

2019

Couple and Family Therapy Program Manual

Master's Degree Program

School of Family
Studies and Human
Services

**Kansas State
University**

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Introduction

This handbook is a student's guide to the master's degree program in couple and family therapy at Kansas State University (K-State). Please become familiar with it as it guides experiences in the program from start to finish. This handbook is not meant to be an exhaustive treatment of the program, so stay in touch with the assigned advisor and other mentoring resources to maintain a complete understanding of what is required to successfully navigate experiences in the Kansas State University Couple and Family Therapy Master's Program.

The program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), and is one of eight graduate programs in the School of Family Studies and Human Services (FSHS). Because it is a graduate program, any current student is also a student in the Graduate School, which has ultimate authority for administering graduate programs at Kansas State University.

Because of the multiple layers of administrative oversight, a student must comply with several different sets of policies and requirements in order to graduate from the program (the COAMFTE, the Graduate School, the School of FSHS, and the CFT Master's program). This handbook articulates what is required by the CFT Master's program and points to where a student needs to go to obtain additional information about the graduate experience at Kansas State University.

Program Components & Degree Requirements

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

- Completion of all required coursework with a B average or better.
- Completion of all clinical requirements with a minimum of 500 hours of face-to-face client contact, more than half (200 hours) with couples and families.
- Demonstration of development of the program core competencies (see *CFT Program Goals and Student Learning Outcomes*).
- Completion of the capstone requirements: thesis or clinical capstone project.
- Passing each section of the comprehensive exam.

Program Mission

The mission of the Kansas State University Master's Program in Couple and Family Therapy is to provide the academic, clinical and professional training necessary for graduates to be successful clinicians in a variety of mental health settings. Our goal is to develop clinicians who embrace diversity, value and integrate research into practice, and, if desired, are prepared to pursue a doctoral education." In addition to having a commitment to preparing marriage and family therapists as practitioner-scientists, we also have a commitment to providing a safe, collaborative learning environment where competition is discouraged, and teamwork is encouraged.

Program Goals and Student Learning Outcomes

The Master's Program Goals and Student Learning Outcomes are derived from the American Association of Marriage and Family Therapy (AAMFT) Core Competencies, Association of Marital and Family Therapy Regulatory Boards (AMFTRB), the Kansas Statutes and Regulations covering marriage and family therapy,

and AAMFT Code of Ethics.

Goal 1: Students will develop competence in systemic, ethical, and culturally sensitive clinical practice.

1.1 Students will demonstrate competence in systemic assessment and treatment.

Benchmark: 75% of students will average at least 4 on the following sections of the Master's Supervisee Evaluation Form: Therapeutic relationship competencies, clinical assessment, conceptual competencies, structuring competencies, intervention competencies, case/crisis management.

Measurement: Master's Supervisee Evaluation Form (final clinical semester)

1.2 Students will demonstrate competence in culturally sensitive assessment and treatment with diverse populations.

Benchmark: 75% of students will average at least 4 on the cultural competency items (4) on the Master's Supervisee Evaluation Form.

Measurement: Master's Supervisee Evaluation Form (final clinical semester)

1.3 Students will demonstrate ethically sound judgement and behaviors in their clinical work.

Benchmark: 75% of students will average at least 4 on the legal and ethical related matters section of the Master's Supervisee Evaluation Form.

Measurement: Master's Supervisee Evaluation Form (final clinical semester)

Goal 2: Students will develop sound conceptualization skills attuned to relational and contextual factors.

1.1 Students will demonstrate an integrated conceptualization of problem formation and the change process that is systemic and multiculturally informed.

Benchmark: 75% of students will average at least 4.5 on the Model of Change Rubric.

Measurement: Model of Change Paper Rubric (Advanced Therapy)

Goal 3: Students will develop knowledge of the major theories of family therapy, diagnosis and assessment, professional ethics, and culture and ethnicity.

1.1 Students will demonstrate knowledge of the major theories of family therapy.

Benchmark: 75% of students will score 80% or better on the theory questions on the comprehensive examination.

Measurement: Comprehensive examination (fall year 3)

1.2 Students will demonstrate knowledge of the diagnostic criteria for the major mental disorders and best practices for CFT assessment.

Benchmark: 75% of students will score 80% or better on the diagnostic questions on the comprehensive examination.

Measurement: Comprehensive examination (fall year 3)

1.3 Students will demonstrate knowledge of the AAMFT code of ethics and ethical clinical practice.

Benchmark: 75% of students will score 80% or better on the ethics questions on the comprehensive examination.

Measurement: Comprehensive examination (fall year 3)

1.4 Students will demonstrate knowledge of the best practices for culturally sensitive assessment and treatment.

Benchmark: 75% of students will score 80% or better on the assessment questions on the comprehensive examination.

Measurement: Comprehensive examination (fall year 3)

Goal 4: Students will develop competence as a consumer of research

1.1 Students will demonstrate ability to locate, critically evaluate, and synthesize findings from relevant articles on particular research topics.

Benchmark: 75% of students will score an average of 4.

Measurement: Thesis or clinical capstone rubric.

Program Theoretical Foundation

During their time in the program, students receive training in both classic and cutting-edge family therapy theories, disorder-specific approaches, and empirically supported treatments. The underlying foundation for the treatment approaches taught is a systemic and relational orientation to problems in living. In addition, students are expected to view the process of therapy from a biopsychosocial lens.

CFT Program Climate

The CFT faculty desire that they and the students work together to create a program climate that:

- is safe
- is respectful
- is supportive
- values and affirms diversity
- is non-discriminatory
- is positive and empowering

Going hand-in-hand with the faculty's desire to work collaboratively with students is the faculty's responsibility to serve as gatekeepers for the profession of couple and family therapy. The faculty take this responsibility very seriously and maintain at every point in the program the ability to halt a student's progress toward graduation. Because this is a clinical program, and not just an academic program, the faculty expects each student to be fit for the practice of our profession at the time the student graduates. There may be occasions when a student is asked to put her or his progress in the program on hold, asked to complete additional work, instructed to step out of clinical practice, and/or asked to seek other resources outside of the program. The faculty also has the responsibility to remove a student from the program if, in their opinion, the profession would be best served by so doing. However, the desire of the faculty is to provide supports needed to help students succeed, and faculty will work with student to try to help students address any barriers to students' progress and success.

The CFT program complies with the University's Nondiscrimination Policy, Kansas State University is committed to nondiscrimination on the basis of race, color, ethnic or national origin, gender, sexual orientation, gender identity, religion and spiritual beliefs and/or affiliation, age, ancestry, disability, military status, veteran status, relationship status, socioeconomic status, health status, or other non-merit reasons, in recruitment, admissions, code of conduct, educational programs or activities, hiring and employment (including employment of disabled veterans and veterans of the Vietnam Era), or dismissal of students, faculty, and supervisors or other relevant educators and/or staff as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990, has been delegated to the Director of Affirmative Action, Kansas State University, 214 Anderson Hall, Manhattan, KS 66506-0124, (Phone) 785-532-6220; (TTY) 785- 532-4807.

Kansas State University is a land-grant, public research university committed to teaching and learning, research, and service to the people of Kansas, the nation, and the world. Our collective mission is best accomplished when every member of the university community acknowledges and practices the following principles:

- We affirm the inherent dignity and value of every person and strive to maintain an atmosphere of justice based on respect for each other.
- We affirm the value of human diversity for community.
- We affirm the right of each person to freely express thoughts and opinions in a spirit of civility and decency.
- We believe that diversity of views enriches our learning environment, and we promote open expression within a climate of courtesy, sensitivity, and mutual respect.
- We affirm the value of honesty and integrity. We will operate with honesty in all professional endeavors and expect the same from our colleagues.
- We acknowledge that we are a part of multiple communities, and we have an obligation to be engaged in a positive way with our civic partners.
- We recognize our individual obligations to the university community and to the principles that sustain it. We will each strive to contribute to a positive spirit that affirms learning and growth for all members of the community.

Roles of Faculty and Students in the Governance of the Program

Program Management

The program director is Glade Topham, Ph.D. Glade is a tenured associate professor and is responsible for providing overall guidance for the academic program, the program curriculum, clinical training, facilities, services, maintenance and enhancement of program quality, and oversight of the accreditation process. The clinical director is Marcie Lechtenberg, Ph.D. Marcie is a clinical assistant professor and clinical supervisor in the program and is responsible for the operation of the Family Center and the oversight of off-campus practicum experiences. Sandi Stith, Ph.D., Joyce Baptist, Ph.D.; Jared Anderson, Ph.D.; Amber Vennum, Ph.D.; Jared Durtchi, Ph.D.; and Chelsea Spencer are core faculty in the CFT program. Dr. Sonya Lutter is director of the Department of Applied Human Sciences and provides overall oversight of the department and the CFT program.

Faculty Role in Supporting Student Achievement of Student Learning Outcomes

Core program faculty are those who are full time faculty in the program with teaching and supervisory responsibilities. All core faculty have responsibility to maintain productivity in the areas of teaching, research, service, and practice. Each faculty teaches, on average, two courses each semester which includes a traditional academic course and supervision of students' clinical work. Faculty are expected to maintain active involvement in professional and community service and to maintain some level of clinical activity. Faculty engagement in research, teaching, supervision, service, and clinical work all support student achievement of Program Goals 1-4. Faculty engagement in research and teaching support student achievement of Program Goal 4.

Dr. Glade Topham, Associate Professor of Couple and Family Therapy

Dr. Topham serves as Program Director and teaches courses in both the master's and doctoral programs. He also serves on committees for both master's and doctoral students. His research and clinical interests are focused on the parent-child relationship and the most effective/efficacious approaches to early parent-child treatment for vulnerable populations. In addition, Glade is interested in the influence of parenting and family relationships in the establishment of healthy weight balance in young children, and in the efficacy of

transdisciplinary obesity prevention approaches that target physical and psychosocial health. He is a Kansas Licensed Clinical Marriage and Family Therapist and an AAMFT Approved Supervisor.

Dr. Sandra Stith, Professor of Couple and Family Therapy

Dr. Stith joined the K-State faculty in 2007 and served as the program director until summer, 2016. She has transitioned to working full time on her US Air Force research grants but continues to support graduate research assistants through her grants and to supervise and serve on committees for both master's and doctoral students. Her research interests are in intimate partner violence, dating violence, and treatment of couples in violent relationships. She is an AAMFT Approved Supervisor and a Kansas Licensed Clinical Marriage and Family Therapist.

Dr. Joyce Baptist, Professor of Couple and Family Therapy

Dr. Baptist teaches, supervises and serves on committees in both the master's and doctoral programs. Her research focuses on vulnerable and underserved groups. She is interested in improving treatments for suicide and depression, understanding resiliency factors in Black and mixed-race couples, improving the parent-child relationships in military families and the mental health of LGBT and refugee families. She collects biometric data (eye tracking and EEG) in her clinical research. Her clinical expertise lies in working with couples and families especially in relation to trauma. Dr. Baptist provides clinical training and consultation, conducts research and leads a study abroad to Malaysia. She is an EMDR Practitioner, an AAMFT Approved Supervisor and a Kansas Licensed Clinical Marriage and Family Therapist.

Dr. Jared Anderson, Professor of Couple and Family Therapy

Dr. Anderson teaches didactic courses in both the master's and doctoral programs, provides individual and group supervision, and serves as major professor for both master's and doctoral students. His research interests include the study of committed relationships across the life course. Specifically, he's interested in the impact of the couple relationship on one or both partner's chronic illness (e.g. diabetes), how differentiation—or the ability to be emotionally connected to important others while simultaneously being your own person—is associated with couple sexuality and relational outcomes, and finally, the development of young adult romantic relationships in collectivist societies. He conducts his research by using both large, publicly available national datasets, and through collecting his own data. Clinically he is interested in working with couples on the brink of divorce and couples who are ambivalent about their decision to stay together. Dr. Anderson is a Clinical Member of AAMFT, an AAMFT Approved Supervisor, and a Kansas Licensed Marriage and Family Therapist.

Dr. Jared Durtschi, Associate Professor of Couple and Family Therapy

Dr. Durtschi teaches in both the master's and doctoral programs, provides individual and group supervision, and serves on committees for graduate students. His research interests center on couple and family process, specifically within the formative developmental periods of emerging adulthood, early marriage, and the transition to parenthood. Dr. Durtschi studies couples and families with large, national data sets, using longitudinal, dyadic data analysis to quantitatively examine processes between and within family members. Clinically, he enjoys working with couples wanting to strengthen their romantic relationship, and with families coping with crises and stress. Dr. Durtschi is a Clinical Member of AAMFT and a Kansas Licensed Marriage and Family Therapist.

Dr. Amber Venum, Associate Professor of Couple and Family Therapy

Dr. Venum teaches, supervises, and serves on committees in both the master's and doctoral programs. Her research interests include the development of early romantic relationships, the impact of early romantic relationships on later adult romantic relationships, developing and evaluating programs that address healthy relationships, and working therapeutically with adolescents, young adults, and their families in school

settings. Dr. Vennum is a Clinical Member of AAMFT, an AAMFT Approved Supervisor, and a Kansas Licensed Marriage and Family Therapist.

Dr. Marcie Lechtenberg, Clinical Assistant Professor

Dr. Lechtenberg coordinates all clinical services and activities for the Family Center. She teaches the Ethics and Pre-practicum courses and provides individual and group clinical supervision to both master's and doctoral students. Marcie is responsible for case management issues, student therapist orientation and training, quality assurance review, clinical budget, outreach and coordination of contracts for therapy services with the Family Center. Her research interests include court-mandated clients, mindfulness-based therapies, and mental and physical wellness. Marcie is a member of the American Family Therapy Academy, AAMFT and is an AAMFT approved supervisor.

Student Cohort Representatives

Each year, every cohort nominates a student representative to participate in the management of the K-State CFT programs by attending a minimum of one faculty meeting per semester. The student cohort representatives are responsible for soliciting positive feedback as well as concerns about the program from members of their cohort, presenting this student feedback to the faculty during designated faculty meetings, and reporting the outcomes of the meeting back to their cohort.

Monthly Program Meetings

Each month, all CFT graduate students are expected to attend and participate in our all program meetings. This will be an opportunity for the faculty to communicate and reinforce program and clinic policy and procedures, for student to provide feedback and get clarification, and for faculty and students to problem solve as a group in our efforts to continue to improve students' training experience. All students are required to attend. If they cannot attend they are required to seek approval from Dr. Topham or Dr. Lechtenberg.

CFT Core Faculty Contact Information

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Progression through the CFT Program: Overview

As you progress through the program, the Master's Program Degree Plan Form will help you stay on track in completing program requirements (see appendix). Many students complete the program in 2.5 years, while other students finish in 3 years. Students might also want to refer to the checklist prepared by the graduate school: <http://www.k-state.edu/grad/students/masters/checklist.html> Below is a summary of program tasks with a recommended timeline. Details on these tasks are provided elsewhere in this handbook. Note that students' individual timelines may vary based on how quickly students complete required tasks and develop clinical competencies.

1 st Year		
<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
Meet temporary advisor	Screening assessment	
Prepare for screening assessment	Begin seeing clients	
	Determine major advisor	
	Complete program of study	
	Submit offsite placement request	

2 st Year		
<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
Begin work on thesis or clinical		
Offsite placement or heavier load		
Annual Review		

3 st Year		
<u>Fall</u>	<u>Spring</u>	<u>Summer</u>
Propose thesis	Defend thesis or clinical project	
Comprehensive exam	Complete 500 clinical hours	
	Complete exit checklist	
	Graduation	

When beginning the program, each student has been assigned a temporary advisor. Students are welcome to stay with this person as their advisor during their stay in the program. However, they are free to switch to another advisor should they find a better fit with their interests and desired project. By the end of the first semester, students should meet with their temporary advisor and get to know other professors so that they may choose a major professor. Once a choice of major professor is set, students work with him or her to select a committee, complete a program of study, and decide on the Capstone Project. If a student would like a faculty member outside of the CFT program to be major professor they must have a CFT faculty member who serves as co-adviser (with responsibility for programmatic advising).

Sample Plan for Program Completion

On the following page there is a sample plan for completing the Master's degree in couple and family therapy. This is not the only way to complete the program. Variations in course scheduling, future plans, and previous coursework should be considered when using this plan. There are a number of courses within

the Family Studies area that will enhance the Program of Study. Be certain to discuss choices of courses with an advisor. The master's degree capstone project will consist of six hours of FSHS 899 for a thesis or 2 hours of FSHS 889 for a non-thesis project. A grade of "incomplete" will be given until the project is done; whereupon, the grade will be changed to "credit."

2.5 Year Sample Course Outline: Fall 2019 M.S. Cohort

FALL 2019 (12)	
CFT 864	Clinical Theory and Practice
CFT 878	Professional Studies in Family Therapy
FSHS 894	Readings in FSHS (1)
CFT 867	Pre-Practicum in Couple and Family Therapy (2)
FSHS 806	Statistical Methods in FSHS I

SPRING 2020 (12)	
CFT 885	Practicum in CFT
CFT 879	Systemic Assessment and Treatment of Psychopathology
CFT 869	Systemic Treatment of Trauma, Violence, and Substance Abuse
FSHS 865	Human Sexuality

SUMMER 2020 (6)	
CFT 885	Practicum in CFT
CFT 886	Clinical Intervention with Parents and Children

FALL 2020 (9)	
CFT 885	Practicum in CFT
FSHS 888	Research Methods
CFT 896	Advanced Family Therapy

SPRING 2021 (12)	
CFT 885	Practicum in CFT
CFT 872	Family Therapy
CFT 870	Couples & Sex Therapy
CFT 853	Family Systems in Cultural Context

SUMMER 2021 (6)	
CFT 885	Practicum in CFT
FSHS 824	Parent-Child Interaction

FALL 2021 Thesis (9)		Non-Thesis (9)	
CFT 885	Practicum in CFT	CFT	Practicum in CFT
FSHS 899	Thesis (6)	FSHS	Clinical Project (3)
		XXXX	Elective (3)

CFT Program Clinical Hours Requirements

Clinical Hours Requirement

As a requirement of the program, each student is required to conduct a minimum of 500 direct-contact client hours with at least 200 hours being relational (i.e., couple or family session). The 500 hours of clinical contact should be seen as a minimum expectation and not as an absolute end. Students will be required to continue their clinical training until faculty agree that students have met the minimal level of clinical competency. Students who receive scores below “consistent” on the Supervisee Evaluation their final semester may be asked to enroll in practicum the following semester to continue to work on those competencies (even if they have accrued the required 500 hours) until the faculty are satisfied the student has developed the necessary competencies. In this case, all faculty would meet with the student to develop a written plan specifying the expectations for the student along with specific steps the clinical supervisor and student would take to accomplish the plan. The plan would be signed by the student and the clinical supervisor. Students must receive a minimum of 100 hours of supervision, 50 of which must be raw data supervision including either live or video/audio supervision. Of the 500 required hours, no more than 100 hours may be counted from serving on a processing team or other approved alternative therapeutic contact.

Recording Clinical and Supervisory Hours

It is the CFT Program policy that students must record their clinical and supervisory hours using the Monthly Hours Report template and turn it in to the front office staff at the end of every month. Reports for the month are due by the 10th day of the following month. It is each student’s responsibility to personally submit reports. Consequences of failure to submit hours on time may result in a lower practicum grade or repeated violations or hours or hours being more than a month late may result in the hours not counting.

Definition of Clinical Hours

- **Individual:** The session is counted as *individual* when you are meeting with one person.
- **Group (Individual):** This session consists of a content-focused group of non-related individuals.
- **Couple/dyad:** The session is counted when two individuals present for relational concerns.
- **Family:** The session is counted when you see *more than one family member* together who are working on family issues.
- **Group (Relational):** This session consists of a group of couples working on relational issues or a group of different families working on family issues or groups of non-related individuals if there is a relationship process component to the group (group members’ relationships is target of group).
- **Alternate (Individual):** This is a session seen by an ongoing team of therapists who provide treatment as a team or another approved alternative hour experience with an individual.
- **Alternate (Relational):** This is a session with a couple or family that is seen by an ongoing team of therapists who provide treatment as a team or another approved alternative hour experience with a couple or family.

Definitions of Supervisory Hours

- **Individual Supervision** – This type of supervision occurs in the presence of your CFT supervisor and with one to two supervisees (grad students).
- **Group Supervision** – This supervision occurs in a small group of students. Count this when your cases and/or other students’ cases are reviewed by the group and your CFT supervisor as in Practicum.

Type of Supervision

- **Case Consultation:** This is counted when your case or another student's case is reviewed and supervised without the use of raw data (video, audio tape, or live supervision).
- **Video:** This is counted when videotape of a case is presented in supervision. In *Group Supervision*, this is counted when you or another student presents videotape of a case. When video is shown all of that supervision session is counted as video.
- **Audio:** This is counted when audio of a case is presented in supervision. In *Group Supervision*, this is counted when you or another student presents audio of a case.
- **Live:** Live supervision is counted when you conduct therapy in the presence of a supervisor, or you view a live case with a supervisor. It can be counted as live, by the one or two therapists conducting the session, or those therapists viewing the session with the supervisor.

Portability of Degree

Because the K-State CFT MS degree requires 500 direct client contact hours, 200 hours of which must be relational and over 60 credit hours (the faculty were thoughtful in putting together a curriculum that will satisfy most licensure boards) the degree is highly portable and prepares students to successfully apply for licensure in most states. Students are encouraged to review licensure regulations for any states they may plan to move to after graduation. The following website is an easily accessible resource that is helpful in assessing state requirements: <https://www.mft-license.com>.

Additional Procedures and Policies

Family Center Clinic Manual

Given the nature of the CFT program as a professional degree program and the close connection with student work being completed within the Family Center, students are expected to act in accordance with the Family Center Clinic Manual in addition to the CFT Program Handbook. Violation of the policies outlined in the Family Center Clinic Manual will result in sanctions related to the status or nature of student involvement with the Family Center and/or CFT program.

Computers/Email

In addition to a mailbox in the student mail room (Campus Creek Complex [CCC] 112), much of the communication within the CFT program occurs via email. Please make sure that the Clinic Director has any changes to email accounts as this person maintains the CFT program listserv. Therefore, each student will need a Health and Human Services Network account in order to access most of the computers in the Family Center. The Family Center has a computer lab with printers available to students. If students desire to do computer generated work at home, it is up to the student to purchase a laptop or desktop. The faculty stores a variety of program documents and forms, including several best practice documents for a variety of presenting problems, on the HHS network (S:\Fshs\MFT Program). You can access these documents by logging on to the HHS network either in Justin Hall or on machines in Campus Creek Complex.

Poster Printing

The College of Health and Human Services will print graduate student posters for state, national, or international conferences for free. In order to have your poster printed for free you must e-mail your poster to daramos@ksu.edu in PDF format according to college guidelines (see appendix) at least 10 days before the poster is needed.

Evaluation and Assessment of Student Learning Outcomes

Formal and informal data from communities of interest (i.e., current students, alumni, employers, placement sites, and K-State Family Center clients) inform program review and refinement. This information informs decision-making in weekly CFT faculty meetings and the CFT faculty retreats which occur at least annually.

Weekly CFT faculty meetings focus primarily on issues needing immediate attention such as student issues, supervision needs, and curriculum revision, but formal policy changes are also discussed at these meetings. Proposed curriculum revisions are approved by CFT faculty, FSHS unit leaders, FSHS faculty, academic affairs committee of the College of Health and Human Services and University Academic Affairs committee and are incorporated into the Graduate Catalog at its yearly revision; and clinic policy changes are incorporated into the Clinic Manual at its yearly revision. Students are also notified of any immediate changes via email announcements.

In addition to directing course instruction and learning opportunities toward fostering student competencies, faculty also focus course evaluation and assessment on student knowledge and skill relative to the core program competencies (Student Learning Outcomes). There are several purposes to assessing student progress with regard to these competencies: First, it provides students with a continuing source of direct feedback with regard to their progress which helps them know where to focus their efforts; second, it helps faculty to identify student strengths and growth areas in order to best know how to continue to foster student development; third, it aids faculty in determining student readiness for increasing responsibility and challenge (i.e., begin clinical work, begin independent work at offsite placement, etc.); fourth, it helps faculty identify whether the instruction and training in the program are fostering in the students the desired competencies and where the instruction and training may need to be modified to be more effective. Much of the assessment of the program Student Learning Outcomes takes place within courses and in conjunction with students' clinical work in the Family Center. Exams, papers, scoring checklists and rubrics that are used to assess program competencies are kept for a minimum of 7 years after the completion of the work to enable faculty to track student performance across cohorts. Qualtrics is the web-based interface used for much of the recording and reporting of assessment data on student performance. It is also used as a mechanism through which students are asked to provide feedback on faculty and program performance and through which students and alumni are asked to provide feedback on their experience in the program.

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

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

- Offsite Supervisor Evaluations of Intern (*conclusion of externship*)
 - Students' externship site supervisors are asked to complete an evaluation of students' skills, competency, and general performance at the externship site at the conclusion of their externships.
- Students' Evaluation of Offsite Experience
 - Students complete a survey on their experience at their externship.
- Students' Annual Program Feedback

- Students complete a survey each year on their experience in the program. This includes information on facilities, resources, faculty, the program director, and general feedback on the program.
- Exit Interviews and Surveys (*conclusion of the program*)
 - Prior to graduation students meet with the program director in an exit interview and complete a survey about their experience in the program.

Information collected on students after graduation include:

- An Alumni Survey
 - Around one year after graduation alumni are asked to complete a survey on their experience in the program. Alumni are asked a number of questions about how well the program prepared them to work with particular clinical populations/issues, about the quality of specific aspects of the program (e.g., facilities, faculty attention, open communication, etc.), about program resources, and how effective each course was in preparing alumni for their career. In addition, alumni are asked about current employment, time required to obtain a clinical job post-graduation, and experience with national and state licensing exams (dates taken and results).
- Employer Evaluation of Alumni
 - One year post graduation alumni are contacted to ask for permission to contact on-site supervisors at their place of employment to solicit their feedback on the alumnus's performance.

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

Screening Procedures for Entry into Clinical Phase of Training

Admission to the CFT program at Kansas State University is a two-phase process. First year students have been admitted to the academic portion of the program. During the first spring after they have been admitted students will have a screening meeting with the faculty to determine if they are ready to enter into the clinical phase of the program and to begin seeing clients.

When to Screen

Typically, spring semester of students' first year in the program.

Who Conducts Screening?

A committee of at least three couple and family therapy faculty members.

Evaluation Criteria:

1. *Academic Performance*, especially in Clinical Theory and Practice, Pre-Practicum, and Professional Ethics
2. *Personal Integration*, including:
 - perceive and accept your strengths and limitations
 - perceive your own responsibility in interpersonal relationships (avoiding projection)
 - recognize situational appropriateness of your own responses
 - identify professional responsibility (job performance, preparation for classes, lack of incompletes, etc.)
 - be self-directed
 - commit to professional ethics, including respect for confidentiality and scope of professional practice
 - form effective relationships with other professionals
 - subordinate self-interests to interests of clients
 - practice a level of appropriate assertiveness
 - join with a variety of age groups and social backgrounds
 - take differentiated positions with family, peers, colleagues, etc.

The faculty recognize the subjectivity of these criteria. Although discrete competencies are important, other concerns are about the way behaviors are integrated -- the total gestalt. Once accepted into the clinical portion of the program, a program informed consent document (a copy of which is included in the Appendix) will be signed and kept in the student's folder.

Screening Requirement

What we need from you:

In advance of the screening you will be asked to provide the Program Director an electronic copy of a self-assessment and your goals and objectives (see below).

- A self-assessment of the strengths and weaknesses you are aware of after a semester in the couple and family therapy program. Please do so in an *itemized* form of just a few pages (2-3 max.) in length; you do not have to write a detailed narrative. We are not asking you to present deeply personal issues. Focus your assessment on three distinct areas: a) your academic skills and performance, b)

your sense of yourself as a therapist, and c) your sense of yourself as a professional in general.

- We realize that there is likely much you have to learn about yourself in these areas. Focus on what you know about yourself at this point. For instance, reflect on what you have learned in your courses. Think back on opportunities to role-play and to observe sessions and imagine yourself on the other side of the mirror. Recall your experiences as you have engaged in professional roles through assistantships, presentations in class, and interaction with faculty and other professionals. Summarize what you have learned about yourself through these experiences.
- Use your self-assessment to prepare a brief statement of goals that you would like to accomplish during the next year. For each goal, list the objectives you must accomplish to meet that goal. This document doesn't need to be more than *one page in length* and should correspond directly with your self-assessment. These goals and objectives should not only focus on growth areas; think about enhancing your strengths as well. Also think about how you can bring your strengths to bear in improving your growth areas.
- If you have not already done so, be sure to obtain professional liability insurance. You will not be able to see clients without this coverage.

The screening interview:

The clinical screening interview will consist of faculty-student discussion of your self-assessment, goals, and objectives. We will give you our feedback in the form of observations, thoughts, and concerns regarding your readiness to begin seeing clients. We also will address any concerns or questions you might have.

Together we will decide what additional points (if any) should be incorporated in your plan. If revisions are asked for, you will need to submit the final version to us within ten (10) days. Letters of acceptance will go out within two (2) weeks.

Assuming we agree you are ready to proceed in the clinical training portion of the program, this document will become the basis for your first Practicum and for discussion in the annual review held each fall. Our goal is for screening to become an opportunity for faculty and students to work together to develop a plan that will constitute a blueprint for your on-going development as a couple and family therapist.

If you have any questions about this process, please feel free to contact the faculty.

Annual Reviews

During the fall semester of your second year you will be asked to prepare an annual self-evaluation. Your self-evaluation should detail academic and clinical progress as well as progress in attaining professional goals and objectives of the previous academic year. It should also contain personal goals and objectives for the coming academic year. Note that for year one the clinical screen process will take the place of the annual review process. During your second fall semester you will be asked to send to your major professor an electronic copy of your annual self-evaluation using the template below.

Academic Progress

1. List any professional or self-help literature (journal articles, books, videos) you have accessed this year, other than material required in courses or course projects.

Clinical Progress

2. How many total client contact hours, relational and supervision hours have you accrued? (please attach summary of report on hours)
3. Describe the development of your clinical abilities during the past year.
4. List sites where you have practiced this year, your onsite supervisor, your hours per week in the setting, and your primary responsibilities.
5. If you will be doing practicum hours next year, do you expect to remain in the same setting? If you want a new setting, what do you have in mind?

Professional Involvement

6. Please attach an updated vita. On your vita, please clarify:
 - AAMFT membership status
 - Conferences attended this year
 - Training seminars or workshops attended
 - Professional presentations submitted, had accepted, or conducted during the last year
 - Any submitted, accepted and published papers or chapters.

Service

7. On your vita, identify any presentations given, service provided, or public engagement activities you did with community groups.

Professionalism

8. How would you evaluate your performance this year on paperwork and other logistical expectations, such as turning in clinical hours and annual self-report in a complete and timely fashion? How would you evaluate other aspects of your work as a professional?
9. Have you developed an area of emphasis or “niche” as a therapist? If so, describe it.

Progress with Final Project

10. Describe ideas, at this time, with regards to your final project. Include in your discussion the topic, the type of paper (thesis or report), the chair of the committee, and your timeline for completing the project.

Concerns

11. Indicate concerns you have about your progress in the program.

Goals

12. What are your primary goals for this academic year?

13. Are there any goals in place for you after graduation?

Feedback to the CFT Program (Optional)

14. What do you see as the programs strengths and weaknesses?

15. Do you have any suggestions for improving the program?

Comprehensive Examination

Each master's student is expected to satisfactorily complete a multiple-choice comprehensive examination covering the four general areas:

1. Couple and Family Therapy Theory and Practice
2. Professional Ethics
3. Culture and Ethnicity
3. Psychopathology

The exam is designed to ensure that students have a clear understanding of the content covered in the first two years of the CFT program. Additionally, the exam should assist students in being prepared for the national exam administered by the Association of Marital and Family Therapy Regulatory Boards.

Comprehensive exams will be:

- Administered annually during the summer or fall semester
- The questions will be standardized
- The date and time of the exam will be announced
- Students will take the comprehensive exams at the end of their second year of the program

After the exams have been graded, the student will receive a letter from the Program Director or Clinic Director informing him/her of the results of the exam.

Grading Policy of Comprehensive Exam

Students who are not able to demonstrate competence (correctly answer 80% of the questions) in any of the three areas will be asked to review material from that area and to complete a written exam covering the area which was not adequately answered.

Students may be asked to complete an additional exam in any or all of the four areas. Re-writes must take place within a six-week period after the comprehensive exam is taken. If the student fails to hand in a paper graded as satisfactory or excellent during the second time they take the exam, the student will be given an opportunity to retake the failed section(s) of the exam no sooner than one semester hence.

A second failure may result in academic dismissal from the program.

Master's Degree Capstone Project

In accordance with Kansas State University graduate school policy, the master's degree in Couple and Family Therapy requires the completion of a capstone project. This project is directly related to the student's career goals and is in line with the tract and coursework selected. As a result, a contract will be established between the student and major professor by the start of the second fall semester in the program. To complete the Capstone Project the student selects one of the following options:

Thesis Option

Students planning to continue in doctoral studies are encouraged to adopt the thesis option; however, any student may also choose this option. The thesis option requires the completion of a research project under the guidance of the major professor. Thesis topics are typically in line with the major professor's expertise, involves data already collected, or an area of study the major professor agrees to pursue. The student may choose to perform a secondary analysis of data supplied by the major professor or develop an original research project within the professor's expertise. In some cases, the student may pursue his or her own area of interest. However, the professor has the freedom to choose not to work with a student whose topic is unfamiliar or if the professor does not believe he/she has the ability or time to devote to the project. The student has the freedom to seek support from another faculty member who is able to assist the student in pursuing that line of research or the student may choose a topic in line with the major professor's expertise. The decision regarding the details of this project will be made in collaboration with the major professor.

Students choosing the thesis option should be aware that a lack of progress over a six-month period could result in the faculty discretion to change the capstone project to the non-thesis option.

Thesis timeline and responsibilities:

- March of first Spring semester
 - Begin thinking about thesis topic and major professor choice
- Start of second fall semester
 - Thesis topic is decided
 - Major professor is selected
 - Committee is selected
- November of second fall semester:
 - Contract with major professor is developed and signed
- Contract includes schedule for thesis completion
 - Contract is submitted with paperwork for Annual Review with CFT faculty
 - Program of study is submitted to graduate school
- Second spring semester (before May 1st)
 - Thesis is proposed
- End of second spring semester or summer (as scheduled by faculty)
 - Complete comprehensive examination
- Final semester
 - Completion of clinical hour requirement (500 hours)
 - Schedule thesis defense with committee
 - Defend thesis

*****Student should also be familiar with graduate school guidelines and timelines when developing the Capstone completion schedule***

Suggested Proposal/Thesis Guidelines

Step 1: Select a permanent advisor within the first semester of enrollment. This faculty member will serve as both your academic advisor and as the major professor supervising your thesis. By the end of your second semester, you will need to file your Program of Study with the Graduate School.

Step 2: Select a thesis topic with the assistance of your major professor.

Step 3: Select a committee consisting of your major professor and at least two other graduate faculty. One committee member should be selected from another unit in the School or another department in the University.

Step 4: Involvement of the Supervisory Committee. Each individual student and his or her committee should determine the role of the supervisory committee. Some suggestions regarding the role of the committee include these: (1) the committee members could review the student's thesis midway through the writing process in order to provide input for the student and to keep the committee abreast of current developments; (2) an agreement could be reached between the student and the committee regarding time allotted for committee members to review written materials; (3) early in the process the student and his or her committee should determine how many times they would like to meet in order to secure time in all member's schedules. The role of the supervisory committee should ultimately be left up to the individual student and the committee; however, the whole committee should play a meaningful role throughout the entire process of thesis preparation.

Step 5: Present your thesis topic at a pre-proposal meeting consisting of you and all members of your supervisory committee. The purpose of this pre-proposal meeting is to present your topic for approval by your committee and to obtain suggestions and ideas from the committee prior to writing your proposal.

Step 6: If you and your advisor believe that you will need pilot data to present as part of your completed thesis proposal, you should prepare the appropriate forms for the Institutional Review Board (IRB). (See the note about Human Subjects training at Step 9.) After your advisor has approved the forms, you should circulate the IRB forms to the other committee members. After the committee members have signed the in-house (School) IRB Approval form, the major professor gives it to the FSHS graduate secretary for the signature of the Director of the School. The graduate secretary sends the proposal forward to the Committee on Research Involving Human Subjects. Data collection for the pilot cannot occur until IRB approval is obtained.

Step 7: Develop a proposal (first three chapters – see attached outline for thesis) in conjunction with and approved by your major advisor. The proposal's content should include an introduction of the problem and hypotheses, a review of literature showing a depth and breadth of understanding of the topic, and the methods to be used. Refer to the American Psychological Association's Publication Manual (most recent edition) for appropriate style guidelines. The proposal must be given to the committee at least two weeks prior to the presentation of the proposal.

Step 8: Present your thesis proposal to your committee and any other interested graduate students and faculty. Two weeks prior to the meeting, a thesis proposal announcement must be posted in the department office. All proposals will be open to the University graduate students and faculty.

Step 9: The student's supervisory committee must as a group approve the protocol for the Institutional Review Board (IRB). All committee members sign the in-house School IRB Approval Form, which the major professor gives to the FSHS graduate secretary for the signature of the Director of the School. A

copy must be on file in the School office. The FSHS graduate secretary sends the proposal forward to the Committee on Research Involving Human Subjects. Data collection cannot occur until approval is obtained.

Note: If the student has not gone through the on-line Human Subjects training program, available at <http://www.ksu.edu/research/human/index.htm>, the Graduate School requires that he or she do so prior to submitting the IRB proposal.

Step 10: Once IRB Approval is received, you collect, analyze, and interpret data under the direction of your major professor. You may seek assistance from your major professor or other faculty member. The Department of Statistics has consultants available.

Step 11: Prepare the manuscript. Preparation is the sole responsibility of the student but it is expected that the major professor will closely supervise the process. The submitted thesis should include the five chapters shown in the Outline for Thesis, which follows.

Step 12: Check on the Graduate School's deadlines for scheduling your final examination and for removing Incompletes, as well as the drop dates for the preliminary and final thesis documents.

Step 13: Submit the form "Approval to Schedule Final Examination" to the Graduate School by the deadline and at least two weeks ahead of your oral examination. All members of your supervisory committee as well as the Director of the School must sign this form. You must include a copy of your thesis abstract and title page.

Step 14: Submit the thesis manuscript to all committee members two weeks prior to the oral examination

Step 15: Announce your upcoming oral defense to the FSHS graduate students and faculty.

Step 16: Complete the oral examination of your thesis work by your committee. You should consult with your major professor about the format. Although observers may attend your defense, only members of your supervisory committee may ask questions. After the members of the supervisory committee sign the ballot, it is the student's responsibility to hand-carry it to the Graduate School.

Step 17: Submit a preliminary copy of your manuscript to the Graduate School to be checked for format. The document called *Student Guide: Graduation Procedures and Formatting a Thesis, Report, or Dissertation* is available at the Graduate School or at its Website. You should do this well ahead of the final drop deadline.

Step 18: The thesis is required to be submitted electronically (ETDR). To learn more about the ETDR program visit the Graduate School ETDR website: <http://www.k-state.edu/grad/etdr/index.htm>.

Step 19: If you desire a bound copy of your thesis, directions for having bound copies made are included on the ETDR website.

Note to Students: Completing a thesis is a scientific research process. While it is a learning process, scientific research is not a predictable process, because cutting-edge research is leading you into the unknown. You cannot develop a survey, for example, and guarantee that the survey and/or your analyses will be completed within a certain number of months. Unexpected or unanticipated delays often occur that delay the completion of the research. Furthermore, faculty serve in a quality control role. Sometimes, quality control issues arise after research has been planned, and they cause delays in the research process. Faculty have the right to insist on corrections or improvements to the process as part of the thesis degree requirements, even if those changes delay the process substantially. In fact, faculty have an obligation to impose quality control on all research projects, regardless of any ensuing inconvenience to them or to their

student(s). Consequently, it is very unwise to tell others that “I will have my thesis done by May so I can graduate in August” because so many things can occur that will prevent that from happening according to your desired schedule.

Thesis Outline

The final product for the thesis will consist of a journal manuscript-length report of the project, with an extended literature review. This format is aimed at expediting submission of a manuscript to a journal as quickly after the final defense as possible to increase competitiveness in the job market. Be sure to use the ETDR thesis template provided by the Graduate School to prepare your thesis. The thesis format usually conforms to the form typically seen in research journals, such as *Child Development*, *Journal of Marriage and the Family*, or other professional journals. The usual sections are introduction, literature review, methods, results, and discussion. The thesis proposal would include the introduction, literature review, and methods, including an analytic plan.

The main report, containing all the typical elements (Introduction, Methods, Results, Discussion) should not exceed 50 pages, including tables, figures, and references. This is intended more as a target, rather than an iron-clad rule, and may be longer in the case of qualitative studies. The following areas are ones that might be addressed in more depth than a typical manuscript:

- A fairly comprehensive review of previous studies bearing on the student's focal empirical question in which the student draws conclusions from the previous findings.
- A fuller elaboration of some theory or methodological technique than would be possible in a journal-length report.
- A background report on the epidemiology of some phenomenon (i.e., what percent of the population has experienced some psychological disorder, and how estimates were obtained).
- Detailed results to display the student's full analytic capabilities.
- Additional appendices of full measures used.
- Expanded clinical implications of the findings.

1) Abstract: Abstract (Brief review of the dissertation)

2) Introduction

1. Purpose of the study or statement of the problem.
2. Context of topic or problem.
3. Significance of the study.
4. Brief description of concepts, hypotheses or research questions.

3) Review of Literature

1. Summary of relevant research.
2. Critical evaluation of extant research (how and why your study fits in with what has been done or needs to be done).
3. Theory and hypotheses in more detail than in introduction.

4) Methods

1. Participants (subjects), describe sampling method.
2. Procedures, how the study was conducted, step by step description of data collection.
3. Measures, instruments, tools, with validity and reliability.
4. Description of data analysis, specific tests to be used and why they are appropriate for your data.

Note: Other researchers should be able to replicate your study based on your methods section.

5) Results

1. Briefly review hypotheses or research questions then present results of statistical analysis and explain what the results mean.
2. Highlight all findings, even those contrary to hypotheses.

6) Discussion

1. Review purpose, objectives and hypotheses.
2. Simplify findings into general conclusions or support or rejection of hypotheses.
3. The study's limitations.
4. Present alternative interpretations of your results.
5. Give suggestions for further research or how to improve research.
6. Discuss implications of your research for basic or applied research, teaching, therapy or policy.

Clinical Capstone Option

During the second spring semester, each master's student completes a Personal Integration. Through this experience, each student prepares a personal theoretical integration paper and presents this through a case presentation format that includes video support illustrating his/her own clinical work. In addition, this class assists the student in broadening his/her thinking to help identify adjacent contextual issues relevant to their case presentation. After completing the class and a minimum of 300 clinical hours the student selecting the Non- Thesis option may begin writing their capstone paper, and preparing their capstone presentation. This capstone paper will include three primary sections, including (a) a description and literature review regarding the area of clinical emphasis, (b) a summary of your unique clinical approach that you will use with this area of clinical emphasis, and (c) provide a clinical example of how you used your approach with this clinical area. The clinical example in your paper and presentation should preferably be a couple or family case; however, an individual case that demonstrates systemic thinking is also acceptable. As a guideline, your capstone paper should be approximately split evenly between these three sections. This should be written while carefully considering the broader cultural context for which your work is embedded. Your capstone paper should demonstrate a solid understanding of the literature in your area, a sound clinical approach explained in depth for your preferred way of treating this presenting concern, and be written in a professional, academic tone. Use APA format in your capstone paper. Please make sure to change all names and identifying information for your capstone paper and presentation. This clinical capstone project will take the form of a 20-25 page paper. You will also present your capstone paper to your committee and any guests. The presentation of your capstone paper must occur during the semester you graduate.

Clinical capstone timeline and responsibilities:

- March of first Spring semester
 - Decision is made to choose the clinical capstone option
 - Begin thinking about major professor to guide the work
- Start of second fall semester
 - Major professor is selected
 - Committee is selected
- November of second fall semester
 - Contract with major professor is developed and signed
 - Contract includes schedule for capstone project completion
 - Student is engaging in discussions with major professor regarding larger contextual issues that will be examined in the final paper. Examples may include appropriateness of mid-range theories such as Ambiguous Loss, Traumatic Stress Theory or Attachment Theory. Cultural issues such as migration history, political and economic history, ethnicity, gender roles and expectations, sexual or affectional preferences and/or spirituality should be addressed
 - Contract is submitted with paperwork for Annual Review with CFT faculty
 - Program of study is submitted to graduate school
- End of second spring semester
 - Complete comprehensive examination
 - Continue completion of clinical hour requirement (300 hours must be completed prior to beginning the writing process)
- Final semester
 - Completion of clinical hour requirement (500 hours)
 - Schedule defense of capstone project
 - Defend capstone project

*****Student should also be familiar with graduate school guidelines and timelines when developing the Capstone completion schedule***

Suggested Clinical Capstone Guidelines

Step 1: Select a permanent advisor within the first semester of enrollment. This faculty member will serve as both your academic advisor and as the major professor supervising your thesis. By the end of your second semester, you will need to file your Program of Study with the Graduate School.

Step 2: Select an area of clinical emphasis with the assistance of your major professor.

Step 3: Select a committee consisting of your major professor and at least two other graduate faculty. The remaining two committee members should come from the CFT program.

Step 4: Involvement of the Supervisory Committee. Each individual student and his or her committee should determine the role of the supervisory committee. Typically, committee members are experts in the theoretical approach or the area of clinical emphasis chosen by the student, hence able to play a meaningful role in the process of preparing the capstone paper.

Step 5: Prepare the capstone paper (as described in the Clinical Capstone Outline). Preparation is the sole responsibility of the student but it is expected that the major professor will closely supervise the process. You should work closely with your major professor when writing this paper. You need to complete a draft of the proposal early enough to provide this draft to your major professor for edits. The major professor may ask you to edit and rewrite certain portions of the paper prior to sharing it with the other committee members.

Step 6: Check on the Graduate School deadlines for scheduling your final examination and for removing Incompletes.

Step 7: Submit the form “Approval to Schedule Final Examination” to the Graduate School by the deadline and at least two weeks ahead of your oral presentation. All members of your supervisory committee as well as the Director of the School must sign this form.

Step 8: Submit the capstone paper to all committee members two weeks prior to the oral presentation.

Step 9: Complete the oral presentation of your capstone paper to your committee. You should consult with your major professor about the format. Although observers may attend your presentation, only members of your supervisory committee may ask questions. After the members of the supervisory committee sign the ballot, it is the student’s responsibility to hand-carry it to the Graduate School.

Note to Students: Unexpected or unanticipated delays can occur that may delay the completion of papers. Furthermore, faculty serve in a quality control role. Sometimes, quality control issues arise that may cause delays in process. Faculty have the right to insist on corrections or improvements, even if those changes delay the process substantially. In fact, faculty have an obligation to impose quality control on all papers, regardless of any ensuing inconvenience to them or to their student(s). Consequently, it is very unwise to tell others that “I will have my capstone paper done by May so I can graduate in August” until the paper is successfully presented to the committee.

Clinical Capstone Outline

The Clinical Capstone Paper will include the completion of a paper no longer than 25 pages that will include the following:

The Paper:

- A brief overview and literature review (with citations) of your area of clinical emphasis and salient contextual issues that are likely to be relevant when working with this population
 - Clinical Emphasis: This can include a specific population (e.g., military families / recent immigrants) or a specific problem area (e.g., substance abuse / infidelity / domestic violence). Of course, you can pick a specific problem (infidelity) in a specific population (military families).
 - Contextual Issues can include, but are not limited to: SES, Race/Ethnicity, Gender, Sexual Orientation, Rural-Urban-Suburban Setting, Age, Family Configuration & Cohort, Religion, Nationality, Employment, Education & Occupation, Political Ideology, and Stage of Acculturation
- A 5-7 page synthesis of your personal integration/theory of change you prefer to use in your clinical approach. Especially as it relates to your emphasis area you are focusing on this capstone paper.
- Describe an individual, couple, or family case where you apply your theory of therapy taking into consideration several contextual issues specific to your population or presenting problem. This portion of the paper should clearly detail how you provided treatment to a client within your clinical area, following your clinical approach outlined previously.

The Presentation:

- For about 25 minutes you will verbally present your paper to your committee and any guests. You can do this with handouts, power point presentation, video recordings of your clinical work described (only with the client's signed permission to do so), or without any of these supplementary resources and just talk with your audience.
- The remainder of the capstone presentation will be questions and answers about your approach.
- Given the length limitations of your paper, it will not be possible to consider the many contextual issues that may be salient in your case. Therefore, be prepared during your oral to field questions regarding other contextual issues that you did not address and to discuss how you might approach your case differently if different contextual issues were present (for example, how might your approach be different if your case involved an ethnic minority client system or a retired couple vs. a newlywed couple or a working class family vs. an upper class family).

Post Bachelors Doctoral Option

Students who are admitted into the post bachelor's doctoral degree option will be permitted to complete both their master's and doctoral degrees at Kansas State University with a specialization in Couple and Family Therapy. In order to earn a doctoral degree in Human Ecology with a specialization in Couple and Family Therapy, these students must complete all degree requirements for the master's degree in Family Studies and Human Services with a specialization in Couple and Family Therapy. Post bachelor's doctoral students' readiness to transition from the master's program into the doctoral program will be evaluated by

the program faculty during the spring semester of their second year in the master's degree program. During January of that semester faculty will, by majority vote, determine whether a student's performance is satisfactory, unsatisfactory, or completely unsatisfactory. Students judged to be progressing satisfactorily will be invited to begin working toward the doctoral degree during the fall semester of their third year in the program. Students whose progress is considered unsatisfactory will be given specific feedback on progress that is needed before they are permitted to begin the doctoral program. These students will be evaluated each semester going forward until they have reached a satisfactory or completely unsatisfactory rating. Students will not be permitted to begin the doctoral program until they receive a satisfactory rating. Students' whose progress is considered completely unsatisfactory at any rating point will not be allowed to transition into the doctoral program.

Students admitted into the post bachelor's doctoral degree option have the option of discontinuing their graduate studies with the completion of their master's degree and are not obligated to continue on into the doctoral program.

Exit Interviews

Upon graduating and leaving the couple and family therapy program the faculty would like to invite graduates to participate in an exit interview and online exit survey. The primary purpose of the exit interview is to give students an opportunity to share with the CFT faculty their overall evaluation of the CFT program, including ways that it can be improved. Although the faculty welcomes suggestions and feedback at any time, the exit interview is the primary vehicle for students to consider their experience in the program, as a whole, and provide feedback. Please ensure that the faculty has a valid email address so that a link to the exit interview survey can be sent.

Addressing Student Deficiencies¹

Because couple and family therapists have a great deal of influence in the lives of their clients, it is important that only competent beginning-level clinicians be allowed to graduate. In addition, because of the vulnerable position that clients are in when they receive treatment, it is imperative that students of this program meet high standards of conduct and performance in areas including, but not limited to, professionalism, emotional health, and ethical behavior. CFT faculty have the responsibility of determining whether a student is emotionally, ethically, and professionally suited to enter the profession and to counsel out of the program students that might pose serious risk to their clients and the standards of the profession. What follows is a list of areas of student performance/functioning and a short description of the expectations associated with each.

Academic

It is expected that students will be invested in and perform well in their coursework. Students must maintain a 3.0 grade point average (“B” Average) at all times while enrolled as graduate students at K-State. If students are underperforming in classes it may negatively impact students’ ability to provide quality care to clients. Students who do not meet the minimum academic requirements will be placed on academic probation and/or dismissed from the program.

Professional

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

Emotional

It is expected that students will learn to effectively manage stress. Students must take appropriate steps to prevent their emotional problems from having a negative effect on their clients, professionalism, academic work or other responsibilities as judged by faculty or site supervisors. Students are expected to address any personal problems that impede their ability to be effective in their clinical work and/or their ability to be appropriate in their interaction with other students, faculty, or other professionals with whom they work. In extenuating circumstances students may request a leave of absence from the program in order to address these issues.

Where students are unable to resolve their personal problems through their own efforts they may need to seek professional help. Where these issues are evident in the students’ conduct/performance, faculty will

provide feedback to students and encourage them to address the problematic issues. In cases where students' emotional problems pose a risk to their clients they may be immediately removed from cases and may be asked to immediately discontinue all clinical work. In cases where students fail to adequately address the problematic issues they may be counseled out or dismissed from the program.

Ethical

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

Clinical Skills

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

Severe Deficiency

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

Dismissal from the Program

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

deficiencies in a way that will allow students to benefit fully from the training and to reach their potential as therapists.

¹Portions of this section were adapted from the Purdue University at Calumet MFT Handbook.

Graduate School Grievance Procedures

A. Graduate Student Rights and Responsibilities

1. Every graduate student has:

- a. Freedom of inquiry, conscience, expression, and association and the right to petition for the redress of grievances.
- b. The right, to the extent permitted by law, to have any information about his or her opinions and associations unrelated to academic performance or assigned responsibilities that has been acquired by professors or administrators in the course of their work as instructors, advisors, or counselors held confidential at his or her request and not disclosed to others without his or her consent.
- c. Freedom from unfair treatment by faculty or administration in the assignment and evaluation of academic work toward the completion of requirements for a particular course.
- d. The right to due process in the conduct of proceedings pursuant to the provisions of this document or of any proceedings conducted under any other provisions of any other rule or regulation governing Kansas State University.
- e. The right to immunity from reprisal in the form of University disciplinary action or proceedings for seeking redress pursuant to the provisions of this document.

2. Every graduate student is responsible for:

- a. The exercise of applicable rights and freedoms, as enumerated above, in a manner that does not materially and substantially interfere with the requirements of appropriate discipline in the operation of the institution nor infringe upon the rights of other students, faculty, or staff.
- b. Completing the requirements and meeting the standards of any course in which he or she is enrolled.
- c. Understanding the legal and ethical standards applicable to scholarship in general and to the student's discipline, and understanding the policies and procedures that the University has in place to ensure compliance with these standards.
- d. Diligent pursuit and timely completion of all responsibilities associated with progress toward a degree.

B. Graduate Student Academic Grievance Procedures

The Graduate Handbook contains general rules and procedures governing graduate education developed by the Graduate Council. In addition, each graduate program may have more detailed departmental or program guidelines that specify how that degree program operates within general Graduate School policies, and what graduate students can expect during their graduate career. If departmental or program policies are inconsistent with Graduate School policy, the Graduate School policy is the overriding policy.

1. Scope of Authority

This policy is designed to resolve concerns and grievances brought by graduate students related to their graduate level academic program as more fully defined below. This policy does not address concerns or grievances related to courses taken from instructors associated with consortiums or groups external to Kansas State University. In such cases, the grievance procedures of the external consortiums or groups should be used.

The formal grievance must be initiated within 90 working days of the time that the graduate student knows of the matter prompting the grievance, or the graduate student relinquishes any opportunity to pursue the grievance. Under these procedures, a graduate student is any person who has been formally admitted as a graduate student at the time the alleged events leading to the grievance occurred. A grievance means a dispute concerning some aspect of academic involvement arising from an administrative or faculty decision which the graduate student claims is unjust or is in violation of his or her rights established through formal prior agreement. "Grievances" under this procedure shall include disputes over grades, course requirements, graduation/degree program requirements, and thesis and dissertation committee and/or advisor decisions.

Non-academic conduct of graduate students is governed by the KSU Student Code of Conduct in the Student Life Handbook and the hearing procedures therein. The undergraduate grievance procedure, as described in the Student Life Handbook, applies to any academic matter involving an undergraduate student taking graduate courses. The Veterinary Medicine academic grievance procedures, as described in Appendix A of the Student Life Handbook, govern academic matters involving courses within the DVM degree. The K-State Honor & Integrity System, as described in the Student Life Handbook, governs issues of academic integrity. Allegations of misconduct believed to constitute discrimination, including sexual harassment as described and defined in the "Policy and Procedure for Discrimination and Harassment Complaints" in the University Handbook should be referred to the Affirmative Action Office or the Office of Student Life. Allegations of assault covered under the "Policy Prohibiting Sexual Violence" should be referred to the Office of Student Life.

2. Definition of Terms

- a. *Graduate Student* - Under these procedures, a graduate student is any person who has been formally admitted into the Graduate School of Kansas State University and was enrolled as a graduate student at the time the alleged events leading to the grievance occurred.
- b. *Grievance* - A grievance means a dispute concerning some aspect of academic involvement arising from an administrative or faculty decision that the graduate student claims is unjust or is in violation of his or her rights established through formal prior agreement. "Grievances" under this procedure shall include disputes over grades, course requirements, graduation/degree program requirements, and thesis and dissertation committee and/or advisor decisions.
- c. *Respondent* - The person(s) against whom a grievance is being made.
- d. *Working Days* - For the purpose of this section a "working day" is defined as any weekday that is part of the regular nine-month academic calendar, including all days that classes are conducted and the period of final examinations. Legal holidays and the time when summer school is in session are excluded from the definition of "working day." However, if it is agreed to by all of the parties, a hearing can be conducted and/or the process completed during a vacation period.
- e. *Faculty advisor* - A faculty member assigned by the graduate program director or department head to provide guidance to the graduate student until the appointment of the student's supervisory committee.

f. *Hearing advisor* - The person who provides guidance to the student or respondent during the grievance process. Arrangement for and compensation of the hearing advisor, if applicable, is the responsibility of each party.

g. *Consortium* – A formal arrangement between Kansas State University and one or more accredited institutions of higher education that have formal approved degree programs or graduate certificates approved by the Graduate Council and Faculty Senate.

3. Guidelines for Administrative Review and Conflict Resolution

a. The graduate student should attempt to resolve any conflict first with the faculty member, supervisory committee, or administrator involved.

b. If the conflict remains unresolved, the graduate student should discuss the conflict with the department head/chairperson, or other immediate administrative superior of the respondent, the Academic Dean or his/her designee and, if pertinent, with any relevant departmental faculty member or committee. The outcome of this conflict resolution process shall be a written document. The document should be signed by all participating parties to confirm their receipt. Copies of the signed document will be provided to the graduate student, respondent, administrative superior, and Academic Dean involved in the conflict resolution session. The official copy shall be sent to the Graduate School to be retained in the student's file.

c. If the conflict resolution process is not successful, the Academic Dean and the Associate Dean of the Graduate School will confer within 10 working days following receipt of the conflict resolution process document to determine if further conflict resolution steps should be pursued. The outcome of this conference will be shared in writing with all parties participating in 3b.

4. Formal Grievance Procedure

a. If the grievance is not resolved by the above discussions and the graduate student chooses to pursue the matter further, the graduate student must submit a written statement and the Notice of Grievance form to the Associate Dean of the Graduate School within 10 working days after the receipt of the outcome of 3c. A Notice of Grievance form is available in the Graduate School or on the Graduate School website. The written grievance shall include a clear, concise statement regarding the nature of the academic matter to be resolved, which may include the policy or policies/procedures thought to be violated, and the redress requested. The Associate Dean of the Graduate School shall forward a copy of the grievance to the respondent. Within 10 working days after receipt of the grievance, the respondent shall provide the Associate Dean of the Graduate School with a copy of his or her written response.

b. The grievant or respondent may request a one-time extension for 10 working days for good cause. A written request for an extension must be filed with the Grievance Chair, who will review and rule on the request after consultation with both parties and may consult with the Associate Dean of the Graduate School. Grounds for an extension may include but not be limited to a) Dispute resolution in process; b) Affirmative Action complaint and investigation is in process c) Extenuating personal circumstances.

c. Upon receipt of the written response, the Associate Dean of the Graduate School shall, within 10 working days, appoint an ad hoc grievance committee to hear and make a recommendation regarding the grievance. The Associate Dean of the Graduate School shall appoint, from the membership of the Graduate Council, a committee chair (without vote, unless there is a tie), and two committee members. A member of the Graduate School staff will be selected as secretary (without vote). Two graduate students will be appointed as committee members from a slate of nominees selected by the Graduate Student Council.

d. The hearing shall be scheduled within 30 working days after the appointment of the ad hoc grievance committee barring extenuating circumstances.

e. The hearing is not a legal process; however, either party may arrange for a court certified reporter to record the hearing at the party's expense. If recorded the transcription is the property of the party paying for the service. The transcription will not be used by the committee in their deliberations.

f. A student with a disability requiring special accommodations should communicate the specific needs to the Associate Dean at least five working days prior to the scheduled hearing.

g. Guidelines for ad hoc grievance committee hearings

1. Pre-hearing procedures

a. Notice of the time and place of the hearing shall be given by the chair to the graduate student and the respondent not less than 10 working days prior to the hearing.

b. The notice shall include the written grievance and the written response of the respondent.

c. A copy of the procedures guiding the hearings as outlined in Step 2 Hearing (4 d2) shall accompany the notice.

d. The following must be submitted by each party to the chair at least five working days prior to the hearing:

i. A copy of all written supporting documentation that the party will present at the hearing,

ii. A list of witnesses to be called by the party (each party is responsible for ensuring that his/her witnesses are at the hearing), and

iii. The name of any hearing advisor who will accompany the party to the hearing and whether the advisor is an attorney. The hearing advisor may advise the party but not otherwise participate in the proceedings. If the advisors accompanying both the grievant and respondent are attorneys, the hearing chair also will be provided appropriate counsel.

iv. The name of any court certified reporter who will accompany the party to the hearing, if applicable.

e. Copies of materials listed in 1d will be provided to the grievant and respondent a minimum of three working days prior to the hearing.

2. Hearing

a. The hearing is an administrative process and will follow the procedures outlined in this section. The committee will have complete discretion in deciding any procedural questions that arise during the hearing.

b. At the discretion of the committee, arrangements may be made for procedural formats for the hearing for students enrolled in distance graduate education programs.

c. At the hearing, each party may be accompanied by a hearing advisor who may advise the party, but not participate in the hearing.

d. All hearings shall be closed except for parties to the grievance and their hearing advisors unless the graduate student requests that the hearing be open. All parties are advised that the committee routinely records the hearing for its own use.

e. Either party may arrange for a court certified reporter to record the hearing at the party's expense. The party must notify the Grievance Chair according to pre-hearing procedures outlined in 4g. If recorded, the transcription is the property of the party incurring the expense of the service. The transcript will not be used by the committee in their deliberation.

f. The committee will permit each party to present a brief opening statement of no more than 10 minutes.

g. The evidence shall be presented by the graduate student and then by the respondent at the hearing.

h. The parties and the committee shall have the opportunity to question all witnesses

i. The committee will accept any new evidence, information, or testimony, which it feels is pertinent to the grievance and will help the committee understand and evaluate the issue(s) before it. The committee chair will determine the relevance and materiality of the evidence offered. Legal rules of evidence shall not apply.

j. Following the presentation of evidence, the committee will permit each party to present a brief closing statement of no more than 10 minutes.

k. The committee will meet in closed session to deliberate and recommend action to the Dean of the Graduate School on the grievance.

l. Within 10 working days from the conclusion of the hearing, the committee will prepare a report that will serve as its recommendation to the Dean of the Graduate School. The report will contain the factual findings and recommendations of the committee and the reasons for the recommendation. The findings of the committee are final and cannot be appealed.

m. The Dean of the Graduate School shall respond to the recommendation of the committee within 10 working days of receiving the committee's recommendation. Copies of the response and notification of subsequent actions should be sent to the committee and the parties of the grievance.

n. The complete record, including the report to the Dean of the Graduate School, evidence obtained during the hearing, and the response from the Dean of the Graduate School shall be placed in a file by the grievance committee chair. This file shall be retained in the graduate school for at least three years following the conclusion of the grievance hearing. Each party may, at its own expense, copy the record or any part thereof at a place and time to be determined by the Dean of the Graduate School.

5. Enforcement of the Graduate School's Decision

The Dean of the Graduate School has the authority and responsibility to enforce the decision.

APPENDICES

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CLINICAL MASTER'S PROGRAM IN COUPLE AND FAMILY THERAPY: INFORMED CONSENT

PREFACE: Clinical training involves a student in applied learning experiences, responsibilities, and methods of evaluation that are not typical in other types of graduate training. For that reason, this document is designed to describe several aspects of the Couple and Family Therapy Program that the students might not otherwise anticipate. Please note that this document should be read in combination with the "The CFT Master's Program Handbook" and with the "General Grievance and Dismissal Procedures for the CFT Program at Kansas State University.

CLINICAL PRACTICUM: Once admitted to the clinical program, students will be continuously enrolled in a three-credit hour practicum until the requirements for the client contact hours set forth by the KSU Couple and Family Therapy Program are met. The KSU CFT program requires 500 client contact hours, of which 250 must be relational. It is the **student's responsibility to record these hours and have their supervisor sign them each month.**

Students are required to travel to practicum placements and to provide their own transportation.

LIABILITY INSURANCE: Students and their supervisors incur liability for the therapy conducted by students. Therefore, each student is required to obtain liability insurance before enrolling in a clinical practicum.

THE NATURE OF SUPERVISION¹: Each student who is enrolled in clinical practicum must receive weekly group and/or individual supervision. A large part of this supervision must be over **live, videotaped, or audiotaped sessions**. Supervisors vary in the degree to which they focus on theory, skills and use of self. However, each of these issues will receive attention at some point in the program.

If it appears to a supervisor that personal material is interfering with a student's assessment or treatment of clients, the supervisor will share that observation with the student and may suggest that the student explore the issue further with his/her own therapist. Supervisors **will not conduct personal therapy** with supervisees, **nor will the program require a student to obtain personal therapy²**. However, if personal issues appear to the faculty to continue to interfere with the student's behavior as a therapist, that difficulty will be reflected in the student's practicum grade and possibly in the student's progress through the program.

Intergenerational approaches to family therapy are included in the curriculum at Kansas State, along with other schools of family therapy. In studying the intergenerational approaches to therapy, students may become intrigued with how the material applies to themselves in their own family of origin. While the faculty actively encourages such personal integration and believes such personal work will result in improved professional performance, students are **not required to report on such personal explorations**.

Students who do choose to reveal personal information in the course of clinical supervision deserve to have that information treated with respect. That respect includes keeping the information confidential. However, supervisors and faculty may share student personal information with other faculty or supervisors if it is directly relevant to student performance or progress. If the supervisor believes disclosure to another supervisor who is or will be working with the student would enhance supervision, that recommendation will be disclosed with the student, who will have the prerogative to follow the recommendation or not.

Supervisors may, however, share with another supervisor with whom the student is now or will be working,

¹ Supervision has as its primary goal the enhancement of the supervisee's professional competence and a secondary goal of assuring quality service to clients.

² Personal therapy has as its primary goal the personal growth of the client and resolution of problems in living.

general areas in which the student is having difficulty in the conduct of therapy. In addition, end of semester narrative evaluations are routinely forwarded to the student's next on-campus clinical supervisor to assist in their continued supervision of the student. Students receive a copy of this evaluation.

Students in clinical practicum can expect to receive live supervision from behind a one-way mirror as well as supervision based on audiotapes, videotapes, and case notes. Students can also expect to receive regular feedback on their progress in clinical practicum. This regular feedback will be verbal during the course of the semester, unless the faculty have reason to be especially concerned, in which case a letter will be sent to the student. End-of-the-semester evaluations will include a course grade, which goes on the student's transcript, and a standard evaluation form.

GATEKEEPING ASPECT OF SUPERVISION: One aspect of the role of the supervisor is that of gatekeeper to the profession. Because of our ethical obligation to our clients and to the program as a whole, CFT faculty and clinical supervisors have a duty to make sure that our students are providing competent and ethical services to clients who are contributing to a training environment that is supportive of learning. Should we become concerned about the quality of therapy being provided by a student or the manner in which he/she is participating in the program, we are obligated to address the problem and work with the student to develop a plan to either return the student to full functioning or help him/her determine if being a therapist is still the right decision. Such problems are described in the literature as professional impairment and are defined as:

- An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- An inability to acquire professional skills to reach an acceptable level of competency;
- An inability to control personal stress, psychological dysfunction, and/or excessive emotional reactions that interfere with professional functioning (Lamb, Presser, Pfoest, Baum, Jackson, & Jarvis, 1987, p. 598).
-

PROGRESS TOWARD AAMFT CLINICAL MEMBERSHIP: It is the student's responsibility to communicate directly with AAMFT regarding the current criteria for clinical membership in that organization. The program director at KSU will provide documentation for supervision and clinical contact hours accomplished at KSU.

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

SIGNED:

Student Name

Student Signature

Clinical Director Signature

Date

Revised 9/14/2017

CFT Research Teams Opportunities

Fall 2019 and Spring 2020

Faculty	Topic	Participant Duties	Presentations & Publications
Stith	Meta-analysis on risk factors for partner violence	<ul style="list-style-type: none"> • Write Proposals • Write sections of journal articles • Use meta-analysis software to analyze data 	<ul style="list-style-type: none"> • Journal articles • NCFR and AAMFT proposals
Anderson	The Couples & Diabetes Project: Marital Influences on Disease Management and Metabolic Control	<ul style="list-style-type: none"> • Reviewing literature • Analyzing data • Writing journal article 	<ul style="list-style-type: none"> • AAMFT/NCFR presentations • Journal articles
Anderson	Differentiation and Sexuality in Committed Relationships	<ul style="list-style-type: none"> • Reviewing literature • Analyzing data • Writing journal article 	<ul style="list-style-type: none"> • NCFR Presentation • Journal article
Baptist	Clinical study on treating suicidal ideation	<ul style="list-style-type: none"> • Providing clinical treatment • Reviewing literature • Analyzing data • Writing journal articles • Writing grants 	<ul style="list-style-type: none"> • Journal articles • Conference presentations
Baptist	Black couples and mixed race relationship maintenance	<ul style="list-style-type: none"> • Reviewing literature • Analyzing quantitative data • Writing journal articles 	<ul style="list-style-type: none"> • Journal articles • Conference presentations
Vennum	Improving youth mental health outcomes through systemic trauma-informed intervention in schools.	<ul style="list-style-type: none"> • Intervention design & delivery • Grant writing & Project Design • Collecting & analyzing data • Writing journal articles 	<ul style="list-style-type: none"> • Conference Presentations • Journal Articles
Vennum	Reducing disparities in relational and mental health outcomes through interactive in-person, online, and mobile relationship education for youth.	<ul style="list-style-type: none"> • Intervention design & delivery • Grant writing & Project Design • Networking with scholars • Creating resources • Event planning • Data Analysis • Writing journal articles 	<ul style="list-style-type: none"> • Conference Presentations • Peer reviewed Journal Articles • Public Scholarship
Vennum	Concurrent and longitudinal correlates of romantic relationship development and maintenance during adolescence & young adulthood.	<ul style="list-style-type: none"> • Reviewing literature • Project Design • Participant Recruitment • Collecting & analyzing data • Writing journal articles 	<ul style="list-style-type: none"> • Conference Presentation • Journal Articles
Durtschi	Relationship quality across the transition to parenthood	<ul style="list-style-type: none"> • Review literature • Grant writing • Assist in gathering data, managing data, & paying participants in a 15-month study • of couples • Analyze data 	<ul style="list-style-type: none"> • AAMFT/NCFR presentation • Journal Articles

		<ul style="list-style-type: none"> • Write journal articles 	
Durtschi	Marital quality in early stages of marriage	<ul style="list-style-type: none"> • Review literature • Analyze data • Write journal articles 	<ul style="list-style-type: none"> • AAMFT/NCFR presentation • Journal Articles
Durtschi	Links between marital interactions, parenting and child outcomes	<ul style="list-style-type: none"> • Review literature • Analyze data • Write journal articles 	<ul style="list-style-type: none"> • AAMFT/NCFR presentation • Journal Articles
Topham	Parent-child relationship predictors of child physical (healthy weight balance) and socioemotional outcomes.	<ul style="list-style-type: none"> • Collect & analyze data • Write sections of journal articles 	<ul style="list-style-type: none"> • Conference Presentations • Journal Articles
Topham	Efficacy/Effectiveness of Early Parent-Child Intervention	<ul style="list-style-type: none"> • Write sections of proposals • Collect & analyze data • Intervention delivery • Write sections of journal articles 	<ul style="list-style-type: none"> • Conference Presentations • Journal Articles
Lechtenberg	Efficacy of Mindfulness based Therapy	<ul style="list-style-type: none"> • Write sections of proposals • Collect & Analyze Data • Intervention Delivery • Write Sections of Journal Articles 	<ul style="list-style-type: none"> • Journal Articles • Conference Presentations
Lechtenberg	Delivery of Court-Mandated Therapy	<ul style="list-style-type: none"> • Write Sections of Proposals • Collect & Analyze Data • Intervention Delivery • Write Sections of Journal Articles 	<ul style="list-style-type: none"> • Journal Articles • Conference Presentations
Lechtenberg	Physical Wellness & Mental Health	<ul style="list-style-type: none"> • Collect & Analyze Data • Intervention Delivery • Write Sections of Journal Articles 	<ul style="list-style-type: none"> • Journal Articles • Conference Presentations

Student Support Services

Library Resources:

Hale Library houses approximately 2 million items, which comprise the Libraries' principal collections, and an off-site storage annex holds many older volumes that can be requested by users. The main library structure provides 2,000 seats for users, access to over 200 computer stations and wireless internet access for personal laptop computers. Many services, including specialized software and equipment, are provided for users with visual or hearing impairments. Assistance is also provided to retrieve items from shelves and other locations upon request.

Electronic information sources have initiated a major shift from an emphasis on ownership to one of access. Online journals, databases, and books are accessible to K-State students and faculty 24 hours a day through the Libraries' web page. Currently, the library provides electronic access to over 21,000 full-text journal titles through various databases and publishing packages. Examples of journal titles specific to couple and family therapy available through K-State Libraries are *Developmental Psychology*, *Family Process*, *Family Relations*, *Human Development*, *Journal of Marriage and Family*, *Journal of Sex and Marital Therapy*, *Journal of Traumatic Stress*, and *Journal of Multicultural Counseling and Development*. In addition to these titles, K-State Libraries provide online access and direct linking to articles through such resources as *PsycInfo*, *PsycArticles*, *Mental Measurements Yearbook*, and *Web of Science*. An automated interlibrary loan request system is available on the Library's web site, which enables patrons to submit requests from locations outside the libraries.

In addition to the Library Help Desk, there is a full-time Social Sciences Librarian who acts as a liaison to the Couple and Family Therapy program. The Social Sciences Librarian provides the program with both general and in-depth reference, research, and instructional services for faculty and students. In-depth services include specialized research assistance for faculty and graduate students, online searching, subject-specific orientation, and course-related library instruction presentations.

The K-State Writing Center:

The K-State Writing Center welcomes active discussions with writers from all disciplines and experience-levels across the campus community. They are committed to developing writing and critical thinking through collaborative learning. In one-to-one consultations, students talk about their writing projects with trained writing tutors (most of whom are fellow students). They provide feedback at any stage of the writing process to enable students to gain awareness of writing strategies; improve writing assignments or non-academic writing; and increase their sense of competence, confidence, and ownership in writing.

Financial Aid/Scholarships:

K-State has a website dedicated solely to financial aid, scholarships, grants, loans, and jobs (see <http://www.k-state.edu/sfa/>, Appendix M). The Student Financial Assistance Office has two main goals. First, to provide access to higher education to any student who has the desire and second, to provide students with the financial means to enable them to complete their chosen program of study.

To help meet these goals, every student at K-State is given a personal financial assistance advisor. These advisors are available to answer any questions students may have regarding student financial assistance at K-State – including any questions students might have on how to complete their forms or the Free Application for Federal Student Aid (FAFSA). They encourage all students to schedule an appointment with their advisors. Students can send the office an email, give them a call, or simply stop by their office.

Along with the services their personal financial assistance advisors provide, their peer advisors are also

available Monday through Friday, from 8:00 a.m. to 5:00 p.m., to assist with students' financial aid needs. Their peer advisors are K-State students who are trained to answer other students' specific questions regarding their financial assistance.

Personal Counseling:

Counseling Services at Kansas State University are available to every student. The emphasis of services is to provide brief intervention in a student's life that may assist in decision making, skill building, or mental health support. The overriding goal for all students is to help them maintain successful academic progress.

Counseling Services provides services in an atmosphere welcoming diversity in culture, in sexual orientation, religion, and other factors of difference and is a member of the SAFE ZONE on campus. They provide:

1. Short-term, focused counseling to currently registered K-State students in areas of;
 - Decision-making
 - Crisis intervention
 - Solution
 - Adjustment
 - Matters of Personal Concern
2. Consultation to K-State Faculty and Staff
3. Assist in the identification and referral of additional and appropriate resources on campus or in the community

Counseling Services provides the first four sessions per fiscal year (July 1-June 30) at no charge. Sessions 5-10 cost \$15.00/hour and sessions beyond 10 cost \$25/hour (see <http://www.k-state.edu/counseling/>, Appendix N).