

Competency Model: Leveraging Accreditation for Innovation

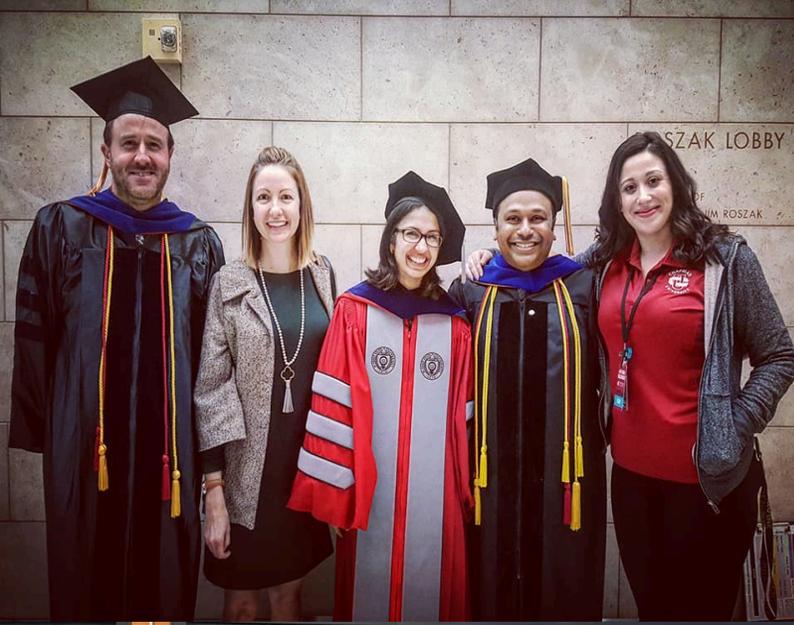
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COAMFTE 2019 Accreditation Workshop

Austin, TX





Introduction

- Department of Marriage & Family Therapy
 - Private Mid-Size University
 - Located in the Crean College of Health & Behavioral Sciences
 - 70 Students
 - 3 Core Faculty
 - 3 Admin/Staff
 - 3 year/2.5 year Tracks
- Accreditation
 - Initial Accreditation 2007
 - Renewed in 2012
 - In the midst of Reaccreditation Process
 - Site Visit – October 2019

Background Information

- Fall 2017 - Transition to Version 12 Standards
- Clinical Hours Requirements
- Unique Nature of the Program/Clinical Experience
- A Strong Need to Build a Competency Model Arose
- Disclaimer on Model
 - The Program is in the Reaccreditation Process (Site Visit Oct 2019)

Preliminary Work Towards Building a Competency Model

- Defining Competency
- Analyzing Strengths of Current Clinical Training Model
- Exploring Areas of Growth and Adaptation to New Standards
- Establishing a Program Level Team for Reaccreditation
- Receiving Program/Institutional Support
- Consultation
 - COAMFTE Staff
 - Reaccreditation Consultant
- Seeking Feedback from COI
- Establishing Remediation Plans for Students
- Connecting the model back to the Program's Mission, Goals, Student Learning Outcomes and established Targets/Benchmarks

Establishing Competency

- Determining Clinical Hours Number
 - 300 Client Contact Hours
 - Minimum Clinical Hours Required by Students in 2/3 of MFT Licensure Boards
 - Advised Students of Licensure Portability Issues in Other States
 - 120 Relational Hours
 - Increased Efforts to Obtain Relational Clients
 - Established Clinical Programs Grounded in Medical Family Therapy and Community Mental Health that serve Relational Units
 - 50 Live Observation Hours
 - All Sessions Must be Videotaped
 - Requirement of Live Observation during Group Supervision

Foundations of Competency

- Acquisition of Knowledge – Information and skills acquired by a student through didactic and experiential methods of teaching
- Demonstration of Learning – Ability of students to show what they have learned through didactic and experiential methods of teaching
- Application of Learning to Practice – Ability of students to integrate what they have learned through didactic and experiential methods of teaching into their clinical practice.

Evaluation of Acquisition of Knowledge

- Coursework
 - 60 Credit Hours
- Comprehensive Exam:
 - Modeled After the California Board of Behavioral Sciences Licensure Exam:
 - Six Content Areas:
 - Assessment
 - Psychopathology
 - MFT Theories
 - Ethics
 - Crisis
 - Treatment
 - Students Must Score 70% to pass the exam.

Evaluation of Demonstration of Learning

- Advancement to Candidacy:
 - Measures Clinical Readiness
 - Oral Exam Based on Relational Vignette
 - Six Domains are Assessed in the Student Response:
 - Assessment Strategies
 - Diversity Considerations
 - Diagnostic Impressions
 - Crisis Management
 - Legal & Ethical Issues
 - Treatment Planning
 - Students can score Pass, Deficient, Fail
 - Students Must Score a “Pass” in all Six Domains

Evaluation of Application of Learning to Practice

- Practicum/Supervision
 - 4:1 Student – Supervisor Ratio
 - Individual Supervision Requirement – Student Must Show Video
 - Group Supervision Requirements:
 - 3 Case Presentations (Formal Case Write-Up w/Video and Live Observation)
 - Students are Evaluated Using the Basic Skills Evaluation Device
 - Students Must Meet/Exceed Expectations in all Six Domains
- Capstone Project
 - Theory of Change Paper
 - Formal Case Write-Up/Presentation (4 Video Clips Over Time Documenting Student's Theory of Change)
 - Students Must Meet/Exceed Expectations of the Capstone Project Requirements/Evaluation Forms

Evaluation of the Model

- MFT Core Faculty Review:
 - Data from Each Component of the Model
 - Data from Targets/Benchmarks in the Achievement of SLOs and PGs
 - If Targets/Benchmarks were not met, they would discuss possible solutions and invite feedback from adjunct faculty and clinical supervisors, before any decisions are made.
- Clinical Supervisors Discuss:
 - Overall trends on student progress towards:
 - Meeting Expectations of the Six Domains of the Basic Skills Evaluation Device
 - Obtaining Clinical Hours Requirements
 - Progress Towards Capstone Project/Demonstration
- All Data is Reviewed by COI at Biannual Meetings of the Program. Suggestions are also invited for future program improvement.

Reflections on Creating/Maintaining the Model

- Meeting Targets/Benchmarks vs. Meeting Competency for all Students.
- Increased Data Tracking
 - Staff Support
 - Implementation of Mechanisms/Programs to Track Data
- Increased Conversations to Maintain the Model
 - Monitoring Student Progress
 - Support for Faculty and Clinical Supervisors to Assist Students in Achieving Competency
- Continued Exploration of Creative/Innovative Ways to Assist Students in Meeting Competency.

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