makes 4 or less video clips outlining therapeutic techniques and effectiveness in treating clients or focusing on one case or phase of treatment. 2. Student demonstration of therapy techniques appears non-theoretical and a conglomerate of techniques. 3. Video clips do not demonstrate the student-directing therapy. The clips are predominately from a few cases and are limited to a specific timeframe. |

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|---|--|---|---|
| 6. TGCSQ averages for the semester, providing accumulative averages and outlining therapeutic effectiveness. 10 (Sum) 2nd Year and 8 (Spr/Sum) 1st years | | | |
| <ol style="list-style-type: none"> 1. Student has at least 10/8 observational therapy ratings with a broad range of diverse clients. 2. Student demonstrates averages of 3.0 or higher on 6 out of the seven TGCSQ domains. 3. Student can articulate the reason for the session scoring averages and provide a logical rationale for the weakest area of clinical skills. 4. Student can generate a plan for improving observed clinical skills. | <ol style="list-style-type: none"> 1. Student has at least 8/6 observational therapy ratings with a broad range of diverse clients. 2. Student demonstrates averages of 3.0 or higher on 5 of the seven TGCSQ domains. 3. Student can articulate the reason for the session scoring averages, but is limited in the rationale for the weakest area of clinical skills. 4. Student generates a basic plan for improving observed clinical skills. | <ol style="list-style-type: none"> 1. Student has at least 7/4 observational therapy ratings with a narrow range of clients. 2. Student demonstrates averages of 3.0 or higher on 4 of the seven TGCSQ domains. 3. Student can articulate the reason for the session scoring averages, and the rationale for the weakest area of clinical skills is poorly outlined. 4. Student needs guidance in creating a plan for improving observed clinical skills. | <ol style="list-style-type: none"> 1. Student has fewer than 6/3 observational therapy ratings with a narrow range of clients. 2. Student demonstrates averages of 3.0 or higher on 3 of the seven TGCSQ domains. 3. Student cannot articulate reason for session scoring averages nor offers and understanding of weaknesses. 4. Student needs guidance in creating a plan for improving observed clinical skills or regular support to meet the plan. |

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|--|--|--|--|
| 7. Clinical Efficacy: Non-Graduating Semester (Present Individual Client Outcomes)/ Final Semester Clinical Efficacy for ALL Cases | | | |
| <p>5. Provided 1 or 2-page document outlining clinical efficacy with individual and relational assessment change clearly outlined, alliance measured, TGCSQ mean scores.</p> <p>6. Scores demonstrated positive change for clients, a strong alliance, and excellent observed behaviors (TGCSQ).</p> | <p>1. Provided 1 or 2-page document outlining clinical efficacy with individual and relational assessments. Identifying change, alliance, and TGCSQ were outlined, but some aspects were unclear.</p> <p>2. Scores demonstrated positive change for clients, a good alliance, and well-observed behaviors (TGCSQ).</p> | <p>1. Provided a 1-page document outlining the clinical efficacy of individual or relational assessments. Client change was ambiguous. Or alliance and TGCSQ were poorly presented.</p> <p>2. Scores demonstrated non-change for clients, average alliance, or fair/good observed behaviors (TGCSQ).</p> | <p>1. Provided a 1-page document outlining the clinical efficacy of individual or relational assessments. Client change was ambiguous. Also, alliance and TGCSQ were poorly presented.</p> <p>2. Scores demonstrated some negative change for clients, an OK or poor alliance, or fair observed behaviors (TGCSQ).</p> |

Appendix G: Sociocultural Attuned

Culturally Attuned Practice Paper

The text on sociocultural attuned practice, [*Socioculturally Attuned Family Therapy: Guidelines for Equitable Theory and Practice*](#) by McDowell, Knudson-Martin, & Bermudez (2018), is one of the required readings in your first semester HDFS 7600 course. In the first semester, students were required to provide a “critique of the Model’s Sociocultural Attunement” within two to four paragraphs. The book informed your response to questions/prompts. In the spring and summer of the first year in the program, you will be required to dig a little deeper and develop your culturally attuned practice paper. You must score 70% on the final paper to be accepted to enter the internship and begin your placement. You will use the readings to develop the following ideas:

- A. McDowell et al. (2018) define sociocultural as “the interconnections of societal systems, culture, and power. This includes not only shared meanings that define culture but the dynamic interplay between systems that privilege some over others, resulting in uneven influence and opportunities based on social class, gender, race, ethnicity, language, sexual orientation, age, national of origin, abilities, and looks (p. 5).” With this in mind, describe (a) your sociocultural experience and (b) how it influences your work with clients.
- B. Describe how your therapeutic focus represents a sociocultural attuned practice. Address congruence between your therapeutic focus and the six guidelines developed to help therapists position their work in a sociocultural attuned posture:
 - i. Attune to context and power
 - ii. Name injustice
 - iii. Value what is minimized
 - iv. Intervene in power dynamics
 - v. Envision just alternatives
 - vi. Transform to make the imagined a reality
- C. How do you see and understand the process of your personal and professional development as a sociocultural-attuned therapist?

The foundation of this paper needs to be theoretically connected to cultural awareness and cross-cultural competence. You will write about how you adapt to create meaningful connections, meet therapeutic goals, connect with the clients’ humanity, and become competent in the clients’ cultural lens. This document will help form your self-evaluation of the culture within the therapy room. You will integrate an understanding of sensitivity to power, privilege, oppression, and health equity without being a martyr, self-condemning, self-flagellating, or attacking, condemning, or demeaning other ideologies and beliefs.

Sociocultural Experiences and Impacts on Clients

| Sociocultural Experience (SE) and impact on clients | | | |
|--|--|---|---|
| <p>Marriage and Family Therapists understand that individuals and families exist in the context of and are intricately connected to larger sociopolitical systems. Attunement to clients' sociocultural experiences is foundational to good practice. In this section, you will discuss how self-of-the-therapist reflections represent a sociocultural attuned practice that consistently addresses societal context, diversity, and power.</p> | | | |
| Masterful (4- 5 points) | Skilled (3.5 – 3.9 points) | Developing (2.5 - 3.4) points) | Underperform (0 – 2.4 points) |
| 1. Identified and integrated key SE lived experiences and how they influence client work. | 1. Identified some key SE lived experiences and how they influence client work but did not integrate. | 1. Identified general SE lived experiences and shared somewhat how they influence client work. | 1. The SE live experiences were either too general or lacked specificity in describing how they influenced client work. |
| 2. Excellent description of how the theoretical focus represents a SAP practice mindset congruent with the six SAP* guidelines. | 2. Clearly describe how the theoretical focus represents a SAP practice mindset congruent with the six SAP guidelines. | 2. Somewhat unclear description of how the theoretical focus represents an SAP congruent with the six SAP guidelines. | 2. Unclear description of how the theoretical focus represents an SAP congruent with the six SAP guidelines. The clinician might not understand the key concepts. |
| 3. Excellent description of the personal development as an SAT | 3. Clear description of the personal development as an SAT | 3. Somewhat unclear description of the personal development as an SAT | 3. Unclear description of the personal development as an SAT |
| 4. Excellent outline of the professional actions to develop a SAP. Provided a feasible action plan | 4. Good outline of the professional actions to develop a SAP. Provided some actionable goals | 4. The outline of the professional actions needed to develop a SAP is somewhat unclear. Limited action items | 4. Unclear outline of the professional actions to develop a SAP. Provided some actionable goals |

* SAP = Sociocultural Attuned Practice.

| Sociocultural Attunement Scoring | | | | | |
|---|----------|---------------------------|--------------------|------------------------|-------------|
| Inadequate | Emerging | Almost Meets Expectations | Meets Expectations | Surpasses Expectations | Outstanding |
| <7 | 8-9 | 9.5 - 10 | 14.0 – 15.5 | 16 – 18 | 18.5 - 20 |
| 70% required to attend Placement | | | | Total: /20 | |

Please remember the following information when writing your paper.

| Does | Don't |
|--|---|
| Place your self-identified culture to others as you act therapeutically. | Do not list which religious, political, or cultural beliefs you find distasteful. |
| Provide objective examples representing your cultural identity related to therapeutic connections with different identities, beliefs, and worldviews. | Do not attack others' thinking and beliefs as inferior, substandard, and trivial. |
| Use theory related to awareness, connection, acceptance, cultural competence, and cross-cultural theory. | Don't use stereotypes, culturally ethnocentric, or demeaning language. |
| Use a framework of intercultural sensitivity | Don't create a lens of superiority |
| <p>Relationships are based on four principles: Respect, understanding, acceptance, and appreciation. <u>Mahatma Gandhi</u></p> <p>Our greatest ability as humans is not to change the world, but to change ourselves <u>Mahatma Gandhi</u></p> | |

AU MFT Sociocultural Attunement Progress Map

| | | COURSES | | | | | | | |
|----------------|----------------------------|----------------------|----------------------|----------------------------|----------------------|--------------------------|--------------------|---------------------------|--------------------------|
| | | Personal Experiences | Working with Clients | Six Guidelines for Posture | Personal Development | Professional Development | Cultural Awareness | Cross-Cultural Competence | Socio Cultural Narrative |
| Fall Y1 | HDFS 7600: MFT Theory I | P | P | P | P | P | - | - | - |
| Spr Y1 | HDFS 7620: Theories II | 1 | 1 | 1 | 1 | 1 | - | - | - |
| Sum Y1 | HDFS 7630: Multicultural | 1 | 1 | 1 | 1 | 1 | - | - | - |
| Fall Y2 | HDFS 7920: Fall Internship | - | - | - | - | - | 2 | 2 | 2 |
| Spr Y2 | HDFS 7920: Spr Internship | - | - | - | - | - | 3 | 3 | 3 |
| Sum Y2 | HDFS 7920: Sum Internship | - | - | - | - | - | 4 | 4 | 4 |

P: Students provide a Sociocultural Attunement Critique for each of the presenting model guides.

- 1: Students develop their Sociocultural Attunement Paper within the two theories courses, receiving feedback within the first course which is shared with the second instructor, along with the adjusted changes for the final paper.
- 2 - 4: Internship students complete a Sociocultural Narrative for their work with clients within the MFT Center and their placement during the semester. Students will demonstrate reflection, growth, and an understanding of context when working with clients.

Sociocultural Attuned Therapy Narrative Rubric

| 3b. Sociocultural Attuned Therapy Narrative | | | |
|--|--|---|---|
| <p>1. Demonstrated an excellent reflection on personal sociocultural attunement and worked with clients this semester.</p> <p>2. Demonstrated consistent growth and personal reflection on many/all areas of improvement related to client diversity.</p> <p>3. Fully addressed context, power, injustices, and intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, abilities</p> | <p>1. Demonstrated an adequate reflection on personal sociocultural attunement and worked with clients this semester.</p> <p>2. Demonstrated growth and personal reflection in most areas of improvement related to client diversity.</p> <p>3. Adequately addressed context, power, injustices, intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, and abilities.</p> | <p>1. Demonstrated a developing reflection on personal sociocultural attunement and worked with clients this semester.</p> <p>2. Demonstrated growth and personal reflection in some areas of improvement related to client diversity.</p> <p>3. Adequately addressed context, power, injustices, intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, and abilities.</p> | <p>1. Lacking a clear demonstration of reflection on personal sociocultural attunement and work with clients this semester.</p> <p>2. Demonstrated growth and personal reflection in a few areas of improvement related to client diversity.</p> <p>3. Inadequately addressed context, power, injustices, intersectionality related to social class, gender, race, ethnicity, language, sexual orientation, age, nation of origin, and abilities.</p> |

Appendix H: Rubrics

Auburn MFT Rubric for Case File Audit

Completed by:

Date:

In relation to: AU MFT Center case files:

Circle Masterful, Skilled, Developing, or Underperforming for each relevant item below. Average score across relevant items:

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|---|--|---|--|
| 1. The therapist successfully maintains client case files at the AUMFT Center for individual, couple, and family cases. | | | |
| A. The invoice, case closure form, case notes, treatment plans, informed consent, release of information, referral form and fee adjustment are appropriately filed | | | |
| 1. Every invoice was collected | 1. One or two invoices not collected | 1. Three/four invoices not collect | 1. Five or more invoices collected |
| 2. <u>ALL</u> BEFORE, AFTER (B/A), collected without missing data. | 2. One to two B/A, are missing or lack data | 2. Three or four B/A, are missing or lack data | 2. Five or more B/A are missing or lack data |
| 3. All assessment packets collected without missing data. | 3. One/two assessment packets are missing or lack data. | 3. 3 or 4 assessment packets are missing or lack data. | 3. Five or more assessment packets are missing or lack data |
| 4. No tx plans are missing | 4. One tx plan is missing | 4. 2/3 tx plans missing | 4. 4 or more tx plans are missing |
| 5. Tx plans are completed within four days of the session (i.e., 2 nd , 6 th , 10 th , 14 th , 18 th etc). | 5. Tx plans are completed within seven days of the session (i.e., 2 nd , 6 th , 10 th , 14 th , 18 th etc). | 5. Tx plans are completed within ten days of the session (i.e., 2 nd , 6 th , 10 th , 14 th , 18 th). | 5. Tx plans completed after ten days of the session (i.e., 2 nd , 6 th , 10 th , 14 th , 18 th). |
| 6. All case notes are filed with 48 hours | 6. All case notes are filed with 72 hours | 6. Case notes are filed between 72 and 96 hours | 6. Casenotes filed after 96 hours (Handbook for discipline for case note filed after 21 days). |
| 7. 95% of case notes are filed with 48 hours | 7. 85% of case notes are filed with 48 hours | 7. 75% of case notes are filed with 48 hours | 7. Less than 75% case notes are filed with 48 hours |
| 8. The file contains ROI, informed consents, and case closure. | 8. There is one missing ROI, IC, or case closure. | 8. There are two missing ROI, IC, or case closure. | 8. There are 3 or more missing ROI, IC, or case closure. |

Please note problems associated with the file: _____

Auburn MFT Placement Evaluation Rubric

The items on this rubric should be used as relevant for the Placement Evaluation.

Completed by:

Date:

About: Internship Evaluation for _____

Circle one (1) description across the four possibilities for each letter that best describes the student therapist's work below.

| Masterful (4 points) | Skilled (3 points) | Developing (2 points) | Underperforming (1 point) |
|---|---|--|--|
| 1. Internship productivity areas | | | |
| 1. Meet productivity at placement two out of four months during the semester. | 1. Meet productivity at placement one out of four months during the semester. | 1. Almost meet productivity at placement one month during the semester. | 1. Did not meet productivity at placement during the semester. |
| 2. Maintain high productivity (85%+) that does not fluctuate (+- 15)% from one month to another. | 2. Maintain high productivity (75-85%) but has months of lower productivity (<70%). | 2. Struggle with productivity (70%-), receiving consistent supervision on how to improve. | 2. Consistently Struggle with low productivity (<70%-) even with feedback |
| 3. Serve diverse clients, virtually all engaged and treated effectively utilizing supervision provided. | 3. Serve diverse clients, most engaged and treated effectively, utilizing supervision provided. | 3. Serve diverse clients with consistent minor difficulties engaging or treating clients, even with supervision. | 3. Serve diverse clients with consistent difficulty engaging or treating clients, even with supervision. |
| 4. Receive a strong review by on-site supervisor for clinical effectiveness with diverse clients | 4. Receive a good review by on-site supervisor for clinical effectiveness with diverse clients with minor concerns. | 4. Receive a favorable review letter by on-site supervisor with some consistent concerns. | 4. Site contacts faculty about concerns related to treatment for diverse clients. |
| 5. Consistently maintains professional client files. | 5. Maintains professional client files with some minor errors. | 5. Demonstrate difficulty in maintaining some client files, behind on paperwork and signatures. | 5. Difficulty in maintaining client files throughout the semester. Behind on paperwork and signatures |

Ratings of Therapists' General Clinical Skills/Qualities (TGCSQ)

Client #: _____ # of Clients: _____ Session #: _____ Session Type: _____ Room #: _____

Date: _____ Th ID: _____ Coder Name/ID: _____

| 0 = Not at all | | 1 = A little | 2 = Moderately | 3 = More Frequent | 4 = Consistently Present | | | |
|------------------------------|---|--------------|----------------|-------------------|--------------------------|-------------|------------|--|
| Relationship Factors | | | | | Item Score | Total Score | Mean Score | |
| Warmth | Use of humor to connect with clients: Therapist jokes with clients at appropriate times | | | | | | | |
| | Smiling: Therapist smiles when greeting clients, and at appropriate times during session | | | | | | | |
| | Voice tone: Therapist uses a supportive, calm tone | | | | | | | |
| | | | | | | | | |
| Empathy | Reflective statements or empathic understanding of client thoughts and emotions (as evidenced by exchange b/n therapist and client) E.g.: Client – “I just feel like he ignores me, and doesn’t listen to me” Therapist: “You don’t feel heard or appreciated by your partner” Client: “Yes, that’s it, I just don’t feel appreciated by him” | | | | | | | |
| | | | | | | | | |
| Validation | Agreement E.g: Client- “I think we are just really tired all the time, and that’s why we’re fighting” Therapist: “Yes, that could be a significant part of the problem.” | | | | | | | |
| | Affirming/legitimizing: Verballizing that the therapist takes the clients’ thoughts and feelings seriously E.g: Client- “I think we are just really tired all the time, and that’s why we’re fighting” Therapist: “Yes, <i>it is more difficult to constructively deal with problems when we are tired.</i> ” | | | | | | | |
| | | | | | | | | |
| Therapist Collaborate | Asking for client opinions & preferences regarding interventions, tasks, and goals: E.g.: “We’ve discussed several ways the two of you could spend time together this week – which sounds best to you?” | | | | | | | |
| | Collaborative language use displayed by the therapist such as “we” and “us”: E.g: Therapist: “I am confident that all of us are working hard and trying our best to make things a little better.” | | | | | | | |
| | | | | | | | | |

| | | 0 = Not at all | 1 = A little | 2 = Moderately | 3 = More Frequently | 4 = Consistently Present |
|--|---|----------------|--------------|----------------|---------------------|--------------------------|
| Therapist Presence | Asking personal questions, showing interest in clients' lives: Therapist asks questions about the clients in order to learn more about them as people | | | | | |
| | Staying on topic: Therapist follows a clear line of questioning, follows up on client statements, and does not jump from topic to topic | | | | | |
| | Eye contact: Therapist makes eye contact with the clients when he or she is speaking, and when the clients are speaking | | | | | |
| | Body language Posture oriented towards the clients, no physical barriers | | | | | |
| | | | | | | |
| Systemic Based | Balance in attention to partners: Therapist involves both partners in session by addressing each, and following up with each. | | | | | |
| | Noting cyclical patterns in couple interaction: therapist looks for patterns that fuel the problems. E.g: Therapist -"So when Partner A gets scared, Partner B gets angry, then both of you pull away." | | | | | |
| Techniques | Circular questioning: Questions that encourage clients to think about mutual influence between themselves, in dyadic terms. E.g. "What have you noticed happens between the two of you that escalates arguments?" | | | | | |
| | Seeking information and/or creating interventions based on multiple environmental levels. E.g: If the couple mentions that their child's behavior problems. The therapist asks questions that relate to multiple aspects of the child's daily activity and life experiences. | | | | | |
| | | | | | | |
| Session Structure (constructive & productive) | Control of conflict: controlling overt conflict behaviors displayed by clients towards one another like partners blaming one another or making critical remarks | | | | | |
| | Pacing & efficient use of time: allowing flexibility and facilitating client discussion of important topics without allowing clients to go off on tangents | | | | | |
| | Opportunity for both members of couple to express concerns & goals | | | | | |
| | Therapist reinforces positive change using positive feedback, encouragement, etc. E.g: Client – "This week was rough, but we did have really nice time on Saturday when we made breakfast together" Therapist – "I think it's really great that you can find the good in the midst of the bad, and believe that there are more good times like you had on Saturday ahead." | | | | | |
| | | | | | | |

Consensus Sheet: Ratings of Therapists' General Clinical Skills/Qualities

Client #: _____ # of Clients: _____ Session #: _____ Session Type: _____

Date: _____ Th ID: _____ Coder Name/ID: _____

| | Initial Score | | Final Score | |
|---|--|----|------------------|----|
| | C1 | C2 | C1 | C2 |
| Coder 1: WARMTH Use of humor to connect to clients | | | | |
| Smiling | | | | |
| Voice Tone | | | | |
| WARMTH Consensus score | \\ | | | |
| WARMTH (3/3 agree perfectly) | Agree /3 | | Agree /3 | |
| Coder 1: EMPATHY Reflective Statements | | | | |
| EMPATHY Consensus score | \\ | | | |
| EMPATHY (1/1 agree perfectly) | Agree /1 | | Agree /1 | |
| Coder 1: VALIDATION Agreement | | | | |
| Affirming/legitimizing: Take client seriously | | | | |
| VALIDATION Consensus score | \\ | | | |
| VALIDATION (2/2 agree perfectly) | Agree /2 | | Agree /2 | |
| Coder 1: THERAPIST COLLABORATION Asking clients for opinions and preferences | | | | |
| Collaborative language "we" and "us" | | | | |
| THERAPIST COLLABORATION Consensus score | \\ | | | |
| THER COLLABORATION (2/2 agree perfectly) | Agree /2 | | Agree /2 | |
| Coder 1: THERAPIST PRESENCE Asking personal questions: Interest in clients | | | | |
| Staying on topic | | | | |
| Eye Contact | | | | |
| Body Language | | | | |
| THERAPIST PRESENCE Consensus score | \\ | | | |
| THERAPIST PRESENCE (4/4 agree perfectly) | Agree /4 | | Agree /4 | |
| Coder 1: TECHNIQUE Balance in attention to partners | | | | |
| Noting cyclical patterns in couple interactions | | | | |
| Circular questioning | | | | |
| Seeking information and/or creating interventions | | | | |
| TECHNIQUE Consensus score | \\ | | | |
| TECHNIQUE (4/4 agree perfectly) | Agree /4 | | Agree /4 | |
| Coder 1: SESSION STRUCTURE Control of Conflict | | | | |
| Pacing & efficient use of time | | | | |
| Opportunity for partners to express | | | | |
| Therapist reinforces positive change | | | | |
| SESSION STRUCTURE Consensus score | \\ | | | |
| SESSION STRUCTURE (4/4 agree perfectly) | Agree /4 | | Agree /4 | |
| | Total Agree: /20 | | Total Agree: /20 | |

Z:\Therapist documents\TGCSQ-2_Consensus Sheet_rev.052022.doc

Appendix I: Library

Videotape Library Listings

Master Therapists At Work - Located in the MFT Center Student Office

1. Harry Aponte, A.C.S.W. - A twenty-two-year-old homosexual young adult and his family are interviewed regarding his inability to leave home successfully.
2. Interview with the family of an acting-out teenage girl. (Part I of tape I, 2-2)
3. Jim Coyne - MRI strategic with Couples. Interview during a conference. Miscommunication and lack of conflict resolution.
4. Norman Paul/ Part I- Conference Interview with a Reconstituted Family
5. Norman Paul/ Part 2 - Conference Interview continued
6. Don Bloch, M.D. - A Family Systems Medicine Conference
7. Milton Erickson, M.D. - "The Living Artistry of Milton Erickson" (2 hours)
8. Richard Fisch, Ph.D. - Dr. Fisch works with a simulated family during a state conference.
9. Fishman, M.D. - Therapy with a chronic diabetic and his family "I'd Rather Forget It."
10. Jay Haley - Actors portray a couple experiencing marital problems because of a wife's affair in -A Jealous Husband." Haley also explains strategic therapy.
11. Lynn Hoffman, M.S.W.- Family Interview during a State Conference
12. Lynn Hoffman, M.S.W.- Family Interview during a State Conference
13. Kaslow, Ph.D. and Hawthorne, A.C.S.W. - "A Marital Therapy Consultation."
14. Salvador Minuchin, M.D. - Dr. Minuchin works structurally with a stepfamily in "A House, Not a Home" and an acting-out child in "Taming Monster."
15. Salvador Minuchin, - M.D. - Structural with an adolescent in "The Dumb Delinquent."
16. Carl Whitaker, M.D. - Family Interview during a State Conference
17. Olga Silverstein- Putting the Brakes on Mother
18. Betty Carter - Becoming a Wicked Stepmother
19. Evan Imber-Black - If Only We Could Cancel Christmas
20. Joseph LoPiccolo - Echoes from the Past
21. Jeri Hepworth - Medical Family Therapy

22. Harlene Anderson - Collaborative Language Systems Therapy
23. Ivan Bvoszermenyi-Nagy - I Would Like to Call You Mother
24. Marianne Walters - Laughing Till It Hurts
25. Harry Aponte - A Daughter who needs a Mother
26. Virginia Satir - The Lost Boy
27. Frank Pittman - The Lone Ranger
28. Insoo Berg; Steve de Shazer - Success Story
29. Carl Whitaker - Usefulness of Non-Presented Symptoms
30. Salvador Minuchin - Unfolding the Laundry
31. August Napier - An Under-functioning Father
32. Steve de Shazer - Brief Therapy - Constructing Solutions
33. Shirley Glass, Thomas Wright - Reconstructing after Extramarital Involvement
34. Joseph LoPiccolo - Treatment of Sexual Deviation
35. Systemic Family Therapy Series - Family of Origin Family Therapy
36. Jo-Ann Krestan (Master series)
37. Anthony Jurich - Learning Edge
38. Learning Edge series - Object Relations/Couples Therapy
39. Erickson - The Living Artistry of Milton
40. Michael White - Narrative Therapy
41. Karl Tomm - Constructivist Therapy
42. Bill O'Hanlon - Brief Solution-Oriented Therapy Student Therapist at Work and Others

Appendix J: Internship Agreement

Internship Placement Agreement

Agreement of cooperation between the Marriage and Family Therapy Program (MFT) in the Department of Human Development and Family Studies, Auburn University, and _____ (agency).

The MFT Program will:

- 1) Assume initial responsibility for screening appropriate applicants.
- 2) Provide the placement with an opportunity to review any candidate and appropriate records before placement.
- 3) Assign a student to work at the placement for approximately _____ hours per week from _____ to _____. (4 weeks of leave allowed with a 12-month placement). (date: _____)
- 4) Conduct a weekly 2-hour group supervision session (max. of 6 students) and a weekly 1-hour individual supervision session (1 to 2 students) each term.
- 5) Assign an on-call faculty member for any emergency supervision during university breaks.
- 6) Require students to meet all internship placement requirements.
- 7) Provide a faculty member as a liaison between the placement and the MFT Program. The liaison person will:
 - a) Visit the student on-site at least once each term unless otherwise agreed,
 - b) Discuss with the on-site supervisor the progress of the student at least once each term and
 - c) Be available to the on-site supervisor regarding issues pertaining to the student and the placement.
- 8) Be responsible for the final determination of the student's grades based partially on the feedback of the on-site supervisor.

The Agency _____ will:

Agency

- 1) Have the right to interview prospective students and accept or reject students for placement for reasons related to the student's ability to function or perform specific tasks and assignments of the placement.
- 2) Accept students in internship placements without regard to age, culture, ethnicity, gender, physical disability, race, religion, or sexual orientation.
- 3) Provide a student with a professional experience including the following:
 - a. assignment of a sufficient caseload to provide _____ direct client contact hours per week, 50% of which should be relational,
 - b. opportunity to attend education sessions and
 - c. participation in ongoing projects.
 - d. Assign an on-site supervisor who will:
 2. Inform the university supervisor immediately of placement or student concerns,
 3. Evaluate the student's performance in writing at least once during the term according to the university's or agency's format.
 4. discuss the student's performance at least once during the term, and
 5. Provide on-site supervision at least once per week.

Intern

1. Provide the placement with approximately _____ hours per week of professional services, including actively working to maintain _____ billable hours per week, complete all required paperwork, and attend any required staff meetings.
2. Adhere to the policies and procedures of the internship placement.
3. Notify on-site and University supervisor of any concerns.
4. Conduct her or himself according to the ABEMFT & AAMFT Professional Codes of Ethics.
5. Attend on-campus weekly supervisions.
6. Complete the Clinical and Supervision Monthly Report Form of the MFT Program.
7. Understand that the internship is for approximately ____ months and continues over breaks. Four weeks of leave may be scheduled appropriately during a 12-month assignment.
8. Auburn University provides professional liability insurance for all AU students enrolled in clinical practicums/internships as part of their AU degree program.

Additional Comments and conditions specific to the student and agency named in this contract:

Agency Placement Representative

Date

MFT Director, Auburn University

Date

Family Therapy Internship Student

Date

Appendix K: Vacation Leave

Request for Vacation/Leave Form

Therapist Name _____ Date _____
Dates Out of Office _____

Travel Form turned into Office Administrator? Y N
At least two weeks prior? Y N
Titanium updated? (Cancel appointments) Y N

MFT Center Clients contacted? Y N N/A

MFT Center

| | | |
|----------------|-------------------------|------------------|
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |
| Client # _____ | Back up Therapist _____ | Red Flags: _____ |

Approval signature Site Supervisor _____ Date _____

Approval signature at External Site _____ Date _____

Approval signature MFT Director _____ Date _____

You must inform your practicum supervisor, administrative assistant, and complete an MFT vacation approval form (see Appendix) if you will be unavailable or out of town for three business days or longer. The form should be completed and turned in to your practicum supervisor at least two weeks in advance. You will also need to identify a backup therapist and make your clients aware of what they need to do if they need to schedule a session while you are away. If you have any cases that have involved (present or past) violence or other potentially dangerous circumstances (i.e., red flags), these need to be made explicitly known to the program director, your practicum supervisor, the administrative assistant, and the backup therapist. These should also be noted on the vacation approval form. This may be a teammate or another therapist who is aware of cases. When approval form is completed please turn in to administrative assistant to be updated on the Titanium calendar, along with the name of your backup added in the description comment box. Failure to be available or have explicit backup when you are seeing clients is unethical and will result in a remediation plan.

Appendix L: CAN Reporting

Explanation of Certain Provisions of the Child Abuse and Neglect Reporting Law

The 1975 Alabama Legislature made considerable changes in the reporting of child abuse and neglect by the passage of Act No. 1124 (*now codified in Code of Alabama 1975, Sections 26-14- 1 through 26-14-13*), which amended and reenacted the former Child Abuse Reporting Act.

The purpose of this law is to protect children whose health and welfare may be adversely affected by abuse and neglect by providing for the reporting of such cases to duly constituted authorities.

The statute has provided specific vital definitions. Abuse has been defined as harm or threatened harm to a child's health or welfare, which can occur through non-accidental physical or mental injury, sexual abuse, or attempted sexual abuse; or sexual exploitation or attempted sexual exploitation. Sexual abuse includes rape, incest, and sexual molestation, as those acts are defined by Alabama law. Sexual exploitation includes allowing, permitting, or encouraging a child to engage in prostitution and allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child for commercial purposes. Neglect has been defined as negligent treatment or maltreatment of a child, including failing to provide adequate food, medical treatment, clothing, or shelter.

However, a notable exception has been made by a parent or guardian legitimately practicing his religious belief in providing medical treatment for a child. A child has been defined as a person under the age of 18 years. Certain persons and institutions are *legally required* to report known or suspected child abuse or neglect *under a penalty of a misdemeanor fine or sentence*. Those who are required *by law to report* are hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, daycare workers or employees, mental health professionals, or any other person called upon to render aid or medical assistance to a known or suspected victim of child abuse or neglect.

Besides those persons who are required by law to report child abuse and neglect, any person may make such a report if such person has reasonable cause to suspect that a child is being abused or neglected.

The initial report should be made orally, either in person or by phone, to your local chief of police (if in a city), county sheriff (in rural areas), or your local County Department of Human Resources. In addition, a written report will be made containing all of the prescribed information that is known.

The law also contains *immunity* provisions so that any person participating in the good faith making of a report according to the statute is immune from any civil or criminal liability that might otherwise be incurred or imposed.

The law further provides that all reports of child abuse and neglect, investigative by the Department of Human Resources, and certain other records of child abuse and neglect are to be considered *confidential* under penalty by criminal law. However, the disclosure of certain information in the reports and records is permitted to individuals, such as physicians or law enforcement officials, under rules and regulations established by the Department of Pensions and Security. The law explains the various duties of the Department of Pensions and Security in following up on a report of child abuse or neglect. It contains provisions for protective custody when the child's life or health is in imminent danger. The

law also provides for the appointment of attorneys to serve as guardians for abused or neglected children when they are involved in judicial proceedings and changes specific evidentiary requirements concerning the doctrine of privileged communication in court proceedings.

If you desire more specific information on the content of *Code of Alabama 1975, Sections 26-14-1 through 26-14-13*, you may contact your local probate judge, sheriff, a lawyer, or clerk of the register of your circuit court, or the local County Department of Human Resources to review a copy of the statute.

Mandatory Reporting

Persons and institutions specifically identified by statute as required to report abuse or neglect are all hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, daycare workers or employees, mental health professionals or any other person called upon to render medical assistance to any child when such child is known or suspected to be a victim of child abuse or neglect. *Code of Alabama 1975, Section 26-14-13* also provides that any person who shall knowingly fail to make the report required by the Act shall be guilty of a misdemeanor and shall be punished by a sentence of not more than six months or a fine of not more than \$500. If the worker/supervisor knows a mandatory report (acting in their official position) failing to report child abuse and neglect, the local District Attorney should be notified in writing.

Because child abuse and neglect are problems that must be approached with assistance from many disciplines, effective communication, coordination, and cooperation among all community resources are essential. The County Department has the responsibility to persons and institutions mandated to inform them of this responsibility, provide them with reporting forms and instructions, and acquaint them with the protective services available. Prompt response to reports referred by these persons and institutions and sharing information as to the Department's decision on the referral are important components in maintaining a cooperative relationship.

When a report is made to a law enforcement official, such official subsequently shall inform the department of pensions and security of the report so that the department can carry out its responsibility to provide protective services to the respective child or children. (*Acts 1965, No. 563, p. 1049, §1; Acts 1967, No. 725, p. 1560; Acts 1975, No. 1124, § 1.*)

Permissive Reporting

In addition to those persons and institutions mandated to report child abuse and neglect, the *Code of Alabama 1975, Section 26-14-4* provides that any person may make such a report if that person has reasonable cause to suspect that a child is being abused or neglected.

Appendix M: Application for the National Exam

Students will apply for Alabama MFT licensure in the May ABEMFT meeting timeframe. Typically, the license requirements are due the first of May. However, students need to be aware of the meeting schedule and plan their application for the National Exam and Associate Licensure (if remaining in Alabama to work) <https://mft.alabama.gov/calendar.aspx>

Students will extract the Permission to Sit for the Exam application on the ABEMFT webpage - <https://mft.alabama.gov/PDF/2024/PermissionSitExamApp11-14-2023.pdf>

The application contains initial information about applying for licensure. The soon-to-be graduates will focus on the Checklist, which provides the required MFT forms: MFT1, 2, 3, and 10. Students will be required to send Official Transcripts and Proof of Citizenship, along with a \$150 application fee. Once the Board meets and approves your application, you will be sent information regarding how to schedule and pay for the National Examination (PTS).

While the budget allows, the AU MFT Program offers \$200 scholarships for students with a 3.0 GPA and completed 350 clinical hours by April 30th of the academic calendar year.

Explanation for completing Alabama MFT Forms

MFT 1:

The MFT 1 form is self-explanatory and easily completed. Most students will check the box “Permission to sit for the Marriage and Family Therapy,” while those who wish to remain in Alabama and apply for Associate Licensure in MFT will check that box.

MFT 2:

The MFT 2 form requires the professional degree information and is easily completed.

MFT 3:

The Program Director (PD) will send a letter to the ABEMFT Licensure Board and provide the MFT 3 form for each student applying for licensure. Students will receive an email from the PD notifying them of the Board Office Administrator's (currently Jacki Tucker) receipt of the forms.

MFT 10:

The PD or MFT Faculty will work with the student to complete the supervision form which outlines that the student will be supervised following graduation. This is a formality for most students as they will seek supervision from their placement and quickly transfer the supervision to the placement supervisor following graduation. This form needs a Notary Public Signature. Please plan accordingly to match schedules with a supervisor and a Notary Public. There are Notary Public Signatories at ARTF, and Spidle Hall. The Human Science Dean's and HDFS Department offices have Notary Publics available for signatures. An example of MFT 10 is in the AU Box Folder

MFT 10a:

This form is provided by the PD for graduates who wish to apply for the Associate License. The form will be emailed by the program to the ABEMFT Board. The student must notify the PD and Office

Administrator that they will apply for the Alabama Associate License.

Examples of MFT 3, 10, and 10a are provided in the AU MFT Box-Folder—AU MFT folder—ABEMFT sub-folder. Students can review the forms and use them as templates when applying for the National Exam or Associate Licensure. The student will receive access to the ABEMFT folder in their fifth semester in the program. Please remember that while you are allowed to apply to sit for the National Licensure Exam, you are not allowed to officially apply for the Alabama MFT Associate License until after graduation.

The Program Director writes a letter to the ABEMFT Board outlining who is on track to graduate, progressing towards their hours, and eligible to sign up for the National Exam. Students who want to apply for the Alabama Associate Licensure must complete the exam materials and submit them to the ABEMFT Board when they graduate. We advise students to have the materials ready to send the week before graduation and have the Official Transcripts sent the Monday after graduation.

If you receive an unfavorable or disconcerting response from the licensure board, please do not engage them with an email response but forward the response to the PD so that we can initiate a plan at the Program level to support your application. The PD will send a support letter to the ABEMFT Board for the student applicants (see below).

Additionally, the AU MFT Program has also compiled a list of resources in addition to coursework material to prepare for the National Licensure Exam. In the fifth semester, students will be able to review the study guides, model guides (HDFS 7600), Ethics Casebook material (HDFS 7650), and other materials independently or as a group. The materials are in the AU MFT Box-Folder—MFT Exam subfolder.



AUBURN UNIVERSITY
COLLEGE OF HUMAN SCIENCES

TO: Claire Austin, Executive Director
Alabama Board of Examiners in Marriage and Family Therapy
FROM: Scott A. Ketring, Ph.D., Program Director & Associate Professor
RE: Auburn MFT 2024 Students Who Could Sit for National Exam

4/29/2024

Claire Austin, Executive Director

I am delighted to announce that the following students have successfully fulfilled the rigorous coursework and clinical degree requirements and are well on their way to completing the 500 clinical requirements, with 250 hours dedicated towards couples or family therapy. These exceptional students are set to graduate 8/03/2024 from the Auburn University COAMFTE Accredited Marriage and Family Therapy Program, fully prepared to excel in the National Exam.

Each student is fully aware of the requirement to send the Board the official Auburn University transcript of their degree requirements after graduation. This is a testament to their commitment and understanding of the importance of this process. Being conferred a degree in Marriage and Family Therapy at Auburn University signifies that students have met the coursework, therapy, and supervision requirements of the ABEMFT Licensure Board. If you require further clarification of the Auburn University degree requirements, I can answer any questions and send any form.

These students meet our requirements, and we hope they can sit for the National Exam if they complete the Alabama Associate MFT application. The AU MFT Program has also enclosed the students' MFT 3 and MFT 10a forms.

| | |
|---------------|---------------|
| STUDENT NAME1 | STUDENT NAME4 |
| STUDENT NAME2 | STUDENT NAME5 |
| STUDENT NAME3 | STUDENT NAME6 |

Sincerely,

Scott A. Ketring, Ph.D., LMFT
Associate Professor & Program Director
Marriage and Family Therapy Program
Auburn University, Al. 36849
Ketring@auburn.edu
334-844-4478

Appendix N: Program & Center Director

Job Description AU MFT Program

The Program Director, a core MFT Program faculty member who provides year-round program direction, is responsible for 1) oversight of all aspects of the program, including management of the outcome-based education framework, assessment activity, curriculum, facilities student services, and program maintenance/enhancement; 2) Program adherence to MFT mission through achievement of Program Goals and Student Learning Outcomes; 3) Program's compliance with MFT State of Alabama licensure law, and maintaining and/or achieving COAMFTE accreditation standards.

MFT Program Director Responsibilities

Administrative:

The PD is responsible for the overall administration of the Marriage and Family Therapy Program (Program) under the administrative oversight of the HDFS Department Head on a 12-month basis, even if officially on a 9-month appointment.

MFT Program Director Responsibilities:

Outcome-Based Education Framework

- Coordinate assessment of Program Goals/Student Learning Outcome data
- Coordinate review of Program Goals/Student Learning Outcome data for program maintenance/enhancement for program maintenance/enhancement
- Coordinate the evaluation of the Outcome-Based Education Framework and its assessment plan

Assessment

- Coordinate assessment/review of data regarding Program inclusive and diverse learning environment to inform program maintenance/enhancement
- Coordinate assessment/review of data regarding Program environmental resources and student supports to inform program maintenance/enhancement
- Coordinate assessments/review of data regarding Program Director and clinical training effectiveness to inform program maintenance/enhancement
- Coordinate all semester evaluations of supervisors and students/review of data to inform program maintenance/enhancement
- Coordinate Alumni Survey to inform program maintenance/enhancement
- Coordinate feedback surveys from Community of Interests

Curriculum

- Coordinate course content and sequencing.
- Coordinate new course development.
- Development, maintenance, and evaluation of the MFT curriculum (didactic & clinical)

Facilities/Website

- Coordinate the MFT Program and Center Couple and Family Therapy facilities needed to enhance clinical training/services provided
- Coordinate maintenance of the MFT Program website

Student Services

- Coordinate communication of available student services
- Development and maintenance of assistantship opportunities for MFT students.
- Development, maintenance, and placement involving MFT Clinical Internships.

Program Governance

- Coordinate monthly MFT core faculty meetings.
- Coordinate yearly Alumni Minority Board meeting
- Coordinate yearly placement supervisor meeting
- Coordinate cohort representative selection
- Coordinate response to cohort representative concerns

Academic Oversight

- Coordinate recruitment, admissions, and retention efforts.
- Respond to regular inquiries from prospective MFT Program graduate students throughout the year
- Coordinate interview and acceptance processes of applicants for entrance into the MFT Program
- Receive and distribute messages to students regarding training opportunities and other pressing matters
- Function as the academic advisor for students in the first semester of the MFT Program.
- Coordinate the MFT graduate student programs of study, off-site placements, and graduation plans
- Coordinate the grading of the capstone project
- Development, maintenance, and evaluation of all Program enhancement of quality Processes.

Accreditation

- Coordinate accreditation of Auburn MFT program with AU administration
- Correspond with Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) to address the accreditation process/concerns
- Coordinate preparation and submission of annual reports
- Coordinate Self Study and accreditation site visits
- Coordinate the tracking of accreditation related data
- Development, maintenance, and evaluation of all Program policies and procedures.
- Oversight of all types of MFT student evaluation and record keeping.

Clinical Administration:

The PD also serves as the Director of the Auburn University Marriage and Family Therapy Center (Center) and is responsible for its everyday administration under the administrative oversight of the HDFS Department Head on a 12-month basis, even if officially on a 9-month appointment.

The MFT PD is a tenure-track faculty member who oversees the services provided within the scope of the CFTC to meet appropriate ethical, legal, and competent service standards. The PD is responsible for the clinic's maintaining economic viability and for the services provided being consistent with the policies of the MFT program and greater HDFS department. The PD approves all activities to be conducted in the clinic based on meeting the stated requirements.

The PD is responsible for all clinic activities in the MFT Center that are not otherwise specified. The MFT Program Director can authorize changes or waivers of student responsibilities in the

clinic. In conjunction with the MFT faculty, the PD is responsible for maintaining the clinic facilities' upkeep and planning for the growth or development of the facilities, services provided, or staffing and resource needs to meet said growth and development.

Clinical Training Responsibilities

The PD functions as the AU MFT Center Director and is the primary point of contact for clinic operation, clinical issues, and internship/externship issues. The PD works closely with the program faculty to ensure that the Auburn MFT Center functions to support the achievement of program goals and student learning outcomes (SLOs) and meet the needs of multiculturally diverse clientele from Alabama.

Responsibilities and Duties include:

- Oversight of all clinical services at the Center, coordinating with the faculty supervisors.
- Oversight of all clinical issues related to the Program through Lab and Internship courses in coordination with the other clinical faculty and their on-site supervisors.
- Supervision of office administrative personnel housed at the Center.
- Oversight of Center finances and approving expenditures
- Approve all marketing/advertising of the Center.
- Completion of all required University, College, and Departmental reporting for the Center
- Approval and enforcement of all Center operating policies and procedures
- Representation of the Center to all internal (university) and external entities

General MFT Center operations

- Maintain MFT Center recording equipment and clinic facilities.
- Maintain operations of the video/audio recording system and database
- Update and maintain the MFT Center Handbook with Policies & Procedures
- Train incoming students on clinic policies and recording equipment.
- Address student concerns when the primary faculty supervisor is unavailable.
- Maintain compliance with ethical and professional standards of care regarding client confidentiality, record keeping, and professional conduct of student therapists.
- Address all legal inquiries and communications from clients within the MFT Center
- Work with Auburn University Legal Counsel on legal inquiries.

Clinic Finances

- Track clinic income and expenditures.
- Deposit clinic fees/process account transfers.

Manage Office Administrator Responsibilities

- Case assignment/intake scheduling
- Maintain a database to track student hours.
- Maintain client records/scanned files.
- Monitor therapy rooms/supplies forms.
- File scanning and storage.
- Direct Office Administrator.

Database Management

- Maintain software for client file management.
- Maintain the clinical assessment/research database.
- Provide regular audits to ensure ethical maintenance of client files and data.

Off-Site Placement Coordination

- Facilitate student placements.
- Process internship documentation.
- Maintain contact with site/agency contact.
- Provide clinical supervision as assigned.
- Ensure that all assistantship documentation is coordinated with the Dean's Office

Clinic Development and Community Liaison

- Public Relations/Marketing/Community outreach and networking
- Participate in health fairs, campus resource events, and other community events.
- Update and coordinate outreach and placement of promotional materials.
- Coordinate the Multicultural Marketing Plan for the Tri-County region for continued referral sources.
- Assess and expand current and new referral sources.

Program Maintenance/Enhancement

- Attend monthly MFT Program faculty meetings.
- Be available and open to hearing students' concerns or suggestions and communicating them to the program faculty.
- Participate in regular data review of program goals, student learning outcomes, resources, teaching/learning practices, and curriculum to inform program improvement.
- Update the MFT Clinical Web page with accurate admission information, new forms and assessments, and updated Spanish paperwork.

Academic Duties

- Teach graduate MFT classes as assigned.
- Direct theses and serve on departmental/university thesis/dissertation committees.
- Maintain active scholarly research program
- Maintain an active record of service at the departmental, college, university, and professional levels.

Job Description MFT Core Faculty Member*

Administrative:

MFT faculty members are partners with the MFT PD to determine the overall direction, implementation, maintenance, and evaluation of the MFT Program, as operationalized through the program's Educational Objectives (EOs). This process occurs administratively by being ongoing members of the MFT Committee.

Duties include:

- In cooperation with the entire MFT faculty: determining the final ranking of applicants and selection of each year's class of six students.
 - In cooperation with the entire MFT faculty: recruiting selected applicants

- In cooperation with the entire MFT faculty: development, implementation, maintenance, and evaluation of the MFT curriculum and clinical requirements
- In cooperation with the entire MFT faculty: development, maintenance, and evaluation of Program and Center policies and procedures
- In cooperation with the entire MFT faculty: development, implementation, and evaluation of MFT student evaluation and record-keeping

Clinical: Duties include:

- Provide clinical supervision, as assigned, via Lab and Internship classes. This includes coordination and implementation of student clinical evaluations with on-site internship supervisors.

Academic: Duties include:

- Teach MFT classes as assigned in relation to the professional marriage and family therapy principles utilized by the program to underpin the program’s EOs.
- Direct theses and serve on departmental thesis committees, especially for MFT students
- Maintain an active scholarly research program appropriate to a marriage and family therapist.

Service:

Duties include:

- Maintain a record of professional service to the marriage and family therapy profession. This may include service to professional associations and editorial/reviewer service for professional journals and
- Maintain a record of community professional and volunteer service, utilizing marriage and family therapy-based knowledge and skills.

This job description does not represent the entire scope of duties associated with being an Auburn University tenure-track faculty member, instead focusing on duties related to the MFT program.

Auburn Program Clinical Supervisor Requirements and Responsibilities

An “Auburn MFT Clinical Supervisor” designation is established by the Program Director in conjunction with the core MFT faculty. This designation must be carried out to provide AU MFT Center services, supervise student clinicians operating in the MFT Center, and have access to view or provide services, training, or supervision within the AU MFT Center. AU Program Clinical Supervisors must demonstrate the following qualifications:

- Demonstration of professional identity as a marriage and family therapist
- Demonstration of training in MFT relational/systemic supervision by **one of the following:**
 - A graduate course in MFT relational/systemic supervision equivalent to three semester credit hours
 - Postgraduate professional education in MFT relational/systemic supervision of at least 30 clock hours
 - A state-established MFT supervisor designation that includes relational/systemic supervision training
 - Designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

Off-Site Internship Supervisor

An “off-site internship supervisor” is the individual at the placement site who oversees students' clinical work. It is expected that students will meet regularly with the off-site internship supervisor for supervision, staffing clinical cases, and case management. If the designated off-site internship supervisor is not an AAMFT Approved Supervisor, the student will receive additional clinical supervision from the Program Director. As long as the internship supervisor is an AAMFT Approved Supervisor or an AAMFT Approved Supervisor Candidate, the supervision will count towards the 100 required supervision hours by a program clinical hours.

Non-Core Faculty Job Description

Non-core faculty are either on short-term contracts (adjunct faculty) with the University to teach a specific course during a specific semester or a permanent position with Auburn University, but their primary assignment is in another program. Non-core faculty members teach courses within the MFT for which they are professionally, educationally, and experientially prepared.

Specific responsibilities include:

- Teaching assigned courses
- Providing SLO data to the Program Director (PD) when applicable
- Updating syllabus and curriculum based on feedback from student evaluations, curriculum review, programmatic consistency, and accreditation standards.

Job Description Office Administrator or Clinical Office Manager

Clinical Administrative:

- Audit client files monthly and review file management strengths and weaknesses with each student therapist, setting necessary goals to improve delinquent or unethical file maintenance. Update the Program Director on outcomes and discrepancies by the 10th of each month.
- Provide budget tracking and monitoring and produce an annual income and expense report
- Monitor monthly client census to ensure accurate attendance, billing, and revenues collected, and report to the Program Director during the first week of the following month.
- Oversee the incoming data to ensure that clients are fully complete and sign assessments, informed consents, release of information, subpoenas, and client document requests for records are directed to the clinic supervisor and Program Director within 24 hours.
- Maintain the clinical assessment/research database, ensuring that student therapists ethically maintain all assessments and paperwork.
- Provide regular audits to ensure ethical maintenance of client files and data.

Manage Office Administrator Responsibilities

- Case assignment/intake scheduling
- Maintain a database to track student hours.
- Maintain client records/scanned files.
- Monitor therapy rooms/supplies forms.
- File scanning and storage.
- Direct Office Administrator.

Database Management

- Maintain software for client file management.
- Maintain the clinical assessment/research database.
- Provide regular audits to ensure ethical maintenance of client files and data.

Programmatic Administrative:

- Complete the annual report; outlining the December and July anonymous student survey results. Complete the report for the September 10th and January 15th faculty meeting.
- Update the MFT Clinical Web page with accurate admission information, new forms and assessments, and updated Spanish paperwork.
- Create, disseminate, collect, organize and report new alumni, alumni and employer survey results every five years.
- Work with the Program Director to receive and respond to potential student inquiries for admission to the MFT Program (Mid December), send out interest letters for the second round of interviews (January 7th), and follow up with the final round of Zoom interviews of the top 10 students (January last week), finally sending out acceptance and non-admittance letters to all applicants (February)
- Coordinate keys at ARTF, schedule conference rooms, and deliver mail for MFT and HDFS faculty. Act as liaison between ARTF and HDFS.
- Compile and write up the Portfolio, Audit, Placement, and TGCSQ rubrics into the Auburn annual report due July 1st.

Off-Site Placement Coordination

- Prepare internship documentation for documentation.
- Ensure that all assistantship documentation is coordinated with the Dean's Office, and the Provost's Office

Auburn MFT Clinical Administrator

The Clinical Administrator (CA) serves as a Steward of the Auburn University Marriage and Family Therapy Center (Center) and is responsible for its everyday administration on a 12-month basis under the administrative oversight of the PD.

The MFT CA is a unique .50 Graduate Assistantship opportunity tailored for Ph.D. HDFS students who have graduated with an MFT master's degree and have clinical experience in a clinic and a placement site. The CA is responsible for overseeing the services provided within the scope of the AU MFT Center to meet appropriate ethical, legal, and competent service standards. The CA is responsible for overseeing the student clinical responsibilities related to MFT Center marketing and economic viability and for the services provided consistent with the policies of the MFT Clinical training guidelines.

The CA plays a pivotal role in the MFT training experience following the COAMFTE accreditation guidelines and ensures that the framework for completing the AU student learning outcomes (SLOs) is followed. In collaboration with the MFT faculty, the CA is instrumental in maintaining the clinic facilities' upkeep and planning for the growth or development of the facilities, services provided, or staffing and resource needs to meet said growth and development.

Responsibilities and Duties include:

- Support of students learning clinical service responsibilities at the Center.
- Coordinate with students regarding the multi-cultural marketing plan and follow-up actions.
- Completion of all internship and practicum contracts with agencies and assistantship agreements being completed and approved by the college and Provost's office.
- Coordination of Placement Supervisory assessments, meetings, and follow-up feedback sessions related to student, supervisor, and programmatic evaluations. This is essential as supervisors are a Constituency of interest who must provide feedback.
 - Ensures placement supervisors receive and complete the student placement rubrics and evaluations.
 - Works with placements to modify the scoring rubric to more effectively evaluate student clinical function related to SLOs and placement work requirements
- Coaching of Student Clinical Responsibilities
 - Working with students in writing first case notes, treatment plans, and Portfolios
 - Grades the mid-semester Portfolios related to structural and compliance action items. The feedback is instrumental in profile analysis reporting and critical to the SLO evaluation process and COAMFTE and AU annual reports. This is also critical for the COAMFTE self-study every six years.
 - Ensuring follow-up with students related to anonymous surveys
 - Schedules, Leads and takes notes for the annual exit interviews with graduating students
 - Ensures that students follow the ethical guidelines for monthly file audits and follow up with action items related to “minor deficiencies” related to paperwork responsibilities.
 - The CA reports to faculty and PD during monthly faculty meetings about the progress for students working to comply with policy following “minor deficiencies.”

- Works directly with undergraduate students and the PD to ensure a timely and thorough review of TGCSQ data.
 - Works with PD to review coding of student data
 - Ensures that students are collecting required assessments promptly
 - Ensures that students know how to present graphed assessments to clients

General MFT Center operations

- Learn the VALT recording system and the coding abilities of the system, and ensure updates and training occur at least annually. Teaches the system to faculty and students.
- Maintain operations of the video/audio recording system and database.
 - Erases client videos per the MFT Center policy.
- Maintain and update the MFT Center Handbook with Policies & Procedures
- Train incoming students on VALT, Portfolio, Titanium, and clinical note/tx plan writing.
- Address student concerns when the primary faculty supervisor is unavailable.
- Maintain compliance with ethical and professional standards of care regarding client confidentiality, record keeping, and professional conduct of student therapists.

Clinic Web Site Compliance

- Work with the College Administrator to bring the Auburn MFT website in compliance with COAMFTE requirements
- Ensures that students can access required information on the updated website

Program Maintenance/Enhancement

- Attend monthly MFT Program faculty meetings.
- Be available and open to hearing students' concerns or suggestions and communicating them to the program faculty.
- Participate in regular data review of program goals, student learning outcomes, resources, teaching/learning practices, and curriculum to inform program improvement.
- Update the MFT Clinical Web page with accurate admission information, new forms and assessments, and updated Spanish paperwork.

Clinical Training Duties

- Complete the Supervisor Training at the MFT Center.
- Work with the PD to review programmatic data for evaluative purposes

Appendix O: Annual Graduate Student Evaluation



Human Development and Family Science (HDFS) Graduate Student Annual Review Form 2024 Student Form | Criteria for Satisfactory Progress

Please email this document and supporting materials to the GPO (mluciergreer@auburn.edu) by February 19, 2024. It is **HIGHLY** encouraged that you ask your Major Professor to review your materials before submitting.

SECTION 1. STUDENT INFORMATION

A. General Information

| | |
|--|--|
| Student Name: | Click or tap here to enter text. |
| Current Degree Program: | Choose a program. |
| GPA: | ### as of Choose a semester. |
| Credits completed in current program: | ## as of Choose a semester. |
| Major Professor/Advisor: | Choose a faculty member. |
| Committee member 1*: | Choose a faculty member. |
| Committee member 2*: | Choose a faculty member. |
| Committee member 3*: | Choose a faculty member. |
| List of non-department members*: | Click or tap here to enter additional faculty. |

*Those who have agreed to serve on your committee.

B. Degree Progress

Indicate the semester and year in which you should complete your current degree program according to the following guidelines: M.S. HDFS and M.S. Marriage and Family Therapy (MFT) should finish degree requirements within 2 years (6 semesters) of program entry. Ph.D. students should finish degree requirements within 5 years. Students completing both M.S./Ph.D. degrees in HDFS should finish degree requirements within 6 years, no more than 3 of which should be devoted to the M.S. degree program.

For the questions in this section, if you are an M.S./Ph.D. student and have not completed your thesis, answer the following questions as an M.S. student.

| AU HDFS Degrees | Start Semester | Anticipated or Actual Completion | Required Completion |
|-----------------|-----------------------------------|----------------------------------|---------------------|
| MS HDFS/MFT | NA - Received MS degree elsewhere | Choose semester | Choose semester |
| PhD | NA - Not seeking PhD | Choose semester | Choose semester |

Indicate when you completed, or anticipate completion, of the following degree milestones. If a milestone is not applicable to your program (e.g., if you entered as a doctoral student and a thesis is not required) or is not yet applicable (e.g., if you are a doctoral student but have not completed your qualifying exam and thus cannot anticipate your dissertation proposal/defense) select N/A.

| <i>Select One</i> | | | |
|-------------------|-----------|-----|----------|
| Anticipated | Completed | N/A | Semester |

| | | | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|-----------------|
| Thesis Proposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose semester |
| Thesis Defense | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose semester |
| Written Qualifying Exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose semester |
| Oral Qualifying Exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose semester |
| Dissertation Proposal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose semester |
| Dissertation Defense | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Choose semester |

C. Professional Goals

*Please briefly identify the type(s) of professional position(s) you would like to pursue upon completion of your graduate study at Auburn (e.g., program services director, faculty member in a research-intensive university, faculty member in a teaching university, research in a policy-oriented organization). *This information helps the faculty to ensure you are connected with relevant training opportunities.*

If you are currently an M.S. student and are interested in pursuing the Ph.D. program in HDFS, please indicate that information below and describe how your goals fit within the doctoral program.

SECTION 2. CRITICAL CRITERIA

Satisfactory Progress in The Program

A. Tangible Evidence of Degree Progression

| Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Established a major professor |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Submitted a Committee, Transfers, Exceptions & Candidacy (CTEC) Form to establish your committee |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Completed coursework on a timetable consistent with the curriculum |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Logged into Degree Works to ensure you know what courses and requirements are still needed for your curriculum (AU Access → Degree Works) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Passed all courses with a grade of “B” or better f no, please indicate the course(s) in which you made lower than a “B” |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Identified a field placement/internship interest (as applicable) |

Student Supporting Comments (Detailed). List major accomplishments regarding degree progression from the past year (Jan-Dec). For continuing students, what were your goals from last year (copy and paste)? Which goals from last year did you achieve, and which goals were not achieved?

Click or tap here to enter text.

Student Goals for the Next Calendar Year

Click or tap here to enter text.

B. Satisfactory Assistantship Performance

Indicate which type(s) of assistantships you had during the previous calendar year and your supervisor.

| Select, if applicable | Assistantship Type | Supervisor(s) |
|--------------------------|--|---------------|
| <input type="checkbox"/> | Research Assistantship | _____ |
| <input type="checkbox"/> | Teaching Assistantship Including Independent Teaching | _____ |
| <input type="checkbox"/> | Other | _____ |

Student Supporting Comments (Detailed). List major accomplishments regarding assistantships from the past year (Jan-Dec). For continuing students, what were your assistantship goals from last year (copy and paste)? Which assistantship goals did you achieve, and which goals were not achieved?

Student Assistantship Goals for the Next Calendar Year.

C. Involvement in Research

Over the entirety of your time in graduate school, have you ...

| Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Completed the RCR (formerly CITI) Training for Human Subject Protection |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Conceptualized a research question and developed an appropriate research design to answer the research question |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Collected data for independent research or as part of a lab experience |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Used statistical software to analyze data |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Independently developed an analysis strategy |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Independently interpreted research data |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Prepared and/or submitted an abstract for a professional presentation |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Prepared and/or submitted a manuscript for publication |

How many

- scholarly presentations have you presented/co-presented in the last year? _____
- scholarly presentations have you presented/co-presented across all graduate school experiences? _____
- manuscripts have you authored/co-authored in the last year (2023 pub date)? _____
- manuscripts have you authored/co-authored across all graduate school experiences? _____

Student Supporting Comments. List major research accomplishments. For continuing students, what were your goals from last year (copy and paste)? Which goals from last year did you achieve? Which goals were not achieved?

Student Research Goals for the Next Calendar Year

D. Teaching Experience

i. General Teaching Experience

Over the entirety of your time in graduate school, as a teaching assistant or guest lecturer, have you ...

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Developed lectures and course activities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Developed course materials (e.g., handouts, exams) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Treated students fairly and ethically |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Effectively delivered instructional content |

ii. Independent Teaching

Over the entirety of your time in graduate school, as an instructor of record, have you ...

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Developed lectures and course activities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Developed course materials (e.g., syllabi, homework, exams) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Implemented academic honesty policies and procedures |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Treated students fairly and ethically |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Effectively delivered instructional content |

Student Supporting Comments. *List major teaching accomplishments. For continuing students, what were your goals from last year (copy and paste)? Which goals from last year did you achieve? Which goals were not achieved?*

Click or tap here to enter text.

Student Teaching Goals for the Next Calendar Year. *Note: If you have an interest in being an Instructor of Record in the near future, please note that here.*

E. Clinical Work (For those in the MFT program and those pursuing clinical licenses)

Regarding your training to date, have you ...

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Developed competency in intake assessments |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Developed competency in rapport building |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Developed competency in treatment planning |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Developed competency in crisis intervention |

Student Supporting Comments. *List major clinical accomplishments. For continuing students, what were your goals from last year (copy and paste)? Which goals from last year did you achieve? Which goals were not achieved?*

Student Clinical Goals for the Next Calendar Year

F. Outreach/Extension Activities (For those working in applied labs and interested in outreach jobs)

Over the entirety of your time in graduate school, have you ...

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Identified and evaluated research or programs addressing practical human development issues |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Synthesized research into written educational formats targeting lay audiences |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Presented research-based information to lay audiences |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Developed and/or presented training materials for professionals in the field |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Planned and conducted formative and/or summative evaluation of a program |

Student Supporting Comments. List major outreach/Extension accomplishments. For continuing students, what were your goals from last year (copy and paste)? Which goals from last year did you achieve, and which goals were not achieved?

Student Outreach/Extension Goals for the Current Calendar Year

G. Leadership and Service

This past year, have you ...

- | Yes | No | |
|---|--------------------------|--|
| Departmental and University Leadership and Service | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Assisted with new or prospective students |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Assisted other students in your areas of expertise (e.g., statistics, policy interpretation, a specific subject area, lab management) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Attended research presentations by peers (e.g., QE defense, dissertation defense) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Participated in an HDFS Graduate Student Organization (GSO) meeting or event |
| Professional Leadership and Service | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Held a membership in at least one appropriate professional organization |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Been active in local or national advocacy groups (e.g., student networks, community support groups, public awareness campaigns) |

Over the entirety of your time in graduate school, have you ...

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Served as a member of a departmental committee or served in a GSO leadership role |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Served as student affiliate board member to a professional organization |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Attended state or national conferences |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Reviewed conference proposals |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Reviewed manuscripts for refereed journals |

Student Supporting Comments. List accomplishments regarding service and leadership. For continuing students, what were your goals from last year (copy and paste)? Which goals from last year did you achieve,

and which goals were not achieved?

Student Service and Leadership Goals for the Next Calendar Year

H. Anti-racism, Equity, and Inclusion (AEI)

Over the past several years, the department has worked to promote anti-racism, equity, and inclusion in our work as social scientists and in our everyday lived experiences. For more information about these efforts, see our [departmental goals](#) and the [work of the AEI committee](#). In the section below, we are curious about your own efforts in promoting AEI as well as perceived departmental efforts.

This past year, have you ...

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Attended departmental events or conversations focused on enhancing AEI |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Attended presentations or trainings outside the department focused on AEI issues within our discipline (e.g., social justice in research, classroom inclusivity) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Provided feedback about the state of AEI within the department (e.g., discussed needs or progress with the GSO or GPO, filled out the student climate survey) |

Student Supporting Comments. Briefly discuss your own progress and development regarding AEI. Comments might discuss how your scholarship or advocacy efforts promote aspects of AEI or how to look forward to developing in this area.

Department Progress. As you feel comfortable, please share what evidence, if any, you see of the department making progress regarding issues of AEI (within the discipline and within our department) and suggestions for continued progress. Your feedback is valued and will be received as an opportunity for continued growth.

SECTION 3. OVERALL SELF-EVALUATION

- A. Please provide a self-evaluation of your progress in meeting your goals for the past calendar year.
- B. For the goals that were not accomplished, what supports might have helped you to succeed?
- C. Overall, what steps might you take to improve your ability to meet your goals for the current calendar year?
- D. (Optional) Please describe any special circumstances that you believe affected your progress that should be considered in reviewing your progress for the calendar year under review.

SECTION 4. ADMINISTRATIVE REVIEW

Faculty Use Only

Faculty Reviewer 1 (insert name) _____

A. Assessment of Student Progress Rating

- Satisfactory Progress.**
Student is making satisfactory progress across all applicable domains as consistent with their career goals.
- Concerns About Progress**

Student fails to meet some or most criteria for satisfactory progress.

- Unsatisfactory Progress**
Student fails to meet some or most criteria for satisfactory progress and concerns indicated previously.

B. Notable Accomplishments

Please list at least one positive accomplishment of the student during the prior calendar year (e.g., assistantship evaluations, completing work on time, etc.).

C. Comments

Indicate strengths and areas for growth including potential for university-level awards/recognition.

Faculty Reviewer 2 (insert name) _____

A. Assessment of Student Progress Rating

- Satisfactory Progress.**
Student is making satisfactory progress across all applicable domains as consistent with their career goals.
- Concerns About Progress**
Student fails to meet some or most criteria for satisfactory progress.
- Unsatisfactory Progress**
Student fails to meet some or most criteria for satisfactory progress and concerns indicated previously.

B. Notable Accomplishments

Please list at least one positive accomplishment of the student during the prior calendar year (e.g., assistantship evaluations, completing work on time, etc.).

C. Comments

Indicate strengths and areas for growth including potential for university-level awards/recognition.

Appendix P: Annual MFT Core Faculty Evaluations

AU MFT 2023 Core Faculty Evaluation Addendum

Core Faculty Member: Enter Text

Date of Evaluation: 1/22/2024

MFT Program Mission

The mission of the Marriage and Family Therapy Program is to enhance human well-being and quality of life worldwide through the training of multi-culturally informed, ethically competent marriage and family therapists. Graduates will be prepared to provide relational/systemically based therapy to individuals, couples, and families and produce evidence of their effectiveness. Graduates will be prepared to gain admission to the doctoral program they choose should they pursue a doctoral degree.

Please indicate whether the faculty member has engaged in the four activities that support the MFT Program's Mission.

- Maintained current licensure under the licensing requirements of Alabama and maintained AAMFT Approved Supervisor Status and/or State Supervisor Equivalent designation.
- Participated (as instructor and/or participant) in at least two trainings, workshops, or CE opportunities focused on areas of the AU MFT curriculum included in the faculty member's teaching and/or supervisory assignment within the MFT program.
Faculty member list and briefly describe activities:
Enter Text
- Participated (as instructor and/or participant) in at least one training, workshop, and/or personal development opportunity focused on increasing cultural competency.
Faculty member list and briefly describe activities:
Enter Text
- Attended at least 75% of all MFT Faculty meetings scheduled throughout the academic year.
Enter Text

Supervisor please rate the faculty member's performance related to the program's Mission.

- Insufficient: Faculty member met less than 75% of Mission benchmarks.
- Sufficient: Faculty member met 75% or more of Mission benchmarks.

MFT Program Goals and Student Learning Outcomes

The following is an evaluation of the faculty member's contributions to the **MFT Program Goals** by facilitating the corresponding **Student Learning Outcomes**.

Program Goal 1: *Graduates will be able to apply their knowledge of relational/systemic theories, human development and various MFT approaches to develop an effective, personalized therapy approach.*

Associated Student Learning Outcome: 1) *Develop a relational/systemic theoretical foundation accounting for developmental issues that informs treatment delivery for individuals, couples, and families*

Associated Student Learning Outcome: 2) *Organize and execute a breadth of theoretically informed clinical techniques used to demonstrate effective therapy interactions detected by clients and observers*

Please indicate contributions to Goal 1 and the associated student learning outcomes:

Provided weekly clinical supervision during at least one semester where relational/systemic theoretical models within developmental contexts are incorporated into the supervisory experience.

Enter Text

Provided instruction in at least one developmentally informed, relational/systemic theoretical model within the classroom experience during at least one semester wherein the average rating of faculty performance on student evaluations was at least 4.5 out of 6.

Enter Text

Score and provided feedback to students on assignments designed to determine understanding of relational/systemic theoretical perspectives within developmental contexts.

Enter Text

Rated and provided Profile Analysis rubric feedback concerning students' developmentally informed, relational/systemic clinical skills and outcomes during at least one semester, and/or provided Theory of Change (TOC) rubric feedback concerning student's relational/systemic therapy.

Enter Text

The supervisor rates the faculty member's performance related to this goal and the associated student learning outcomes.

Insufficient: Faculty member met less than 75% of Goal 1 benchmarks.

Sufficient: Faculty member met 75% or more of Goal 1 benchmarks.

Program Goal 2: *The program will instill in students the importance of and ability to practice ethically and professionally.*

Associated Student Learning Outcome: 3) *Assimilate MFT professional and ethical guidelines in clinical and clerical actions that are appraised by training and community supervisors to meet*

professional standards.

Faculty member, please indicate contributions to this goal and the associated student learning outcome:

- Provided weekly clinical supervision during at least one semester, where students' developmental skills related to the application of ethical decision-making and professional behavior were incorporated into the supervisory experience.
Enter Text
- Provided instruction in ethics and the law, the AAMFT Code of Ethics, ethical decision-making models, and/or the application of professional and ethical considerations in clinical treatment during at least one semester, wherein the average rating of performance on student evaluations was at least 4.5 out of 6.
Enter Text
- Rated and provided AU MFT Rubric for Case Audits feedback concerning students' ethical clinical case and file management during at least one semester.
Enter Text
- Rated and provided Profile Analysis rubric feedback concerning students' ethical decision skills and outcomes during at least one semester.
Enter Text

The supervisor rates the faculty member's performance related to this goal and the associated student learning outcome.

- Insufficient: Faculty member met less than 75% of Goal 2 benchmarks.
- Sufficient: Faculty member met 75% or more of Goal 2 benchmarks.

Program Goal 3: *Graduates will be able to apply research methods to create evidence of their therapeutic effectiveness as well as the ability to contribute to the research base for their profession.*

Associated Student Learning Outcome: 4) *Develop research skills sufficient to assess clinical effectiveness, evaluate published research, or complete original research.*

Faculty member, please indicate contributions to this goal and the associated student learning outcome:

Provided weekly clinical supervision during at least one semester where AU MFT Center assessment and diagnostic tools are scored and subsequent outcomes are incorporated into the supervisory experience.

Enter Text

Rated and provided Profile Analysis rubric feedback specifically concerning students' ability to score AU MFT Center assessment and diagnostic tools, subsequently graph the outcomes for each client with multiple data points in support of the student's clinical success.

Enter Text

Served as at least one MFT student's Thesis/Dissertation Committee Chair or Thesis/Dissertation Committee Member during the academic year. Please specify 1) the student's name; 2) your role in the committee; and 3) ongoing or graduated for MFT students and/or HDFS doctoral students who are also MFTs.

Major Professor for Thesis/Dissertation

Theses/Dissertation Completed

Enter Text

Theses Currently in Progress

Enter Text

Committee Member for Completed Thesis/Dissertation

| <u>Name</u> | <u>Degree</u> | <u>Year</u> | <u>Current Position</u> |
|-------------|---------------|-------------|-------------------------|
|-------------|---------------|-------------|-------------------------|

Enter Text

Committee Member for Theses/Dissertation in Progress

| <u>Name</u> | <u>Degree</u> | <u>Year</u> | <u>Current Position</u> |
|-------------|---------------|-------------|-------------------------|
|-------------|---------------|-------------|-------------------------|

Enter Text

Supervisor rate the faculty member's performance related to this goal and the associated student learning outcome.

Insufficient: Faculty member met less than 66% of Goal 3 benchmarks.

Sufficient: Faculty member met 66% or more of Goal 3 benchmarks.

Program Goal 4: *The program will emphasize a multi-culturally informed perspective to MFT throughout the curriculum, on and off campus clinical supervised experiences and the interpersonal experience of students during their program.*

Associated Student Learning Outcome: 5) *Endorse and implement multi-culturally informed ideals that embrace contextual issues of race, gender, gender identity, religion, socioeconomic status, ethnicity, national origin, sexuality, and sexual orientation.*

Faculty member, please indicate contributions to this goal and the associate student learning outcome:

Provided weekly clinical supervision during at least one semester, incorporating students' clinical care related to the treatment of diverse populations into the supervisory experience.

Enter Text

Provided instruction in issues of cultural dynamics in clinical treatment of multi-culturally diverse populations within the classroom experience during at least one semester, wherein the average rating of performance on student evaluations was at least 4.5 out of 6.

Enter Text

Rated and provided Profile Analysis rubric feedback specifically concerning students' ability to justify continuity of clinical services for clients of all income levels at least one semester, and/or provided Theory of Change Rubric feedback concerning student's clinical use of their chosen relational/systemic therapy approach with a culturally diverse clinical case.

Enter Text

Supervisor rate the faculty member's performance related to this goal and the associated student learning outcomes.

Insufficient: Faculty member met less than 66% of Goal 4 benchmarks.

Sufficient: Faculty member met 66% or more of Goal 4 benchmarks.

Faculty member feedback to supervisor:

Conference Sessions Attended, hours completed, and Graduate Course Connection (list below)

Enter Text

Supervisor, for any area(s) where the faculty member was rated as insufficient, please describe the plan of remediation to address and correct insufficiencies.

Additional Feedback from Supervisor: [Enter Text](#)

Evaluation completed by:

Angela R. Wiley

Appendix Q: Program Demographics

Demographics of AU MFT Faculty, Supervisors, and Students 2023-24

AU MFT Faculty Demographics 2023-24

Total teaching faculty, core and adjunct = 8

Ethnicity

White Non-Hispanic = 6

African-American = 1

Hispanic/Latina = 1

Gender

Female = 5

Male = 4

Non-MFT teaching faculty = 4

Ethnicity

White Non-Hispanic = 2

African-American = 1

Jewish = 1

Gender

Female = 3

Male = 1

AU MFT Supervisor Demographics 2023-23=24

Total supervisors, core, on and off campus = 11

Ethnicity

White Non-Hispanic = 10

Hispanic/Latina = 1

Gender

Female = 5

Male = 6

Supervisory Status

AAMFT Approved Supervisors = 8

AAMFT Supervisor Candidate = 3

Off-campus, internship supervisors = 5

Ethnicity

White Non-Hispanic = 4

Hispanic/Latina = 1

Gender

Female = 5

Supervisory Status

AAMFT Approved Supervisors = 4

AAMFT Supervisor Candidate = 1

AU Student Demographics 2023-24

Total students in the program = 12

Ethnicity

White Non-Hispanic = 5

African-American, African = 5

Native American = 1

Pacific Islander = 1

Gender

Female = 9

Male = 3

Appendix R: Regulatory Alignment Student Signed Acknowledgement

Regulatory Alignment Student Signed Acknowledgement

Marriage and Family Therapy is a profession that leads to licensure in all 50 states; however, each state has its laws and regulations about what is needed to become licensed as an MFT in that state.

Please review license requirements in the state you intend to practice as soon as possible so that you understand what may and may not be accepted across state lines. Here is the link to each state's licensure resources: [MFT State/Provincial Resources](#) (AAMFT.org).

More importantly, we sent an Excel spreadsheet with the state requirements, the links to the licensure web pages, and an outline of whether we meet the licensure requirements. We update the spreadsheet yearly. However, we might miss recent licensure updates for specific states. That is why we provide the links to the licensure web pages for every state so that you can evaluate the state requirements where you wish to practice.

The coursework for Auburn University was designed to meet MFT licensure requirements in the state of Alabama. You may read more about the state requirements for MFT licensure in Alabama by clicking this link: <https://mft.alabama.gov/>.

If you have questions about the program's alignment with professional licensure, contact the Program Director, Dr. Scott Ketring, at ketrisa@auburn.edu.

Please sign this form and return it to the Auburn MFT Office Administrator, Shelby Jones, at sms0009@auburn.edu

I acknowledge that I have been informed that licensing regulations differ across states and provinces. I understand that the Auburn University MFT program is designed to meet the licensure requirements in Alabama and that an MFT degree from this program may not meet MFT licensing requirements in a different state.

Printed name as shown in the application

Signature (may be electronic)

Date Informed of the Licensure Requirements

Appendix S-1: Program of Study Thesis Option

| First Year Fall | M | T | W | R | F | Online |
|---|---|---|---|---|---|--------|
| HDFS 7050: Research Methods for Human Development and Family Science (3) | | | X | | | |
| HDFS 7600: MFT Theory I – Systems Theory & Theoretical Models of MFT (3) | | | | | X | |
| HDFS 7601: MFT Theory Lab I – Pre-Clinical Practicum (1) | | | | | X | |
| HDFS 7670: Individual, Couple, And Family Dynamics of Addictions, Recovery, And Treatment (3) * | X | | | | | |
| HDFS 7930: Seminar in HDFS (1) | | X | | | | |
| First Year Spring | | | | | | |
| HDFS 7030: Lifespan Development (3) | | X | | | | |
| HDFS 7620: MFT Clinical Issues: Family Systems (3) | | | | X | | |
| HDFS 7621: MFT Lab II – Clinical Practicum (1) | | | | X | | |
| HDFS 7680: Systemic Assessment, Diagnosis & Treatment of Psychopathology (3) | X | | | | | |
| First Year Summer | | | | | | |
| HDFS 7630: MFT Clinical Issues II: Individuals - Critical Issues in Family & Cultural Diversity (3) | | | | X | | |
| HDFS 7631: MFT Lab III – Clinical Practicum (1) | | | | X | | |
| HDFS 7610: MFT Theory II: Trauma & Crisis Intervention (3) | | X | | | | |
| HDFS 7990: Research and Thesis (1) | | | | | | |
| Second Year Fall | | | | | | |
| HDFS 7650: MFT Professional Issues: Ethical and Professional Issues (3) | | X | | | | |
| HDFS 7660: Systemic Impact of Illness, MedFT, & Psychopharmacology (3) * | X | | | | | |
| HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | | X | | | | |
| HDFS 7990: Research and Thesis (1) | | | | | | |
| Second Year Spring | | | | | | |
| HDFS 7640: MFT Clinical Issues III: Couples & Sex Therapy (3) | | X | | | | |
| HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | | X | | | | |
| HDFS 7990: Research and Thesis (1) | | | | | | |
| Second Year Summer | | | | | | |
| HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | | X | | | | |
| HDFS 7970: Special Topics: MFT Entrepreneurial Practice Building (3) (Optional) ** | | | | | | X |
| HDFS 7990: Research and Thesis (1) | | | | | | |

Total Degree = 50 Hours *Courses HDFS 7670 and HDFS 7660 are combined cohorts and rotate annually; **Course is combined cohort and offered bi-annually Schedule is subject to change.

It is the student's responsibility to have any changes from the plan of study reviewed and approved by the advisor in advance.

Student Name: _____ Signature: _____ Date: _____

Advisor Name: _____ Signature: _____ Date: _____

Appendix S-2: Program of Study Non-Thesis Option

| First Year Fall | M | T | W | R | F | Online |
|---|---|---|---|---|---|--------|
| HDFS 7050: Research Methods for Human Development and Family Science (3) | | | X | | | |
| HDFS 7600: MFT Theory I – Systems Theory & Theoretical Models of MFT (3) | | | | | X | |
| HDFS 7601: MFT Theory Lab I – Pre-Clinical Practicum (1) | | | | | X | |
| HDFS 7670: Individual, Couple, And Family Dynamics of Addictions, Recovery, And Treatment (3) * | X | | | | | |
| HDFS 7930: Seminar in HDFS (1) | | X | | | | |
| First Year Spring | | | | | | |
| HDFS 7030: Lifespan Development (3) | | X | | | | |
| HDFS 7620: MFT Clinical Issues: Family Systems (3) | | | | X | | |
| HDFS 7621: MFT Lab II – Clinical Practicum (1) | | | | X | | |
| HDFS 7680: Systemic Assessment, Diagnosis & Treatment of Psychopathology (3) | X | | | | | |
| First Year Summer | | | | | | |
| HDFS 7630: MFT Clinical Issues II: Individuals - Critical Issues in Family & Cultural Diversity (3) | | | | X | | |
| HDFS 7631: MFT Lab III – Clinical Practicum (1) | | | | X | | |
| HDFS 7610: MFT Theory II: Trauma & Crisis Intervention (3) | | X | | | | |
| Second Year Fall | | | | | | |
| HDFS 7650: MFT Professional Issues: Ethical and Professional Issues (3) | | X | | | | |
| HDFS 7660: Systemic Impact of Illness, MedFT, & Psychopharmacology (3) * | X | | | | | |
| HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | | X | | | | |
| Second Year Spring | | | | | | |
| HDFS 7640: MFT Clinical Issues III: Couples & Sex Therapy (3) | | X | | | | |
| HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | | X | | | | |
| Second Year Summer | | | | | | |
| HDFS 7920: MFT Theory Internship: Clinical Internship (Lab) (3) | | X | | | | |
| HDFS 7970: Special Topics: MFT Entrepreneurial Practice Building (3) ** | | | | | | X |
| HDFS 7970: Special Topics: Theory of Change (1) | | | | | | |

Total Degree = 50 Hours

*Courses HDFS 7670 and HDFS 7660 are combined cohorts and rotate annually;

**Course is combined cohort and offered bi-annually Schedule is subject to change.

It is the student's responsibility to have any changes from the plan of study reviewed and approved by the advisor in advance.

Student Name: _____ Signature: _____ Date: _____

Advisor Name: _____ Signature: _____ Date: _____

Appendix T: Affidavit

Affidavit of Compliance

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY PROGRAM

I, _____ having fully read the Auburn University Marriage and Family Therapy Program Handbook (MFT Program Handbook) and Auburn University Marriage and Family Therapy Center Handbook [MFT Center Handbook] and the [Teletherapy Handbook], together referred to as the MFT Handbooks. I understand that it is my responsibility to meet all academic and clinical requirements of the MFT program and to comply with all policies and procedures set forth in the MFT Handbooks.

I understand that, as a clinical graduate student in the Auburn University MFT (AU MFT) program, I will learn and abide by, both the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT) and the Standards of Conduct of Marriage and Family Therapists set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT). In the case of any contrary standards, I will follow the higher standard. Both ethical codes are included in the MFT Handbooks. _____ (INITIALS)

I acknowledge having already read and signed the Auburn University Marriage and Family Therapy Center Confidentiality Agreement. _____ (INITIALS)

Furthermore, I understand that, before I begin observing, and later working, with clients at the AU MFT Center, I must review, learn and begin following all policies and procedures of the MFT Center, contained in the MFT Center Handbook. _____ (INITIALS)

Should I believe I have an academic grievance during my tenure as a student in the MFT program, I am aware that I should consult and follow the AU Student Academic Grievance Policy found at: <https://sites.auburn.edu/admin/universitypolicies/Policies/StudentAcademicGrievancePolicy.pdf>

By signing this document, I am signifying that I will abide by the terms of this affidavit of compliance.

Signature of Student

Date

Signature of Witness

Date

Appendix U: FERPA Authorization for Reference



AUBURN UNIVERSITY
Office of the General Counsel

FERPA AUTHORIZATION FOR REFERENCE

Student's Full Name: _____

Student ID#: _____

I hereby provide consent for the disclosure of education records related to my performance in the Auburn University Marriage and Family Therapy Program to _____ *(identify potential employer or licensure board)* for the purpose of providing a reference.

Student Signature: _____

Date: _____

182 South College Street, 101 Samford Hall // Auburn, AL 36849-5163 // O: 334-844-5176 // F: 334-844-4575
auburn.edu