Competency Model:
Leveraging Accreditation for Innovation

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August 29, 2019
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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