

AMFTRB Presentation

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COAMFTE
Commission on Accreditation for
Marriage and Family Therapy Education

COVID. Impact on licensing

Emergency Accommodations

- 1. Has COAMFTE adjusted upcoming deadlines?*
- 2. Upcoming 2020 Site Visits - March through June*
- 3. Foundational and Advanced Curricula*
- 4. Foundational Practice Component*
- 5. Do I need to notify COAMFTE if I am making changes to my curriculum or other requirements (e.g., assessments, mode of delivery) based on COVID-19 restrictions?*
- 6. Are COAMFTE staff available to answer questions during this time?*
- 7. Other COVID-19 related questions*



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COVID. Impact on licensing

Foundational & Advanced Curricula

While COAMFTE expects programs to maintain compliance with COAMFTE Accreditation Standards Version 12, we support maximum flexibility for programs in how they address foundational and advanced curricular areas. **We trust that programs will develop appropriate plans to modify course delivery and may offer alternative assessments for students who are enrolled in a course during the period of time impacted by COVID-19. Plans to modify curricula should align with 1) university expectations for academic continuity, 2) licensing requirements in areas to which the program is advertised, and 3) program goals and outcomes.**

It is the prerogative of programs to provide accommodations for their students in extenuating circumstances. We expect that programs will act in good faith when modifying course expectations. As these accommodations are made, a gentle reminder to be mindful of potential consequences for students in terms of finances, degree completion, accreditation, licensure, and future employment.

COVID. Impact on licensing

Foundational Practice Component

While COAMFTE expects programs to maintain compliance with COAMFTE Accreditation Standards Version 12, programs are also able to make contingency/emergency plans for the attainment of client contact hours. Flexibility and creative solutions should be applied particularly with students who are due to graduate in Spring 2020 and have completed a majority portion of their clinical experience.

- *COAMFTE temporarily provides programs with the flexibility of decreased clinical hours for students that need to complete the program in a timely manner (such as the cohort graduating in Spring 2020), but programs should demonstrate that they have evaluated those students as achieving a competency level to the 500-hour requirement and that they have informed students of the impact of the implications on portability and licensing regulations.* COAMFTE may request programs to follow up specific to this information in their Annual Report.

For programs that require the Foundational Practice Component, students graduating after June 1, 2020 are expected to complete the minimum clinical experience hours consistent with Key Element IV-C. Within the 500 clinical hour requirement, 100 hours of alternative clinical activity are acceptable. Programs could consider flexibility in alternative clinical hours and types of experiences, even if not previously used by the program. For example, flexibility in alternative clinical hours might include supervised clinical experience such as simulation or role-play.

While COAMFTE expects that programs ensure all students achieve clinical competency in their program goals and outcomes prior to graduation, we also encourage schools and programs to work with all students to ensure that they can graduate in a timely fashion despite disruptions.

COVID. Impact on licensing

Foundational Practice Component

Can students provide teletherapy?

Yes. **Decisions regarding contingency/emergency plans for students in clinical practice settings are the prerogative of the program and affiliating agency officials, in accordance with local, state, and federal recommendations.** Programs should keep in mind the guidelines and **requirements related to clinical practice experiences established by their respective state licensing boards** and federal guidelines. Programs should also refer to the AAMFT Code of Ethics as they implement technology-assisted services.

COVID. Impact on licensing

Program Emergency Modifications

Curriculum	No change	Moved Online	Hybrid	Other
Has the program temporarily changed the delivery format of instructional courses?	13	47	38	9

COVID. Impact on licensing

Program Emergency Modifications

Practice (Hours)	No change	Yes – reduced total	Yes – reduced relational only
Has the program allowed for a reduction in the number of hours?	57	40	4
Describe Modification, How program is measuring for competency	“We are maintaining the same level of assessment that we have provided in the past for measuring competency: Weekly individual supervision, weekly group supervision, case reviews, case note oversight, treatment plan oversight. Once a semester faculty rate each student’s learning on a Likert scale on our established SLOs.”		
Describe how modifications are aligned with state, federal and/or provincial regulations where the program resides	“We have reviewed State’s requirements. State only requires 300 practicum hours, so at 400 we still exceed requirements. We also inform students that if they plan on practicing outside of State, they need to meet with our clinical director to ensure that 400 hours meet that state's practicum requirements.”		

COVID. Impact on licensing

Program Emergency Modifications

	No	Yes	Other
Are students conducting tele-therapy to count toward the clinical hour requirements?	1	106	2

COVID. Impact on licensing

Program Emergency Modifications

	On Campus	Virtual	Other
How is the weekly required supervision being offered?	9	65	32

COVID. Impact on licensing

Accommodations end on Dec 31, 2021

Programs submitted
Notice of Intention
this summer.

Decision Tree Notice of Intention Survey



History & Context

COAMFTE periodically conducts a comprehensive review of its objectives, standards and interpretations, policies and procedures.

- Typically, the review of accreditation standards occurs every **five** years.

Standards revision strives to identify important developments across COAMFTE Communities of Interest that impact current and future MFT professional education/training delivery:

- Emerging trends within MFT services and technologies
- Cultural contexts
- Expectations of accreditation oversight and regulatory bodies
- Performance evaluation of existing standards

Thanks to significant input from multiple communities of interest, COAMFTE Standards Version 12.5 provides significant advances in effective MFT professional education balanced with refinement of continued priorities defined in Version 12.

Version V12.5 is effective January 1, 2022.

Presentation Goals

- Provide an overview of continuities and changes between Version 12 & Version 12.5 (effective January 1, 2022)
 - Outline primary consistencies across versions
 - Describe V12.5 changes to address current key issues
 - Describe V12.5 changes to input-based and outcome-based components

Consistencies Across V12 & V12.5

1. **MFT's relational/systemic identity**

Relational/systemic philosophy, ethics and experience – faculty/supervisor MFT identity – inclusive & diverse learning environment – preparation of students for licensure in MFT profession

2. **Outcome-Based Education framework**

Mission, goals and student learning outcomes – competency measures – assessment plans – data review – graduate and student achievement – COI engagement – program improvement

3. **Environmental supports**

Defined resources for student success – intentional assessment – review and action

4. **Foundational & Advanced curricula**

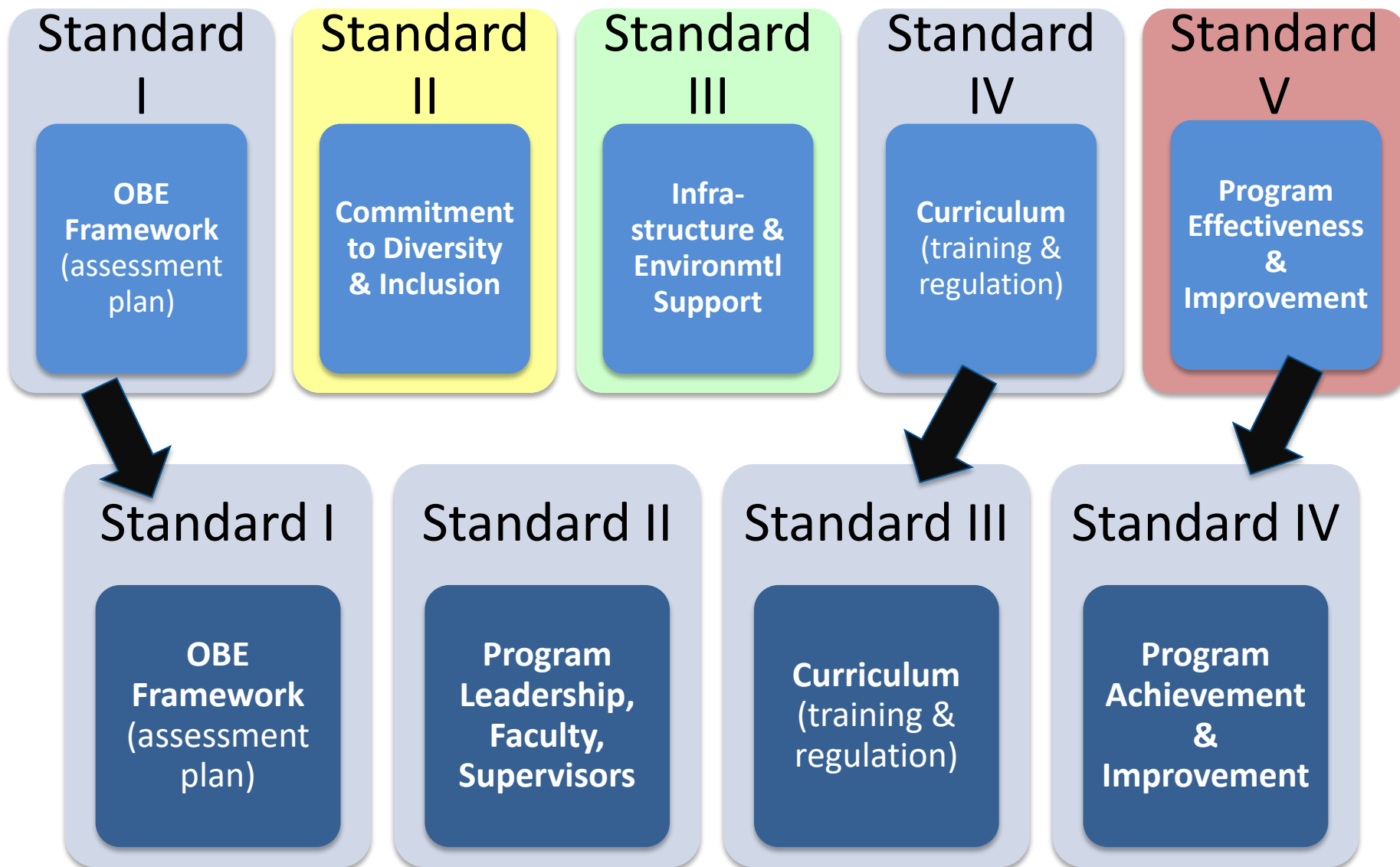
Defined Curricular Areas – Practice/Application Components – ongoing review – COI input

5. **Regulatory alignments**

By campus-based program location or place of student entry-level practice

6. **Defined/accessible policies and processes**

V12 to V12.5 Continuing Structures



Summary

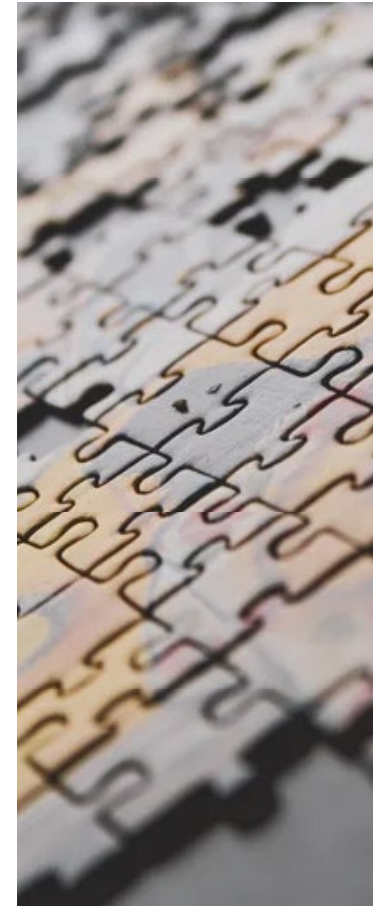
- Programs will keep
 - Strong OBE Framework & Assessment plan
 - Evaluation of resources
 - Faculty effectiveness review
 - Curriculum: Foundational Curricular Areas
 - COI input re curriculum and improvement

Changes to Address Key Issues

- 1. Clarify primary domains of student competency**
COAMFTE Developmental Competency Components
- 2. Define consistent framework for provision of required supervision**
MFT Relational/Systemic Supervision title, definition and qualifications
- 3. Set parameters to support virtual clinical services delivery**
Teletherapy and Virtual Supervision
- 4. Assure incoming students are informed about MFT regulation**
Student written acknowledgement of MFT licensure information and variations

1. Primary Domains of Student Competency

1. Knowledge of the MFT profession
2. Practice of relational/systemic therapy as a qualified behavioral/mental health provider
3. Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies
4. Awareness, knowledge and skill to responsibly serve diverse communities
5. Development and application of research to further the knowledge and practice of the MFT profession.



Input-Based Adjustments: Direct Clinical Contact Hours

Standard III: Curriculum

KE III-C: Foundational Practice Component

Direct clinical contact hours thresholds:

- Revised definitions for **direct clinical contact & relational hours**
- V12 alternative competency equivalent eliminated
 - Achievement of clinical competencies (defined in SLOs)
 - 300 direct clinical contact hours including 100 relational over 12 months (V12's alternative hours category not allowed)
- Thresholds interact with KE III-E Regulatory Alignment

Direct Clinical Contact

Direct Clinical Contact Hours are defined as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact.

Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.

Relational Hours

Relational Hours is a category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.

- Relational hours also may be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic (e.g., incarcerated, deployed or out-of-town subsystem members.)
- Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours.

Key Element III-C: Foundational Application Practice Component

Continuities

V 12 KE IV-C

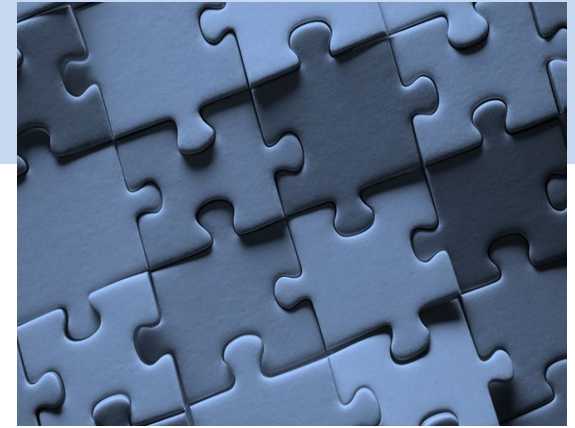
- 100 hours of supervision
 - 50 hours observable data
 - Individual = 1-2 students
 - Group = 8 or fewer
- Formal agreements with sites

Changes

V 12.5 KE III-C

- **Minimum 300 direct clinical contact hours, 100 relational, over 12 mos**
 - **No Alternative Hours**
- **No 'competency-level equivalent' option**
- **Teletherapy = need policies and procedures in place**
- **No Weekly Supervision from AAMFT Approved Supervisor - Replaced by Regular and Consistent supervision from program clinical supervisor with Plan to support students during supervision schedule interruption**

Summary



COAMFTE Developmental Competency Components serve as a stable “organizing framework” for program identity and SLO design

V12.5’s enhanced focus on competency assessment supports shift from logging clinical hours to demonstrating clinical readiness

Input-based Requirement:

300 Direct Clinical Contact; 100 Relational Hours; 12 months of clinical practice

2. Consistent Framework for Provision of Required Supervision

- Address difficulties with V.12 requirement to meet with AAMFT supervisor weekly.
- Desire to expand options for relational/systemic supervision



MFT Relational/Systemic Supervision

MFT Relational/Systemic Supervision is the practice of developing the clinical competencies and professional growth of the student as a supervisee, consistent with the MFT relational/systemic philosophy, ethics, and practices of the marriage and family therapy profession. Supervision is distinguishable from psychotherapy or teaching. MFT Relational/Systemic Supervision may be provided though virtual supervision.

Input-Based Adjustments: **MFT relational/systemic supervision**

Standard III: Curriculum

KE III-C: Foundational Practice Component

MFT relational/systemic supervision thresholds:

- 100 hours of supervision total unchanged from V12
 - “on a regular and consistent basis while seeing clients”
 - with “plan to assure student access to supervisory support” during interruptions to supervision schedule
 - supervision by a **Program Clinical Supervisor**

Program Clinical Supervisor

Program Clinical Supervisors provide MFT relational/systemic supervision within a COAMFTE accredited program. Program Clinical Supervisor qualifications include the following:

- a) demonstration of professional identity as a marriage and family therapist, and
- b) demonstration of training in MFT relational/systemic supervision by one of the following:
 - A graduate course in MFT relational/systemic supervision equivalent to three semester-credit hours
 - Postgraduate professional education in MFT relational/systemic supervision of at least 30 clock hours
 - A state established MFT supervisor designation that includes relational/systemic supervision training
 - Designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

Summary



MFT Supervision may be provided by a broader group of individuals trained in relational/systemic supervision

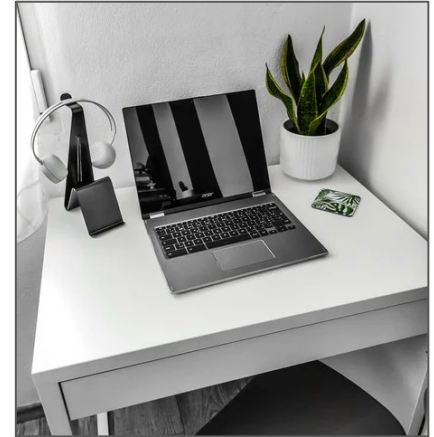
Students must receive at least 100 hours of MFT supervision on a regular and consistent basis while seeing clients. Must have a plan to access support if schedule is interrupted.

Program needs to demonstrate a sufficient number of supervisors:

- Individual Supervision includes 2 or fewer students
- Group Supervision includes 8 or fewer students

3. Parameters to Support Virtual Clinical Services Delivery

- V.12.5 allows for teletherapy. First time standards allow teletherapy to count toward required hours.
- V.12.5 requires instruction about teletherapy practices whether the program chooses to allow students to provide teletherapy or not.
- KE I-C added technology requirements to support virtual clinical services



Input-Based Adjustments: Teletherapy in V12.5 Key Elements

V12.5 (KE III-B): Foundational and Advanced Curricula

- ***FCA 10: Preparation for Teletherapy Practice***

This area facilitates the development of competencies in teletherapy. This may include such issues as emerging legal and ethical requirements, documentation, response to crises, awareness of the therapeutic space, joining, appropriate individual and systemic interventions (e.g., couples, play therapy), or other topics of importance to the context of the program and with diverse populations. Programs are encouraged to innovate in this FCA.

Teletherapy Definition as it applies to Standards V12.5

- **Teletherapy** is the process of delivering synchronous therapeutic services using a secure video platform according to relevant state, federal, and provincial regulatory requirements or guidelines. The online therapeutic interaction is consistent with state or provincial regulations for the location in which the clinical student therapist and participant(s) are physically located.

Virtual Supervision as it applies to Standards V12.5

- **Virtual Supervision** is the process of delivering synchronous MFT relational/systemic supervision using a secure video platform. The online supervisory interaction is compliant with relevant state, federal, and provincial regulations for the location in which the clinical student therapist and supervisor are physically located.

Key Element III-E: Program Transparency and Informed Acknowledgement

Continuities

V 12

Pull from EC-G

Changes

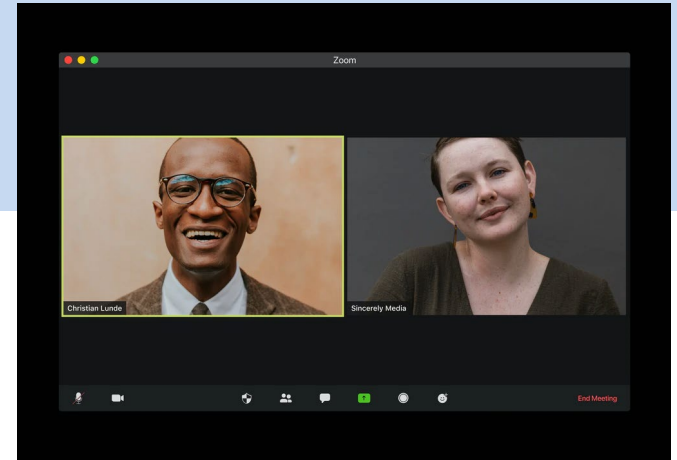
V 12.5 KE III-E

- Program demonstrates that curriculum aligns with and educational and clinical practice requirements satisfy regulatory requirements for entry-level practice in location program physically resides or in which the student intends to practice.
- Demonstrate use of policy and process to ensure all students are informed of MFT profession's regulatory structure and that license requirements vary across jurisdictions – **NEW: Info is provided to students and acknowledged in writing prior to beginning program.**
 - If including teletherapy or virtual supervision, policy on how program ensures practices are compliant with regulatory requirements

Summary

All programs:

- Include the development of competencies in teletherapy (KE III-B)
- Consider COI needs and expectations in the inclusion of teletherapy in the curriculum (KE III-F)



If teletherapy is used by the program:

- Document policies and procedures to support students' teletherapy practice and virtual supervision (KE III-C)
- Document policies about how program ensures teletherapy is compliant with regulatory requirements (KE III-E)

4. Assure incoming students are informed about MFT regulation

- Before students begin their program of study, programs must inform students that licensing regulations may differ across states and provinces.
- Policies for alignment with regulations re. telehealth and virtual supervision



Input-Based Adjustments: Teletherapy in V12.5 Key Elements

Eligibility Criterion E: Accuracy and Program Transparency in Policies and Publications

- “Informed acknowledgement of potential differences in MFT licensure requirements across state/provincial regulatory bodies

The program provides evidence that before students begin their program of study, students acknowledge in writing they have been informed and are aware that licensing regulations may differ across states and provinces.”

Regulatory Requirements in V12.5

V12.5 (KE III-E): Program Transparency and Informed Acknowledgement

"Programs must provide prospective and entering students information regarding the MFT profession's licensure and regulatory requirements as follows:

- The program demonstrates use of a policy and process to ensure that all students are informed of the MFT profession's general regulatory structure and that practice/licensure requirements, including qualifying degree requirements, may vary across state/provincial jurisdictions.
- This information, along with resources for contacting state/provincial regulatory bodies, must be provided to students and acknowledged in writing, prior to beginning the program's course of study.
- Programs that include teletherapy and/or virtual supervision as part of the clinical practice experience must have a policy on how the program ensures that such practices are compliant with relevant federal, state, or provincial regulatory requirements."

Summary



Develop policy and process to inform students that licensing regulations differ across states and provinces.

Provide this information and resources for contacting state/provincial licensure jurisdictions to (prospective) students prior to beginning the program's course of study.

Obtain written acknowledgement of this information from all (prospective) students prior to beginning the program's course of study.

If applicable, review information about teletherapy and/or virtual supervision policies on compliance with regulatory requirements (KE III-E).

THANK YOU