Graduate Program Prioritization Criteria and Questions/Elements

1. History, Development and Expectations of the Program

a. Provide, to the best of your ability, a brief description of the program’s history including the evolution of the program over the years. Describe specific changes that have been made to the program curriculum, changes to student demographics and the impact of these changes on the program, and efforts to recruit students to the program. If this is a new program, describe efforts to build the program and the progress of these efforts to date.

The Marriage and Family Therapy (MFT) is a distinct profession with its own history, theories, treatment models, professional organizations and journals. The MFT trained clinical professionals typically treat a wide variety of psychological, emotional and relational problems from unique systemic and contextual theoretical lenses.

As per the American Association for Marriage and Family Therapy (AAMFT) records on April 1, 2014, the Southern Connecticut State University’s (SCSU’s) MFT program is the sixth oldest and longstanding program among the 116 COAMFTE accredited MFT programs in the world. In the State of Connecticut, this is the oldest among the five COAMFTE accredited MFT programs.

This program came into existence in 1976 in response to the growing recognition among mental health professionals that understanding and changing family dynamics is critical to understanding and relieving individual psychological pain and suffering.

As a result, a concentration in MFT program was developed as an option for graduate clinical education at SCSU. In the early 1980’s, this program received accreditation by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE); and approval by the Connecticut State Board of Higher Education to grant a Master of Family Therapy (MFT) Degree. Perhaps, the SCSU’s MFT program is the only Master’s program in the world, which offers a COAMFTEE accredited MFT degree, while other COAMFTE accredited programs offer either an M.A. or an M.S. degree.

Currently, our program offers a sixty-credit graduate course work and uses 23 recognized internship sites within the State of Connecticut to train MFT students as clinical professionals. Each of these clinical internship sites has at least one or more AAMFT Approved Clinical supervisors on their staff in order to provide clinical supervision to our MFT student-clinicians. AAMFT approved supervision guarantees excellence-in-quality.
In the course of the past thirty years, the SCSU’s MFT program underwent several major changes in its mission and vision as a leading training program in the United States. Here below are the highlights of these substantial changes:

- **Inclusion of newer schools of thought and theoretical orientations in the curriculum:** During the early years, the primary focus of MFT training was on three major theories in MFT. Currently, this program trains students in a wide range of clinical theories stemming from Modern, Postmodern and Evidence-Based In-Home Therapy traditions;

- **Increased efforts to recruit and maintain students from diverse background;**

- **Introduction of student-cohort-system from the 2011-2012 academic year:** As a result, there is an increasing connection and camaraderie among students because they go through this intense training program as a cohort by taking classes together, reflecting together and growing together as connected-professionals.

- **Introduced full-time and part-time study plan:**

- **Recruiting faculty from marginalized groups:** In order to maintain sensitivity to diversity, we recruit and make every effort to retain excellent faculty from diverse backgrounds.

- **Identifying and responding to the clinical needs in the state;**

- **Expanded service delivery to clients from low-income groups:** MFT clinic shifted focus from serving the middleclass families to including the working poor and low-income families in CT with a focus on promoting social justice.

- **Periodic updating and revision of graduate curriculum to address new clinical challenges and in keeping with the changes in the field of MFT;**

- **Continuing connection and ongoing consultation with alumni through surveys;**

- **Introduction of hybrid courses for content-focused classes;**

- **Offering summer courses to expedite degree completion time.**

b. **Is there anything else you would like us to know?** (Issues you might choose to discuss could include visibility of the program, relationships the program has external to the university, changes in the economic support for the program, staffing, etc.) (150 words)

Our program is well known for graduating some of the best Marriage and Family Therapy practitioners and leaders in the State of Connecticut and beyond. Graduates from this program are highly sought-out by clinical agencies both in-state and beyond. Some of our clinicians have become featured speakers and trainers in family constellation work, Gestalt training and family of origin focused work both in the United States and abroad. Over 90% of our graduates get employed as MFTs immediately after graduation. This demonstrates the viability, relevance and robustness of our training program. Graduates serve as well-sought out clinicians, clinical consultants in a variety of settings including various mental health service agencies, school systems, court systems and various agencies in the society.
2. External Demand for the Program

Data from our student-applicants, indicate that the SCSU’s MFT program is the first choice because of its clinical reputation and longstanding COAMFTE accreditation.

For our clients, the Family Clinic on SCSU’s campus offers high quality and affordable therapeutic services. In that sense, the SCSU’s MFT program has been successfully meeting the growing demands of the CT workforce, and are preparing our students to address various mental health needs of individuals, couples, families and communities in the State of Connecticut and beyond.

a. Using the data provided, review and explain the relationship between the program and external factors that impact the:
   i. Number of applicants and percentage of applicants accepted:

Acceptance rate for applicants into the MFT program varied in the past five years as reflected on the table below:

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Acceptance Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>92%</td>
</tr>
<tr>
<td>2009-2010</td>
<td>41%</td>
</tr>
<tr>
<td>2010-2011</td>
<td>4%</td>
</tr>
<tr>
<td>2011-2012</td>
<td>53%</td>
</tr>
<tr>
<td>2012-2013</td>
<td>70%</td>
</tr>
</tbody>
</table>

Until 2011, the MFT program was using a rolling-model of admission. Starting from the academic year of 2011-2012, we introduced a cohort-model of admission. In order to maintain the philosophy of cohort-model of training for clinicians, starting from the academic year 2012-2013, we restricted student-admission to only Fall semester of every year, and we doubled our enrollment size. We accepted 33 students (with 53% acceptance rate) in the Fall of 2012 semester.

Starting from the same academic year (2011-2012), as a program, we employed using a standardized-set of criteria when making decisions to accept applicants into our program. In addition to the GPA score and MFT application, our criteria included the following: a reflective-written personal statement made by each candidate related to her/his rationale and supporting arguments for choosing MFT career path; three letters of recommendations written by academics and well-respected professionals as an endorsement to the applicant’s decision to join us at SCSU; and an hour-long interview of each candidate by two MFT faculty members. All these criteria put-together help our admission-committee to be more selective and thorough in our admission process.
ii. 5-year enrollment trends (Fall 2008-Spring 2013):

<table>
<thead>
<tr>
<th>Enrollment Trends</th>
<th>Fall Semester Average</th>
<th>Spring Semester Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>43</td>
<td>40</td>
</tr>
<tr>
<td>Male</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Full-Time</td>
<td>36</td>
<td>35</td>
</tr>
<tr>
<td>Part-Time</td>
<td>18</td>
<td>17</td>
</tr>
</tbody>
</table>

b. Which employers, institutions and/or communities benefit from this program? Describe how the program meets the needs of the state (e.g., economic, cultural, civic, etc.)?

Since its inception several decades ago, SCSU’s MFT program has been addressing and treating mental-health-related needs of CT’s workforce. As a testimonial to our clinical-effectiveness, often we get THANK-YOU-NOTES from our referral agents and stakeholders (e.g., physicians, Department of Children and Families, court-systems, Guardian Ad Litimem, religious-leaders, schools, etc.)

The following excerpts from an unsolicited letter, dated on March 5, 2014, from a court-official beautifully captures MFT Clinic’s service-effectiveness in the State of Connecticut. She wrote:

“The services, therapy programs and guidance your department provides to clients, to minor children, and the community of families facing varying needs is beyond compare in this state….The SCSU [MFT] facility is a topic of frequent discussion among my colleagues. Judges, attorneys, and GAL’s alike look to the SCSU programs to help parents and children in family matters where high conflict situations contain issues beyond the available modes of redress at law and equity.”

c. Is there anything else you would like us to know? (Issues you might choose to discuss could include competition from local, regional, and other institutions.)

Nothing more here.

3. Internal Demand for the Program

a. Using the data provided, please describe how courses in your program serve students in other programs. What percentage of students in your courses come from other programs? Please provide enrollment data for graduate courses offered by your department that are required for other graduate programs. (Some of your
discussion in this section may be repetitive, but is important in understanding the internal demand for the program).

Currently, students from other programs do not take any courses in MFT program. All our course-takers are MFT students or those coming into the MFT program while waiting to be accepted into the MFT program. As a teaching program, we are always open to students from other programs (with no background in MFT) taking some introductory level courses in the MFT program. Sometimes, we get requests from psychology department to have their student interns placed for internship experience at our Family Therapy clinic on campus.

b. How is enrollment for your graduate program influenced by enrollment in your undergraduate program? Is there potential for a formal pathway between the two programs?

We do not have an undergraduate program associated with us. Therefore, this question is not relevant for us at this time.

b. How reliant are you on non-program students taking your courses?

We are not reliant on students from non-MFT programs to take courses.

d. Does the program produce services needed by other parts of the campus (e.g. clinics, testing services)?

Yes, the MFT clinic is open to serve the individuals, couples, families and groups from any of this university. We are available to serve the therapy related needs of our faculty, staff and students from any schools and departments of SCSU campus.

Our program provides therapist-interns to serve the needs of the Student Counseling Center on SCSU campus.

4. Quality of Program Inputs and Processes
Please provide a narrative of how the qualifications and assignments of your full- and part-time faculty align with and support the program. Please include a discussion of the challenges and successes the department faces in providing qualified faculty to meet the needs of the program. In those programs where it is appropriate, please discuss the integration of adjuncts into the program's curriculum.

Currently we have three full-time faculty with earned doctorates, and fifteen adjunct faculty members with master’s degrees in Marriage and Family Therapy from regionally
accredited institutions. All our faculty members are practicing MFT clinicians with clinical license to practice in the State of Connecticut. Though one of our full-time faculty members is retiring by the end of Spring 2014, the MFT program is in the final stages of adding two new full-time tenure-track faculty members. As a result, by the Fall 2014, we will have four full-time MFT faculty, in addition to our adjuncts. With the added pool of resources and professional expertise, then our MFT program will become the largest MFT faculty among the five COAMTE accredited programs in the State of Connecticut. This is a huge change and it will open up new avenues for our growth as a leading MFT training institution in the country. With the addition of new full-time faculty, we will be able to initiate more clinically focused applied research projects.

In addition to their doctoral level training in being competent educational and clinical professionals, each of our core faculty members bring unique specialization and varied perspectives based on their professional training and experiences. Our adjunct faculty members bring some of the best clinical perspectives in the field of MFT. They’ve been chosen from among the best practitioners, and they bring their rich and varied professional perspectives to our MFT training program.

Faculty specialization ranges from within the followed focused areas: clinical interventions with special attention to multicultural sensitivity; treating eating disorders and body images; substance abuse and addiction; gestalt training; innovative parenting strategies; integrating spirituality in MFT; grief and bereavement; trauma-informed work; work with at-risk youth; family of origin work; family constellations, etc. Some noteworthy additions to our faculty expertise are: Emotionally Focused Couple Therapy; and Equine Therapy.

Despite the limited funding resources, we have created within our program, forums and avenues for faculty members to share their expertise with their colleagues in the form of workshops and seminars. We have also utilized faculty development grants to provide ongoing education for our faculty. In the past few years, the MFT program, with the support of some internal grants from the University, brought in experts from the mental health field to train our faculty on Evidence Based Practices, Multicultural Sensitivity Training, etc. This is in addition to attending training programs offered on the SCSU campus.

MFT Faculty meets once a month. During these meetings, we identify areas where we need further training to update ourselves. Some of the areas we identified for further training are: Working with At-Risk-Youth; Training in DSM-5, etc.

b. Briefly describe the merits and logic of your curriculum.

Our curriculum rests on our long-held philosophy that development of a marriage and family therapist takes place only in an intentionally designed-mentoring context in which students grow in their competency as emerging professionals. We define clinical competency as “acquisition of theoretically-based MFT knowledge and ability to apply that knowledge in real clinical contexts”. Merit of our program rests on our collective commitment to provide excellent learning-context to our students. Consequently, they
acquire solid-knowledgebase in MFT theories, and develop therapeutic skills in real clinical settings under the supervision of AAMFT approved supervisory mentors.

The MFT training is completed in several consecutive phases. In the initial phase, students enroll in foundational theory courses in MFT, family-of-origin, ethics and clinical policies. During this initial phase, students focus on understanding and nurturing their self-of-therapist with the aid of specialized courses. In the second phase, they begin their clinical practicum along with advanced students under supervisors at the Family Clinic. In the third phase, students begin to work as clinicians with assigned cases under the supervision of assigned supervisors. In the fourth phase, students work in outside internship-sites under AAMFT approved clinical supervisors. During the fifteen months of continuous internship-period, both at the Family Therapy Clinic and in an external internship-site, students gain experience with 500 hours clinical work treating clients and receive at least 100 hours of clinical supervision under the mentorship of supervisors. Throughout the clinical practicum and internship period, students continue to take other advanced and specialized courses in MFT on campus.

c. How dynamic is your program? Please identify and describe what procedures are in place to provide continued, regular evaluation and review (include formal and informal activities). Describe the impact of the review on the program and curriculum (e.g., FAAR data may be used as evidence, as well as other documentation of changes to the curriculum).

Our MFT program maintains its relevance and dynamism in the field of MFT through a combination of intentional programmatic designs and strategies:

- By streamlining courses offered in the program and by aligning our curriculum in accordance with the COAMFTE accreditation standards;
- By collaborating and consulting with other five COAMFTE accredited MFT programs in the State of Connecticut, we consistently assess and meet the clinical challenges arising in the state;
- Periodic assessment and updating of all our course offerings in consultation with our internal faculty members who are also clinical practitioners;
- Developing new courses to address new challenges and changes that happen in the clinical field;
- Taking student-evaluations (from each course) and exit-interviews seriously and integrating their suggestions in order to strengthen course-delivery when it's offered subsequently;
- Consistently monitoring and evaluating students’ progress in the program as ethically-responsible gatekeepers of the profession of MFT. When concerns arise related to students’ professional development in the program, faculty members come together under the umbrella of various committees such as Student Review Committee (SRC) and Student of Concern Committee (SCC), and address the issues through re-medial and other necessary program-related processes.
- Further, the MFT program maintains its openness to the feedback from students through cohort meetings held twice (at the beginning and end of) each semester;
Our sustained relationship with our alumni is also instrumental in our staying robust and relevant in the field of MFT.

Through a combination of all these multidimensional avenues, the MFT program keeps itself dynamic and relevant. It is our experience that all these mechanisms and procedures have helped us address challenges as they arise and integrate necessary changes when it needed in order to enhance the effectiveness of our training program.

d. Is there anything else you would like us to know? (Issues you might discuss could include the quality of your incoming students, or a comparison of your curriculum, courses, assessments, experiences to similar programs. How does your program better serve students than similar programs offered elsewhere?)

Over the past three years, our MFT program has become more diverse with its diverse student-body and diverse faculty. In the past couple of years, we have also started seeing the inflow of applicants from other states in the United States and beyond. The increasing diversity in faculty and student-body is a noticeable change in the current MFT program. Our program is becoming a home to people from diverse gender, race, nations-of-origin, social class, sexual orientation and ability. This growing diversity among faculty and students creates unique and exciting opportunities for personal growth for student-clinicians and their faculty mentors.

5. Quality of Program Outcomes
   a. How does your program use assessment data to ensure quality of student outcomes? Describe the quality of your program outcomes. (e.g., G.P.A., Student Opinion Surveys, course evaluations, alumni surveys, professional assessment/evaluation, other assessments, participation in groups or organizations that focus on pedagogy or andragogy. Insert a table listing your program outcomes. Note that the table does not count in the word limit).

5-year Trends in Student GPA (Fall 2008-Spring 2013):

<table>
<thead>
<tr>
<th></th>
<th>Fall Semester Average</th>
<th>Spring Semester Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year 2008-09</td>
<td>3.59</td>
<td>3.6</td>
</tr>
<tr>
<td>Academic Year 2009-10</td>
<td>3.67</td>
<td>3.77</td>
</tr>
<tr>
<td>Academic Year 2010-11</td>
<td>3.77</td>
<td>3.66</td>
</tr>
<tr>
<td>Academic Year 2011-12</td>
<td>3.47</td>
<td>3.77</td>
</tr>
<tr>
<td>Academic Year 2012-13</td>
<td>3.76</td>
<td>3.84</td>
</tr>
</tbody>
</table>

The MFT faculty assesses Student Learning Outcomes that align with the six COAMFTE Common Core Curricular Domains. The COAMFTE standards are written to ensure that students develop a professional Marriage and Family Therapist identity and
mastery in the knowledge and skills needed to practice effectively. Six Common Core Curricular Domains form the basis of these COAMFTE standards. Experiences and demonstrated knowledge in each of these six Common Core Curricular Domains are required of all students in the MFT program. The six Common Core Curricular Domains are:

I. Admission to Treatment
II. Clinical Assessment and Diagnosis
III. Treatment Planning and Case Management
IV. Therapeutic Interventions
V. Legal Issues, Ethics and Standards
VI. Research and Program Evaluation

To this list of Common Core Curricular Domains of competency the MFT program has added an overarching assessment of learning outcomes that align with Scholarship. Students are assessed on the six Common Core Curricular Domains of COAMFTE and Scholarship throughout the course of their planned program of study. Student Learning Outcomes for the MFT Master in family therapy Degree Program are aggregated at each of 5 Gates; Admission, End of 1st Semester Review, Practicum Performance Assessment, Internship Performance Assessment, and Comprehensive Examination as listed in Table 2 below. This model is used to guide students’ progress and evaluation throughout the program. At several points in the program the student are required to provide evidence of growth in these areas.

The application of the assessment framework in MFT is as follows:

**MFT ASSESSMENT FRAMEWORK**

<table>
<thead>
<tr>
<th>ASSESSMENT CRITERIA</th>
<th>GATE 1 ADMISSION</th>
<th>GATE 2 END OF 1ST SEMESTER REVIEW</th>
<th>GATE 3 PRACTICUM &amp; FIRST CLINICAL EXPERIENCE REVIEW</th>
<th>GATE 4 INTERNSHIP &amp; CLINICAL SUPERVISION REVIEW</th>
<th>GATE 5 END OF PROGRAM REVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHOLARSHIP</td>
<td>Application Materials</td>
<td>Course Exams, Papers, Presentations &amp; Case Studies</td>
<td>Course work &amp; clinical work</td>
<td>Course work &amp; clinical work</td>
<td>Comprehensive Examination</td>
</tr>
<tr>
<td>ADMISSION TO TREATMENT</td>
<td>NA</td>
<td>Course Exams, Papers, Presentations &amp; Case Studies</td>
<td>Practicum Performance Evaluation &amp; Clinical Supervision</td>
<td>Internship Performance Evaluation &amp; Clinical Supervision</td>
<td>Comprehensive Examination</td>
</tr>
<tr>
<td>CLINICAL ASSESSMENT &amp; DIAGNOSIS</td>
<td>NA</td>
<td>Course Exams, Papers, Presentations &amp; Case Studies</td>
<td>Practicum Performance Evaluation &amp; Clinical Supervision</td>
<td>Site Supervisor Internship Performance Evaluation &amp; Clinical Supervision</td>
<td>Comprehensive Examination</td>
</tr>
<tr>
<td>TREATMENT PLANNING &amp; CASE MANAGEMENT</td>
<td>NA</td>
<td>Course Exams, Papers, Presentations &amp; Case Studies</td>
<td>Practicum Performance Evaluation &amp; Clinical Supervision</td>
<td>Site Supervisor Internship Performance Evaluation &amp; Clinical Supervision</td>
<td>Comprehensive Examination</td>
</tr>
<tr>
<td>THERAPEUTIC INTERVENTIONS</td>
<td>NA</td>
<td>Course Exams, Papers,</td>
<td>Practicum Performance Evaluation &amp; Clinical</td>
<td>Site Supervisor Internship Performance Evaluation</td>
<td>Comprehensive Examination</td>
</tr>
</tbody>
</table>
To summarize: Data is being collected and reviewed at each of the 5 gates from admissions thru the comprehensive examination and End of Program Review for the MFT Master of Family Therapy Degree Program. Our program reflects a criterion-mastery model. The assessment measures used by the MFT program vary widely and are measured at each of the 5 Gates [Admission, End of 1st Semester Review, Practicum and First Clinical Experience Review, Internship and Clinical Supervision Review, and End of Program Review]. Candidates for the MFT Master of Family Therapy Degree program must; pass a rigorous Comprehensive Examination, and meet the Student Retention and Continuation Policy requirements described in the Student Handbook, and complete five hundred (500) hours of clinical contact work 250 hours of which must be in relational therapy and 250 hours of which must be in individual therapy. This experience is accrued in a combination of outside clinical internship settings and in the department’s on campus Family Therapy Clinic. Students are expected to have group and individual supervision in the ratio of one hour of supervision for every 5 hours of therapy. A minimum of 50 hours of the state required 100 hours of supervision for MFT licensure must be on raw data, either videotapes, audiotapes, or live supervision. In addition field site supervisor evaluations are completed at mid and end of semester for all Practicum and Internship experiences. Total course content is measured near program completion through a comprehensive examination as the program’s final assessment gate. Finally, students are certified and/or licensed upon graduation; a final measure of assessment.

The MFT Faculty Meet monthly throughout the academic year for the purpose of continual criterion review of student progress through each of the 5 gates, and to suggest program modifications as may be warranted to support student success. Further, a portion of each Monthly MFT Department Meeting is devoted to ongoing departmental and programmatic reporting, evaluation, and action planning. Additionally, this data is reviewed by the MFT Faculty and Clinical Supervisors via regular Curriculum Committee meetings for programmatic improvement and curricular development. This is in compliance with the Continuation Criteria Performance Review that each student signs when they complete their planned program of study. The Clinical Supervisors meet once-a-month as a group to review student clinical competence.

Key Findings from the Alumni Survey

Data from several alumni survey consistently indicated that a valued strength of the MFT Program among Alumni is the emphasis on Gestalt Training that gives the student experiential, theoretical and practical knowledge in working with individuals and
groups from a present-centered active model and emphasizes self-knowledge and understanding as crucial in the delivery of effective therapy.

b. Is there anything else you would like us to know? (Issues you may choose to discuss could include preparing your students for employment or further scholarly pursuits. Where possible provide data driven examples, e.g., number of students who pass the licensing exam).

As a program, we draw from systemic, social constructionist, critical approaches unique to MFT, while integrating knowledge from counseling psychology, social work, addictions counseling and professional mental health counseling. We value interdisciplinary knowledge and critique, seeking innovative contextual approaches to working with individuals, couples and families. We encourage growth of student therapists through awareness of their emotional, psychological, and relational styles, family of origin histories, and social identities (e.g. race, gender, social class, sexual orientation, ability) that contribute to their worldviews and influence their work. In our program, we create a rich learning, research-informed clinical practice environment through collaboration with mental health service agencies in our local communities. The comprehensive preparation we provide for our students prepares them for clinical employment as licensed eligible clinical professionals in the United States and beyond. A few of our students pursue doctoral studies after completing our Master’s program.

6) Size, scope and productivity of the program

a. How many credit hours does the program generate? (table generated by OMIR)

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Total Academic Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>1211</td>
</tr>
<tr>
<td>2009-2010</td>
<td>976</td>
</tr>
<tr>
<td>2010-2011</td>
<td>554</td>
</tr>
<tr>
<td>2011-2012</td>
<td>645</td>
</tr>
<tr>
<td>2012-2013</td>
<td>1080</td>
</tr>
</tbody>
</table>

b. What degrees or certificates are awarded? (This is a simple list of degrees and will list only one degree or certificate unless you are one of the programs approved to report your data in combination)(in table form with item)

The Marriage and Family Therapy program at SCSU offers a COAMFTE accredited Master in Family Therapy (MFT) degree.
c. How many degrees or certificates have been awarded (five year data)?

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Number of MFT Degrees Conferred</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-2009</td>
<td>17</td>
</tr>
<tr>
<td>2009-2010</td>
<td>16</td>
</tr>
<tr>
<td>2010-2011</td>
<td>16</td>
</tr>
<tr>
<td>2011-2012</td>
<td>17</td>
</tr>
<tr>
<td>2012-2013</td>
<td>10</td>
</tr>
</tbody>
</table>

d. Using the data provided, present and discuss the record of the graduate faculty in research/creative activity.

Among the three core-faculty members between the years of 2009 and 2013, MFT faculty members have produced the following:

- **Scholarly publications**: 1 book chapter; 2 journal articles in peer reviewed journals; 1 manuscript; and 1 other publication;
- **Professional presentations**: 1 keynote/plenary address; 3 invited lectures in professional organizations; 1 oral presentation in professional settings; and 5 poster presentations;
- **Professional conference participation**: a total of 9 in the role of attendees; and 7 in the role of others;
- **Contracts, grants and sponsored research**: a total of 9.

The important point to be noted here is that these are the works of three full-time core faculty members, who are stretched beyond their limits in their teaching, administrative responsibilities and service to the wider University community. With the addition of a fourth full-time faculty, the MFT program’s scholarly productions will certainly increase in the next few years.
e. What types of student or student/faculty research or creative activity have been developed and or produced (e.g., include theses, dissertations, special projects)?

Until 2012, MFT program did not have a focus on mentoring students in research-projects. However, that trend is changing towards more clinical research since the academic year of 2013. Currently at least two full-time faculty members are involving in their own research projects. Additionally, they help students develop ideas for their theses, research-posters and applied research projects with potential for publications in peer-reviewed journals. With the addition of a fourth full-time faculty member in the MFT program, the program’s research agenda will be strengthened with a fair distribution of administrative and service responsibilities among the faculty members.

f. In your narrative discuss how all these data impact or have impacted the size, scope or productivity of your program.

Faculty members’ renewed focus on research, steady teaching responsibilities, consistent participation in continuing education programs (i.e., through attending professional conferences both regionally and nationally), and emphasis on maintaining private clinical practices, etc. continue to enhance their quality as teacher-scholars. The strength of faculty members’ ongoing engagement in their own professional development is also continuing to benefit the graduate students in the MFT program.

g. Is there anything else you would like us to know (this might include a discussion of equipment purchased solely for the purposes of the graduate program).

Recently the MFT program purchased a new high definition (HD) digital video recording device for the purpose of enhancing quality of clinical training and education for students. All the clinic supervisors are using data captured through this new device for the purpose of educating clinical students at the Family Therapy Clinic on SCSU campus.

7) Revenue and other resources generated by the program

a. What are the sources and how much revenue does the program generate through student enrollments?

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Tuition and Fees</th>
<th>Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>574,715</td>
<td>377,290</td>
<td>952,004</td>
</tr>
<tr>
<td>2011</td>
<td>422,492</td>
<td>226,732</td>
<td>649,225</td>
</tr>
<tr>
<td>2012</td>
<td>342,641</td>
<td>181,149</td>
<td>523,790</td>
</tr>
</tbody>
</table>
b. What are the sources and how much additional revenue does the program generate through fees such as laboratory or special user fees?

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Other Revenue Sources (MFT Clinic)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>31,074</td>
<td>31,074</td>
</tr>
<tr>
<td>2011</td>
<td>35,075</td>
<td>35,075</td>
</tr>
<tr>
<td>2012</td>
<td>34,778</td>
<td>34,778</td>
</tr>
</tbody>
</table>

c. What are the sources and how much revenue does the program generate by services (e.g., external or to other programs)?

None.

d. In the narrative on this section discuss how the revenues and other resources impact the size, scope and productivity of your program?

With the generation of more revenues in the future through grants and other sources, the clinic must be able to hire a full-time clinic manager to fill that role for the whole year.

e. Is there anything else you need us to know? (You may wish to discuss grant activity, gifts to the University, etc.)

None.

8) Costs and other expenses

a. What are the total costs of the program? (table)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Employee Compensation</th>
<th>Operating Expenses</th>
<th>Allocated Indirect</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>783,625</td>
<td>8,190</td>
<td>437,705</td>
<td>1,229,520</td>
</tr>
<tr>
<td>2011</td>
<td>753,766</td>
<td>8,972</td>
<td>358,214</td>
<td>1,120,951</td>
</tr>
<tr>
<td>2012</td>
<td>599,396</td>
<td>6,015</td>
<td>283,854</td>
<td>889,265</td>
</tr>
</tbody>
</table>
b. What is the ratio of costs to revenues? (table)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Ratio of Costs to Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>1.29 : 1.00</td>
</tr>
<tr>
<td>2011</td>
<td>1.73 : 1.00</td>
</tr>
<tr>
<td>2012</td>
<td>1.70 : 1.00</td>
</tr>
</tbody>
</table>

c. What investment in new resources does the program require? (200 words)

The MFT program is in dire need for expanded office- and work-space. The current space we have in Davis Hall basement is extremely limited for sustaining the mission of the MFT program and Family Clinic. What we have is only two small office rooms and a slightly large room with no privacy. This small space is shared by three full-time faculty, several adjunct faculty members, three office staff and over 50 student-clinicians at a time.

This extremely limited space issues is negatively affecting the training and the everyday function and productivity level of the MFT program. For example, we do not have any space for student therapists to do their professional work (e.g. to write session notes, to prepare treatment plans, and to make confidential phone calls to clients and their legal professionals, etc.), and the faculty members for student-advisement. If we continue in this current situation, things will get only worse. For example, we are in the process of hiring a new full-time faculty, and we have no space for that new person to work and function. We have been working together with the Dean to create a solution for this acute need.

Another critical need we have is the need for more computers for our clinical students to do their work. Currently, we have only two computers assigned to over 50 clinical students.

d. What demonstrable efficiencies exist in the way the program is operated (e.g., summer courses; cross-listed courses, etc.)?

The MFT program runs throughout the year with summer courses through all the sessions of A,B and C. Summers courses generate student tuitions and other clinic revenue through clients’ fee.

9) **Impact, justification, and overall essentiality of the program**

a. How does this program connect to the University’s mission statement and/or the Graduate School’s mission statement? (100 words)
In accordance with the mission statements of the University and Grad School, the MFT program provides excellent education to MFT students under the mentorship of a diverse and professionally competent faculty, who are also clinicians. We value diversity among student body and faculty members. Our MFT faculty members are committed to providing the students with the best knowledgebase, clinical skills and values necessary to practices as research-informed MFT clinicians.

In terms of clinical service delivery to our clients at the MFT clinic: our mission and focus is clearly aligned with the SCSU’s focus on social justice. Being constantly renewed by the spirit of our mission and vision, our MFT clinical-interns, under the caring mentoring of their clinical supervisors, provide high quality therapeutic services to all our clients/patients.

b. How does this program respond to societal needs that the institution values? (e.g., producing a critical thinking, educated citizenry; improving the state’s workforce; meeting health care needs of the community, etc.)?

MFT program is already meeting several mental health needs of the local communities around (as narrated above);

c. To what extent does this program help the institution differentiate itself from similar programs at peer institutions?

Our MFT program is known for its emphasis on self-of-the-therapist work with specialized content and supervisory courses in Gestalt Therapy and Family Of Origin (FOO) work.

c. Is there anything else you would like us to know?

No.

10) Opportunity analysis of the program

a. Describe the external opportunities for strengthening your program.

♦ Collaborating and developing interdisciplinary courses and research projects with faculty members in the Departments of Marriage and Family Therapy (MFT), Social Work, Public Health and Psychology on SCSU campus. We can design and teach interdisciplinary courses focusing on the following topics of common interests: human sexuality; trauma-
informed services; treating various addictive behaviors (e.g., pathological gambling; addiction to cybersex and pornography), etc.

- Develop specialized track in International Family Therapy in collaboration with faculty and accredited graduate programs from other countries (e.g., India, United Kingdom, Australia, etc.). There are viable opportunities to develop world-class education for our students through internship experiences and learning opportunities in MFT in those countries;
- Developing joint-internship projects with graduate level students between the Departments of MFT and Social Work;
- Exploring opportunities for faculty scholars in MFT and Social Work for working with their professional counterparts in other countries. There are viable opportunities to make this international exchange a reality, which will benefit SCUS's MFT students and faculty;

b. Describe the internal opportunities for strengthening your program.

- Develop an undergraduate program in Human Development and Family Studies (HDFS) with a focus in MFT. With the addition of new full-time faculty, this can be explored further. The rationale for this is: developing an HDFS undergraduate program may become a feeder-program for strengthening our MFT program;
- Identifying newer areas and developing more clinically-oriented applied research projects;
- Designing new graduate-certificate programs in Medical Family Therapy (MedFT) and Mindfulness-Based Relapse Prevention (MBRP) Programs. With the presence of so many world-class research-focused hospitals in our neighborhood (e.g., Yale, Uconn Health Center, etc.) and the presence of excellent MFT educators on board at SCSU, we are confident that we can develop these specializations in our MFT program;
- Doing longitudinal research projects on studying the effectiveness of Gestalt and Family of Origin (FOO) Courses on Self-of-the-Therapist. These two courses have been highly rated during exit-interviews of MFT students, and endorsed by our alumni as the most influential courses they had taken during their MFT training at SCSU. However, there has been no research study done yet on their effectiveness in enhancing MFT clinician’s competency. We, the MFT faculty, believe it is critical for us to do this research-project. In terms of the MFT field’s move towards more Evidence-Based Practices, this research project may be invaluable.