

Education Outcomes

All Outcomes at DFI involve training competent systemic and strength-based therapists who take cultural and contextual factors into consideration while serving to promote healthy relationships for a great diversity of people.

We are a 'hands on' couples and family therapy Post Degree Institute. Competence is achieved through offering MFT services at our on-site clinic under weekly supervision.

Summary of our Educational Outcomes

Our faculty outcomes are to have a faculty whom are competent in the 7 Domains themselves, and competent in imparting the domains to the students while taking cultural and contextual factors into consideration.

Our Student Outcomes are to display competence in the 7 domains through showing competence in using the 70 DFI competencies in class and in supervision.

Our Program Outcomes are to have competent teachers increasing the competence of the students so that our students graduate being competent in the 7 domains in a variety of contexts and with many diverse clientele.

DFI Standard Rubric

For most of the evaluations of competence the Faculty and the students are assessed using the following 6 scale rubric(Derived from the rubric used to evaluate residents in medical programs):

1. **Absent**
 - Trainee has no knowledge of and is unable to define a specific skill, technique, or theory (lacking or non-existent)
2. **Emerging**
 - Trainee has no experience & usually has difficulty with a specific skill, behavior, or technique. Requires basic information and direction, and close supervision
3. **Basic**
 - Trainee has limited experience & may continue to have some difficulty with a specific skill, behavior, or technique. Requires coaching, reinforcement, and close supervision
4. **Purposeful (competent)**
 - Trainee has additional experience & often performs skills & techniques effectively in common situations. May still require continued coaching, reinforcement, and supervision

5. Advanced

- Therapist virtually always performs skills, behaviors, & techniques effectively. May require assistance in unusual circumstances (supervisor and/or peers)

6. Expert

- Therapist is able to effectively teach clinical skills, behaviors, and techniques. Able to supervise trainees

Program Outcomes

Program Outcome 1

Graduates of the program will demonstrate their ability to conduct competent systemic interventions which are properly influenced by cultural factors. Graduates will be assessed as being competent in all 7 of the DFI foundational competencies (domains) which were derived from the professional marriage and family principles along with the research on the common factors in MFT and include:

7 Domains

1. Personal Growth

Who the therapist is as a person. The traits and characteristics of the therapist, which are most helpful to therapeutic outcomes.

2. Therapeutic Leadership

Use of self, maintaining maneuverability, orchestrating the session, and ensuring safety.

3. Therapeutic Relationship

Joining with the system, fostering trust and hope, and facilitating motivation.

4. Systemic Assessment and Feedback

Gathering information, using assessments, utilizing feedback, and assessing progress.

5. Systemic Hypothesis & Treatment Planning

Creating a systemic hypothesis, creating a Treatment Goal, and developing a planned integrated approach.

6. Systemic Intervention



Creating and implementing methods to influence the system based on the systemic hypothesis.

7. **Professionalism**

Ongoing flexible commitment to excellence, integrity and service including credibility, competence, use of research, proper file management, and ethical conduct.

PO1 Assessment and Benchmark

- **Assessment measure** = Capstone project. Each student will have their work evaluated by a minimum of three DFI supervisors (the Capstone Director, The Program Director, and the Individual Supervisor). The students will be rated on the standard DFI rubric by the 3 Supervisors.
- **Benchmark** - The student must receive an average of 4 or higher on the foundational competencies as rated by the supervisors and we will meet our PO 1 if 80% of our students achieve this rating.

Program Outcome 2

Program will demonstrate that it graduates self-report as being competent in conducting couples and family therapy with a great diversity of people and from a great diversity of theoretical positions. Student will rate themselves on 70 DFI competencies which are based on professional marriage and family therapy principles (PMFTP).

PO2 Assessment and Benchmark

- **Assessment measure** - Students will complete all of the DFI competencies at the start and at the end of the program. The rating is between 1- 6 with most of the students historically averaging around a 2 when they begin the program. The student's individual supervisor will confirm the accuracy of the self-report and talk to the student if they believe that a score is too high or too low.
- **Benchmark** - 100% of graduates will complete the assessments. We will have met our PO if 80% of students evaluate themselves as reaching an average competency of 3 or higher by the time of graduation.

Program Outcome 3

Program will demonstrate that it prepares students to conduct competent systemic therapy with a great diversity of people and systems; graduates will report being able to offer

assistance for a diversity of presenting problems.

PO3 Assessment and Benchmark

- **Assessment Measure** - 30 minute interview with the Capstone Director, the Student's individual supervisor, the Executive Director, and the Program Director. The student is asked how well the classes and the supervision prepared them for the capstone process and for the competencies. The students are asked if they feel prepared to do work with a diverse population and with a diversity of different systems (such as couples, families, blended families etc., children with their foster care providers etc.) The capstone director will then report the findings to the entire faculty.
- **Benchmark** - 80% of the students will report that the school was consistent in preparing the students to be competent in the given areas.
- **Assessment Measure** Student will pass all DFI courses which cover the relevant topic.
- **Benchmark** - 80% of the students will pass all classes
- **Assessment Measure** Supervisor endorsement of supervisee's (student) competence with a diversity of people, systems, and presenting problems. Endorsement is a pre-requisite for the student to be invited to a capstone.
- **Benchmark** - 80% will receive endorsement prior to sitting for their capstone.

Program Outcome 4

The Institute will demonstrate that it maintains a populace and curriculum which is inclusive of diversity. The Students, Faculty, and administration will be representative of people from a great diversity of ethnic, cultural, religious, theoretical, age, geographic, personality, orientation, language, and belief system backgrounds. Students and Faculty will report that our program is inclusive of culture and contextual factors.

PO4 Assessment and Benchmark

- **Assessment measure 1** – Potential students are asked how they will add to the diversity of the program. 30% of the questions used to interview potential students are related to diversity (see interview questions). Students are rated 1 – 10 based on the answers given to diversity questions.
- **Benchmark** – 100% of the student body will represent some form of diversity. 80% of admitted students will score above a 7 on diversity questions.

- **Assessment measure 2** – Faculty will display their congruence with the mission of inclusivity and diversity by including culture and contextual factors into their classes. Faculty will be assessed by the students as to how well they included the relevant material. This assessment is done by the students following every class. Faculty receives a rating of 1 – 6.
- **Benchmark** – 80% of faculty will receive a 4 or higher on this assessment.

- **Assessment measure 3** – faculty will report working with diverse populations in a clinical setting.
- **Benchmark** – 80% of faculty will report working with diverse populations in a clinical setting.

Faculty Outcomes

Faculty Outcome 1

Faculty Members will demonstrate that they can successfully relay their lesson objectives to the students in their class. Faculty will demonstrate that they can successfully instruct the didactic components involved in becoming a MFT. Faculty will demonstrate they were able to be successful in teaching the Learning objectives that were a focal part of the class.

FO1 Assessment and Benchmark

- **Assessment measure** – Students assess the faculty member on how capable the teacher was in a variety of domains related to instruction (please see course evaluation). Teachers will receive an average of 4 or higher on all the measured variables. The Faculty is rated on a scale of 1 – 6.
- **Benchmark** – 80% of teachers will receive an average of 4 or higher on their course evaluations as rated by their students and the average for all teacher evaluations will be 4 or higher. 100% of teachers will meet with the faculty assessment committee to discuss scores

below a 4.

Faculty Outcome 2

Faculty members will demonstrate that they self-report as being Advanced in all 7 of the foundational competencies (now called Domains) that they are responsible for imparting to the students.

FO2 Assessment and Benchmark

- **Assessment Measure** – Faculty take the competency evaluation which asks them to report on their abilities related to the 7 DFI domains. The measure is between 1 - 6 with 5 being advanced and 6 being expert (could write a book or run a workshop on the relevant competency). Please see the foundational competency assessment.
- **Benchmark** – 80% of faculty will average above a 5 on all 7 Domains.

Faculty Outcome 3

Faculty will demonstrate that they are clinically advanced and are able to conduct the MFT processes which they intend to educate others on. Faculty will demonstrate that they are actively offering strength-based systemic therapy services to a diverse population in the community. Additionally, if a faculty member teaches a class, he/she will demonstrate that over 20% of his/her caseload involves working with a population or from a theoretical position that is consistent with the material taught in their class

FO3 Assessment and Benchmark

- **Assessment** – Faculty fills out an assessment which asks them detailed information about their clinical work and experience (see Faculty Clinical evaluation).
- **Benchmark** – 80% of faculty will report engaging in a minimum of 5 clinical MFT interventions a week (MFT intervention with clients and/or MFT supervision). 80% of faculty who teach a class will spend 20% or more of their clinical time conducting interventions relevant to the subject they teach.

Faculty Outcome 4

Faculty will demonstrate that they have the appropriate credentials (experience and education) to mentor DFI students. All faculty will demonstrate that they are licensed professionals. All faculty will demonstrate that they have a graduate level or higher education in MFT. All faculty supervisors will either be AAMFT approved supervisors or will be in supervision of supervisor with an AAMFT approved supervisor.

FO4 Assessment and Benchmark

- **Assessment** – review of all faculty CV's and resumes to ensure compliance. Faculty fill out an evaluation in which they are asked about their licensure, supervisory status, education and experience. A faculty file, which is overseen by the Program Director and compiled by the project manager, is reviewed and updated yearly; The file contains all information related to faculty education and experience.
- **Benchmark** – 80% of faculty will be appropriately credentialed.

Faculty Outcome 5

Faculty will demonstrate that they offered effective supervision to their supervisees, which served to improve the student therapist's competency.

FO5 Assessment and Benchmark

- **Assessment measure** – the students' rate how effective the supervisor was increasing the student's competency in each of the 7 domains.
- **Benchmark** – 80% of Faculty supervisors will receive a 4 or higher on their supervisor evaluations, which are completed by the students.

Faculty Outcome 6

Faculty will be involved in MFT Scholarship and Service. Faculty are required to provide Direct Clinical services to the community and are required to participate in scholarship to assist the growth of the field of MFT through publications and research.

FO6 Assessment and Benchmark

- **Assessment measure** – The project Manager (faculty position who reports directly to the Program Director) is Responsible for maintaining faculty files which include faculty resume's or CVs, credentials, licenses, AAMFT approved supervisor status, scholarship, services, completed projects, and relevant contracts. Additionally, she monitors progress on all active projects taken on by faculty and holds faculty responsible for completion. She informs Program Director if a faculty member is not meeting requirements.

- Scholarship – Faculty must publish a scholarly article a minimum of once every two years to either a: Peer reviewed Journal, The CAMFT newsletter, or the DFI quarterly newsletter. Scholarship also includes publishing in a text book or other non-fiction publications related to psychotherapy and assisting with the MFT outcomes research that will be initiated in the fall of 2016 (we will begin evaluating client outcomes as related to student learning outcomes).
- Service – Faculty must be offering clinical psychotherapy to individuals, couples, and families in the community. Faculty members must be active and licensed clinician.
- **Benchmark** – 80% of Faculty will meet the above requirements.

Student Learning Outcomes

Denver Family Institutes Student Learning Outcomes involve the Students displaying conceptual, perceptual, and executive competence in all 7 domains.

DFI defines a Domain as the most generalized global or foundational set of skills. DFI defines a competency as a subcategory of the domains; these represent a less global set of skills relevant to the Domain. DFI defines skills as the specific actions that could be used to display a competency. (For example: an Intervention is a Domain, an Experiential Intervention is a competency listed under that domain, and an Enactment is a specific skill that could be used to demonstrate competence in Experiential interventions).

DFI chose to improve our SLOs by: making them all Systemic, making them all influenced by cultural and contextual variables, and by ensuring that they are all trans-model.

- Domain = Global set of skills
 - Competency = subcategory of skills relevant to the Domains
 - Skill = Specific observable action that demonstrates a competency.

Note: the SLOs 1 - 7 are based on the AAMFT education guidelines specifically the standard curriculum section in addition to the research on the common factors in marriage and family therapy. (New for 2014 – current MFT research has suggested that the personality of the therapist and the therapeutic relationship are of significant importance when measuring successful outcomes. In response to current research and feedback from our communities of interest, the SLOs have been improved.

Student Learning Outcomes 1 - 7

The Student will demonstrate competence in both his/her academic understanding of the following Domains or Foundational Competencies and in his/her ability to offer a therapeutic process which utilizes the following Domains or Foundational Competencies (they will have perceptual, conceptual and executive competence in the below domains):

SLO 1 = Personal Growth - Who the therapist is as a person. The traits and characteristics of the therapist which are most helpful to therapeutic outcomes.

SLO 2 = Therapeutic Leadership - Use of self, maintaining maneuverability, orchestrating the session, and ensuring safety.

SLO 3 = Therapeutic Relationship - Joining with the system, fostering trust and hope, and facilitating motivation.

SLO 4 = Systemic Assessment and Feedback - Gathering information, using assessments, utilizing feedback, and assessing progress.

SLO 5 = Systemic Hypothesis & Treatment Planning - Creating a systemic hypothesis, creating a Treatment Goal, and developing a planned integrated approach.

SLO 6 = Systemic Intervention - Creating and implementing methods to influence the system based on the systemic hypothesis.

SLO 7 = Professionalism - Ongoing flexible commitment to excellence, integrity and service including credibility, competence, use of research, proper file management, and ethical conduct.

Student Learning Outcome 1

Executive = Students will display the characteristic necessary to be a competent MFT therapist.

Conceptual and Perceptual = Students will be able to understand and to identify the characteristic necessary to be a competent MFT therapist

1. **Personal Growth & Development** – Who the therapist is as a person. The traits and characteristics of the therapist which are most helpful to therapeutic outcomes.
 - 1.1 **Systemic** – Sees the world as being interconnected
 - 1.2 **Authentic** - Congruent and integrated self which is presented genuinely in session
 - 1.3 **Emotionally Intelligent** – has an awareness and understanding of social cues and non-verbal communication
 - 1.4 **Self-aware** - Emotional, behavioral, and cognitive self-awareness and the ability to identify when deregulated, triggered or judgmental

- 1.5 **Self-Care** – takes care of self in a way which fosters a balanced and regulated emotional/physiological/cognitive self. Makes efforts to get one’s needs met
- 1.6 **Genuine Curiosity** - Accepting and Open-minded stance towards people of all cultures, orientations, personalities, and belief systems. (new)
- 1.7 **Present or Mindful** – being available and in-tune with the moment
- 1.8 **Compassionate and Kind** – sincerely caring for the wellbeing of another
- 1.9 **Personal Theory of Change** – knows what is needed and what to do for change to occur
- 1.10 **Wisdom** – ‘both – and’ or dialectic thinking. Ability to see both sides of an issue without jumping to a rigid conclusion

Student Learning Outcome 2

Executive = Students will display an ability to direct the session in ways which promote safety, involvement, and effectiveness.

Conceptual and Perceptual = Students will be able to understand and to identify the ways to direct a session in ways which promote safety, involvement, and effectiveness.

Domain

- 2. **Therapeutic Leadership** - Use of self, maintaining maneuverability, orchestrating the session, and ensuring safety.

Competencies

- 2.1 **One down** – being curious and open-minded taking a ‘not knowing’ stance
- 2.2 **Collaborative** - (flat hierarchy) joining into a system and allowing each member to take equal responsibility for direction.
- 2.3 **Directive** - (one-up) assigning tasks to clients, directing them to interact in different ways.
- 2.4 **Conflict Management** - Setting appropriate boundaries to ensure safety and professionalism
- 2.5 **Resourceful** - Bringing in family members and other resources into the process
- 2.6 **Redirecting** - keeping sessions on track with goals. Avoiding tangents and unhelpful content.
- 2.7 **Responsibility to Inform, Refer, and/or gather Resources** - Accessing outside resources as relevant; Contacting Social services, the Police, or the hospital as necessary
- 2.8 **Orchestrator** – ability to orchestrate intended session plan with corresponding interventions.
- 2.9 **Organized** – uses a coherent and planned approach with intentional time management

- 2.10 **Motivating** - Privileges possibilities over pathology in relationships and clinical world view
- 2.11 **Credible** – Ability to foster safety and trust by presenting as competent, experienced, and educated

Student Learning Outcome 3

Executive = Students will display an ability to foster a productive and supportive therapeutic relationship.

Conceptual and Perceptual = Students will be able to understand and to identify common ways to foster a productive and supportive therapeutic relationship.

Domain

- 3. **Therapeutic Relationship** - Joining with the system, fostering trust and hope, and facilitating motivation.

Competencies

- 3.1 **Engagement** - Joining and Creating a therapeutic alliance with all members of the system
- 3.2 **Relationship maintenance** - Maintaining alliance with all parties in therapy
- 3.3 **Cultural/Contextually Informed** – Caters the relationship around the specific needs of the individuals in the system
- 3.4 **Acceptance** - Sensitive and accepting of differences (orientations, cultural, belief, personality)
- 3.5 **Emotional Connection** - Use of empathy, attunement, and mimesis to show care and understanding
- 3.6 **Strength-based** - Finding strengths, exploring values and honoring experience in persons and systems of difference, minority status, sexual orientation, religious difference, etc.
- 3.7 **Hopeful** - Ability to foster and generate hope
- 3.8 **Responsive to Feedback** – Formally and informally inviting and responding to client feedback to strengthen therapy relationship, task alliance and repair relational ruptures
- 3.9 **Tracking Progress and Strengths** - Paying attention and honoring client progress in sessions
- 3.10 **Systemic Conceptualization** – Non-blaming stance in which the therapist sees problem in wide community, social, political context

Student Learning Outcome 4

Executive = Students will display an ability to make clinical assessments and to gather feedback to adapt/improve the therapeutic intervention.

Conceptual and Perceptual = Students will be able to understand and to identify common ways of making clinical assessments and gathering feedback to adapt/improve the therapeutic intervention.

Domain

4. **Systemic Assessment & Feedback** – Gathering information, using assessments, utilizing feedback, and assessing progress.

Competencies

- 4.1 **Telescopic Thinking** - Ability to integrate aspects of one contextual lens (such as cultural) in to understanding at another level of thinking (individual or dyadic) and back
- 4.2 **Cultural and Contextual** - Understanding influence of cultural/contextual factors on the treatment process. Gathering Information about culture and context.
- 4.3 **Structures** - Assessing relationship structures (Hierarchies/triangles/coalitions/subsystems)
- 4.4 **Dynamics** - Assessing relationships Dynamics (engagement patterns/power differences)
- 4.5 **Interaction patterns** - Assessing communicative/behavioral Interaction patterns (identifying cycles and defensive mechanisms)
- 4.6 **Attachment** - Assessing Attachment dynamics and individual dispositions
- 4.7 **Pragmatic Ability** - Assessing family solutions and solutions strategies
- 4.8 **Family Narratives** - Assessing family beliefs, narratives, family rules, rituals, and meta-emotions and cognitions (new)
- 4.9 **History and Demographics** – Assesses family history and relevant family achievements and sufferings (Genograms, intakes)(new)
- 4.10 **Client Feedback and Permission** - Asking clients about progress towards treatment goals and using feedback to adapt process
- 4.11 **Progress** – assessing progress towards identified treatment goal
- 4.12 **Formal Tools** - Use of formal assessments of treatment progress

Student Learning Outcome 5

Executive - Students will display an ability to arrive at a systemic hypothesis and an ability to use that hypothesis in collaboratively creating a treatment plan.

Conceptual and Perceptual = Students will be able to understand and to identify common ways of creating a systemic hypothesis and ways to use that hypothesis to collaboratively create a treatment plan.

Domain

5. **Systemic Hypothesis & Treatment Planning** - Creating a systemic hypothesis, creating a Treatment Goal, and developing a planned integrated approach.

Competencies

- 5.1 **Identifying Goals** - Asking the client system what they want from therapy
- 5.2 **Identifying Problem** - Understands and identifies presenting problem, reason for coming to therapy in client's words
- 5.3 **Systemic Diagnosis** - Using gathered information to create systemic diagnosis (circumplex, minchuchin map, pursuer –withdrawer etc.)
- 5.4 **Hypothesis** - Creating a systemic hypothesis pertaining to what will facilitate positive change towards the stated goal
- 5.5 **Planned Approach** - Integrate assessment and related hypothesis into the therapist's theory of change and theoretical orientation.
- 5.6 **Treatment Plan** - Collaboratively co-create a treatment plan with clients and write it down
- 5.7 **Circular Strategy** - Co-create a treatment strategy which is influenced and continually adapted in response to cultural/contextual variables, therapist/supervisors assessment of progress, and client feedback

Student Learning Outcome 6

Executive - Students will display an ability to use interventions to influence a system towards meeting the agreed upon treatment goal.

Conceptual and Perceptual = Students will be able to understand and to identify interventions used to influence a system towards meeting an agreed upon treatment goal.

Domain

6. **Systemic Intervention** – Creating and implementing methods to influence the system based on the systemic hypothesis.

Competencies

- 6.1 **Strength-based** – identifying, heightening and reflecting system and individual strengths to assist with treatment goals. (new)
- 6.2 **Resilience** – Interventions which serve to increase family resiliency and recovery

- 6.3 **Social Justice** – intervention which serve to address privilege, power and oppression in relational therapy
- 6.4 **Experiential** – Interventions which foster the desired change through interactive experiences in the therapy session. (enactments, sculpting, family play)
- 6.5 **Insight or Awareness**– Interventions which serve to increase the clients’ awareness of the variables which impact the problem and solution.(reflection, confronting, immediacy, identifying cycles, finding meaning)
- 6.6 **Cognitive and Narrative**– Interventions which aim to positively alter a those perceptions and beliefs which perpetuate the problem (reframing, affirming new narrative)
- 6.7 **Behavioral** – Interventions aimed at teaching and reinforcing behaviors which will help the system to function optimally (practicing/learning new behaviors or methods of engagement)
- 6.8 **Pragmatic** – interventions which use linear strategies of creating collaborative solutions. (homework, suggesting strategies, finding unique outcomes, deconstructing)
- 6.9 **Structural** – Interventions which help the system to change its existing structure in order to best meet the systems’ goals (influencing power dynamics/ coalitions/triangulation)
- 6.10 **De-escalating** – Interventions used to reduce arousal and related fight or flight response in the therapy session

Student Learning Outcome 7

Executive = Students will display and ability to interact with clients and other peers/professionals in a manner which is professional.

Conceptual and Perceptual = Students will be able to understand and to identify variables which impact the ability of a therapist to interact with clients and other peers/professionals in a manner which is professional.

Domain

- 7. **Professionalism** - Ongoing flexible commitment to excellence, integrity and service including credibility, competence, use of research, proper file management, and ethical conduct.

Competencies

- 7.1 **Openness** - Willingness to learn about your clients in all their diversity even when you’re uncomfortable
- 7.2 **Cultural Awareness** - Making every effort to ever increase cultural competence
- 7.3 **Accessing Support** - Ability to locate resources and referral sources to assist the therapy process

- 7.4 **Ethical Troubleshooting** - Ability to manage common therapy dilemmas for a CFT therapist
- 7.5 **Case Consultation** - Effectively ask for help from a colleague or supervisor to get unstuck on a case
- 7.6 **Therapist self-care** – ensuring that you are fit to practice and seeking assistance or referring when you are outside of your scope of competence
- 7.7 **File Management** - Maintaining proper client files
- 7.8 **Knowledgeable** - Being knowledgeable and integrating current psychotherapy research and literature into your practice
- 7.9 **Ethical Conduct** - Following social and the licensing board’s ethical codes
- 7.10 **Termination** - Properly terminating the therapy process when appropriate

Assessments and Benchmarks for SLOs 1 - 7

- **Assessment 1** – Student will be graded by the professor(s) who taught the course(s) relevant to this domain. The teacher will assess that the student has gained an academic understanding of the domain; if the student has demonstrated such, they will earn a pass.
- **Benchmark** – Student must earn a pass for the classes which focus on this domain. We will have met this SLO if 80% of students pass the classes related to this domain.

- **Assessment 2** – Student will self-evaluate their competency related to this Domain.
- **Benchmark** – students must score a 3 or higher on this domain. For us to be successful, 80% of our students will score a 3 or higher on this domain.

- **Assessment 3** – final capstone project. The students will be evaluated by a minimum of three supervisors on this domain following the students’ presentation of live or video recorded clinical work.
- **Benchmark** – over 80% of students will receive a 3 or higher on this domain.

- **Assessment 4** – Individual supervisors will assess their supervisee student on the relevant domain every two quarters.

- **Benchmark** – 80% of students will show 1 point of improvement on this domain until they reach a rating of 3 (so if they start at a 1 they will improve to a 3 after 2 quarters at DFI).
- **Assessment 5 (Qualitative)** – Student will demonstrate live to both their group supervisor and to their individual supervisor that they are competent in the domain. Supervisors will recommend a student to graduation only after witnessing the student demonstrate competence in this domain.
- **Benchmark** – 80% of supervisors will report that their supervisee was able to demonstrate this domain during a live case presentation prior to graduation.
- **Assessment 6** – Student will self-evaluate their ability related to all the competencies under this Domain
- **Benchmark** – students must score a 3 or higher on average for all competencies listed under this Domain. For us to be successful, 80% of our students will score a 3 or higher on this domain.

Student Learning Outcomes (8 – 12)

Note: These SLOs are required for DFI to be in compliance with the AAMFT educational guidelines, DORA, and our ethical code. Some of the measures may in fact be input based. For consistency and clarity, all expectations for DFI students have been termed SLOs.

Student Learning Outcome 8

Students will demonstrate that they successfully accessed the didactic components of the program. Students will demonstrate an academic understanding of pertinent information in the field of marriage and family therapy (theory, ethics, human development etc.) Students will demonstrate that they completed and received a pass on all 13 of their DFI classes.

SLO 8 Assessment and Benchmark

- **Assessment** - DFI official Transcript. The faculty members will assess the student based on criteria laid out in the relevant course syllabi. The teacher will offer a grade based on the how adequately the student met the relevant requirements. All Grades will be place on the students Transcript. The Transcript will be evaluated to ensure that the student passed all

classes.

- **Benchmark** - 80% of students will meet this requirement by passing all their classes.
- **Assessment 2** – DFI official transcript and the DFI graduation checklist. The administration will review the student file to ensure that the student completed and passed every course (see sample graduation checklist).
- **Benchmark 2** – 100% of students applying for graduation will have met this requirement.

Student Learning Outcome 9

Students will demonstrate through self-report that they are steadily improving their competency in relation to their academic and clinical understanding of MFT principles and processes.

SLO 9 Assessment and Benchmark

- **Assessment** - Students will complete the DFI competencies a minimum of two times so that we can track improvement. The DFI competencies include both process (ability to create an effective therapeutic relationship, ability to use systemic interventions and to make systemic assessments etc.) and academic (knowledge of theory, ethics, policy etc.) competencies.
- **Benchmark** – 80% of students will improve their overall or average competency rating by 1 point during their time at DFI.

Student Learning Outcome 10

Students will demonstrate that they can conduct a therapeutic process. Students will demonstrate that they have conducted 500 hours of clinical work. Students will demonstrate that 250 hours were direct contact relational work. Students will demonstrate that 250 hours of conducting a strength-based systemic intervention occurred onsite... to be specific; every student will conduct a minimum 250 sessions at the DFI clinic with DFI clientele. 250 hours of clinical work can be done at an approved offsite clinic as long as the cases are being supervised by a DFI faculty member.

SLO 10 Assessment and Benchmark

- **Assessment** - DFI progress log, which is signed by the student's individual and group

supervisor, and the DFI Graduation Checklist. The students Supervisors will support and oversee the student in meeting this clinical requirement.

- **Benchmark** – 80% of graduates will have met this SLO.

Student Learning Outcome 11

Students will demonstrate an ability to successfully use supervision to improve their therapeutic ability. Students will demonstrate that they have successfully accessed and utilized clinical supervision. Students will demonstrate that they have completed a minimum of 7 full semesters of both group and individual supervision. A minimum of half of all supervision must use live or video recorded clinical material. Students must present a minimum of 10 live cases in supervision. Through live and video recorded supervision our students will demonstrate to their supervisors that they are competent in conducting marriage and family therapy.

SLO 11 Assessment and Benchmark

- **Assessment** - DFI progress log, which is signed by the student's individual and group supervisor, and the DFI Graduation Checklist. The students Supervisors will support and oversee the student in meeting this clinical requirement.
- **Benchmark** – 75% of students admitted into the program will meet this SLO within 7 years from starting the program and 90% of graduates will have met this SLO.
- **Assessment 2 (qualitative)** - Supervisors will meet regularly with the student and will assess that the student is successfully improving their level of competence. Supervisors will assess the degree to which the student is utilizing recommendation from supervision.
- **Benchmark 2** - 80% of supervisors will report that their student supervisees are successfully using supervision. 80% of all graduates will have been recommended for graduation by their individual supervisor.

Student Learning Outcome 12

Student will demonstrate that they are competent in maintaining professional client files. All client files must be complete and to our standards before a student may graduate.

SLO 12 Assessment and Benchmark

- **Assessment** - there are random file audits conducting every semester by our Operations



Coordinator/Intern Director. Student files are examined with a checklist and the relevant student and their individual supervisor are notified of any deficiencies in the client file. All treatment plans are signed and looked over by the student's individual supervisor.

- **Benchmark** - 80% of client files will pass the initial file audit and 100% of clients files will be perfectly compiled (according to DFI file policy) by the time that the student graduates, at the time that the client terminates DFI services, and/or at the time that the client is transferred to another therapist.