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Embracing Flux: Faculty and Student Partnerships Toward a Rich and Evolving Training Environment

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Only in growth, reform, and change (paradoxically enough) is true security to be found.

—Anne Morrow Lindbergh

We, the faculty at the Couples and Family Therapy (CFT) program at the University of Oregon, have centered our training of master's students in four main areas: (a) teaching and evaluating core CFT competencies; (b) the scientist-practitioner model; (c) community prevention/intervention; and (d) social justice and equity work. As such, the objectives that we set and actions we take each year are linked with our core belief that these four areas are essential for innovative and effective training. We further believe that our program is constantly evolving as we invite our talented students to leave their footprints on our program, allowing the influence to be bidirectional and systemic, as they also influence us and our approach to future student cohorts.

Teaching and Evaluation of Core Competencies.

We have developed strategies for teaching and evaluating competencies including mock legal trial exercises, OSCE's (Objective Structured Clinical Exercises; Miller, 2010), an applied and written comprehensive exam, and a formal client presentation (which includes a formal written document and oral presentation). In each of these evaluative strategies, we seek to formally assess students' integration of both their classroom and clinical knowledge. Though many of these formal assessments have been a historic part of our program, the expectations have shifted to formally incorporate the core competency framework over time. Both the OSCE's and the applied comprehensive exam occur at differential stages in our two-year master's program to determine if students are developmentally prepared to move forward in their plan of study. For example, the written and applied comprehensive exams evaluate trainees' therapeutic knowledge through mock clinical scenarios (i.e., conducting informed consent procedures, building circular processes with clients, reframing, normalizing, conducting suicide assessments and developing safety plans) before they are permitted to see

clients in our on-site training clinic or their clinical externship. We remain connected to our local alumni by inviting former graduates who are clinically active in the community to serve as the clients for the applied portion of the comprehensive exam. We believe that our alumni can offer invaluable feedback to our current students when they sit in the role of the "client" and directly experience trainees as a therapist. We continuously receive positive feedback from both alumni and students, as this process offers the opportunity to build resources and connections within the local community as part of the trainees' professional development. In addition, the applied clinical exam effectively sets-up students for the initial developmental stage of clinical work and also initiates supervisory relationships as faculty offer direct feedback to trainees.

The formal client presentation (FCP) is an opportunity for students to specifically describe their theory of change, and highlight their clinical work, while integrating key components of the six primary domains of the core competencies. This capstone project often feels like a thesis to students, in that it is a significant document that comprehensively reviews all aspects of the program curriculum. Specifically, students are expected to formally demonstrate their knowledge of clinical assessment, diagnosing (including both their systemic and DSM impressions), treatment planning, and their utilization of interventions as it is related to one of their relational client systems. For their FCP, students also describe: (a) their systemic framework, including the integration of core communications theory assumptions and the therapeutic model that informs their clinical work; (b) their inclusion of the common factors research (Lambert, 1992) in their clinical framework; (c) their integration of the transtheoretical model (Prochaska & DiClemente, 1982); (d) their process

of incorporating empirically validated therapies and/or evidenced based practices; and (e) their practice of integrating emotions into their therapy sessions. Students also provide prepared recordings of their client system to the faculty panel and answer questions respective to their theoretical model and their overall therapeutic beliefs about effective systemic change. In essence, students defend their work much like a traditional thesis defense. As a faculty, we believe it is important for students to leave the program with the ability to articulate, both orally and in writing, their core assumptions about change. This major project is also a means to that end, also in that it provides an opportunity to formally evaluate specific competencies prior to graduation.

Social Justice and Diversity Infusion.

Our program, like many graduate programs, has a history of commitment to promoting greater ethnic and racial diversity among our students. Our preliminary efforts focused on increasing the application and enrollment of students from myriad cultural backgrounds. These efforts proved successful in that over the last several years almost half of our applicant pool and student cohorts identify as a person with minority status. Through alumni surveys, individual meetings with students, and observations of the classroom and clinic environments, faculty realized that, occasionally, such students benefit from additional logistical and emotional support. We developed institutional structures, such as a regular meeting with self-identified minority students throughout the academic year, to address their concerns and promote greater support and retention. More recently, the faculty began to consider how these efforts, while well-intentioned, might be compartmentalized, and we sought to examine how we could move beyond binary categorizations of diversity to foster a more inclusive, socially-just learning environment for all students at a systemic level.

In 2011, the faculty were successful in obtaining an internal, two-year grant to partner with the Center on Diversity and Community (CoDaC) at the university to evaluate our existing efforts. The goal is to determine how we can continue to expand and refine our diversity related initiatives. The initial assessment began this past spring with an online survey and in-person interviews of existing and former students. In reviewing the initial results, we learned that the students were generally pleased with the openness of the program culture and the depth of training they received. Graduating students reported feeling very prepared to work in the field of couples and family therapy. Despite these positive themes, we also learned that a few of our students of color were feeling marginalized and undervalued in the program. Alternately, a small number of culturally majority students endorsed discriminatory statements which supported the micro-aggressions we were observing between students within the classroom. This was disheartening to us, but it

reaffirmed our belief that the work of doing diversity, while oftentimes challenging, should be ongoing and occur at every layer of our system. We started several initiatives as a result of the data we collected including: (a) creating "learning community" meetings with our students held once each term; (b) designating one faculty/staff meeting per month to brainstorm ideas for promoting social justice work in the classroom with CoDaC acting as consultants to the process; (c) outlining our objectives regarding diversity, social justice, and equity work and clearly communicating these with our adjunct faculty more systematically; (d) developing an information sheet for guest speakers so that they better understand our program culture and attend to issues of diversity in their lectures and in response to student questions; and (e) developing methods for eliciting anonymous and ongoing feedback from students about how they are experiencing the program culture and whether they feel able to engage their voice in the classroom. Our intention is to continually examine our program culture, as mutually informed by students and faculty, to best support an environment that attends to our beliefs about a socially just and equitable training experience.

Scientist-Practitioner Model/Community Intervention.

In recent years, we have infused our curriculum with prevention theory (Gordon, 1987), community-based participatory action research methodology (May & Law, 2008), public health theory (WHO, 2006), and "collective impact" (Kania & Kramer, 2011). For example, we piloted and are now in a clinical trial phase of a three-session, prevention-based service for new parent couples. This Healthy Nests (HN) intervention is delivered by CFT interns at our university-based training clinic. HN is an evidence-based relational assessment and consultation service that is designed to: (a) create an avenue for couples to proactively attend to the developmental changes and health of their relationship; (b) minimize the reduction in relationship satisfaction that very commonly follows the birth of a child; (c) raise awareness about the common struggles that couples with children face and the common characteristics of successful couples; (d) highlight the strengths of the couple system; and (e) provide information about pertinent resources. HN benefits our students by exposing them to the relationship between theory, practice and research. Likewise, they learn about a couples-based multi-method assessment, couple developmental theory, brief couple intervention, and community outreach. We are finding that HN is functionally changing our clinic's relationship with the community in that we are being seen as an early intervention/preventative service, in addition to a conventional counseling clinic.

Further evidence of population-based prevention and collective impact embedded in our training program centers around 90by30, a child abuse and IPV exposure

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prevention initiative (<http://www.90by30.uoregon.edu>). This initiative is designed to create a coordinated Lane County-wide plan that will reduce child abuse and neglect 90 percent below current baseline rates by 2030. This collective impact initiative is engaging many sectors of the provider community (i.e., Department of Human Services, counseling agencies, medical practices), the general public, and the University of Oregon toward a systemically-informed child abuse prevention and measurement plan. 90by30 draws on locally-derived action research and is using current knowledge, theory and community engagement to strategically identify the most important areas of focus, key processes for coordination and infrastructure, a realistic time line, action steps, and measurement. Our students benefit from this effort by: (a) learning about practical community-wide application of systems theory, public health and prevention; (b) the role of relationship building and community engagement toward locally-created and sustainable solutions; (c) the complexities of strategic planning and timeline construction; (d) multidisciplinary collaboration and coordination; and (e) measurement. 90by30 also creates an opportunity for our students to experience faculty as "citizen academics" (Doherty, Mendenhall, & Berge (2010).

Our Change Process.

We have learned that there are several key ingredients to making positive changes successfully and systemically. First, we have found it important to hone in on what matters most to us in terms of training master's students in couples and family therapy and to not attempt to "bite off more than we can chew," so to speak. We often have many ideas for ways to continue improving, but have learned to prioritize a few changes each year so that we can make changes effectively. As such, these initiatives have been building for the last several years and as we work together and learn beside our students, we become clearer about what will be our best training practices, unique to the University of Oregon and its context. Second, we fully embody the concept of a "student centered" program and plan on the inevitable flux that the program will endure as a result of the characteristics of each cohort and student that passes through our system. We welcome this flux. Third, we have found it essential that all faculty and staff in the system are on board with the program objectives so that every layer of the system builds on each other and we maintain and promote congruence and consistency. Our hope is that our training initiatives and objectives will result in a further strengthening of our program in the coming years. ■

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