

Students as Educational Partners

Exploring Consumers' Perceptions of Competency and Skill
Development to Improve Marriage and Family Therapy
Master's Education

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— The Impetus

- What is C/MFT?
- Skill-building for applied learning
- Our observations of students' patterns
- Phase I Pilot to lead to a more focused survey



Theoretical basis for survey items

- Common Factors (CFs)

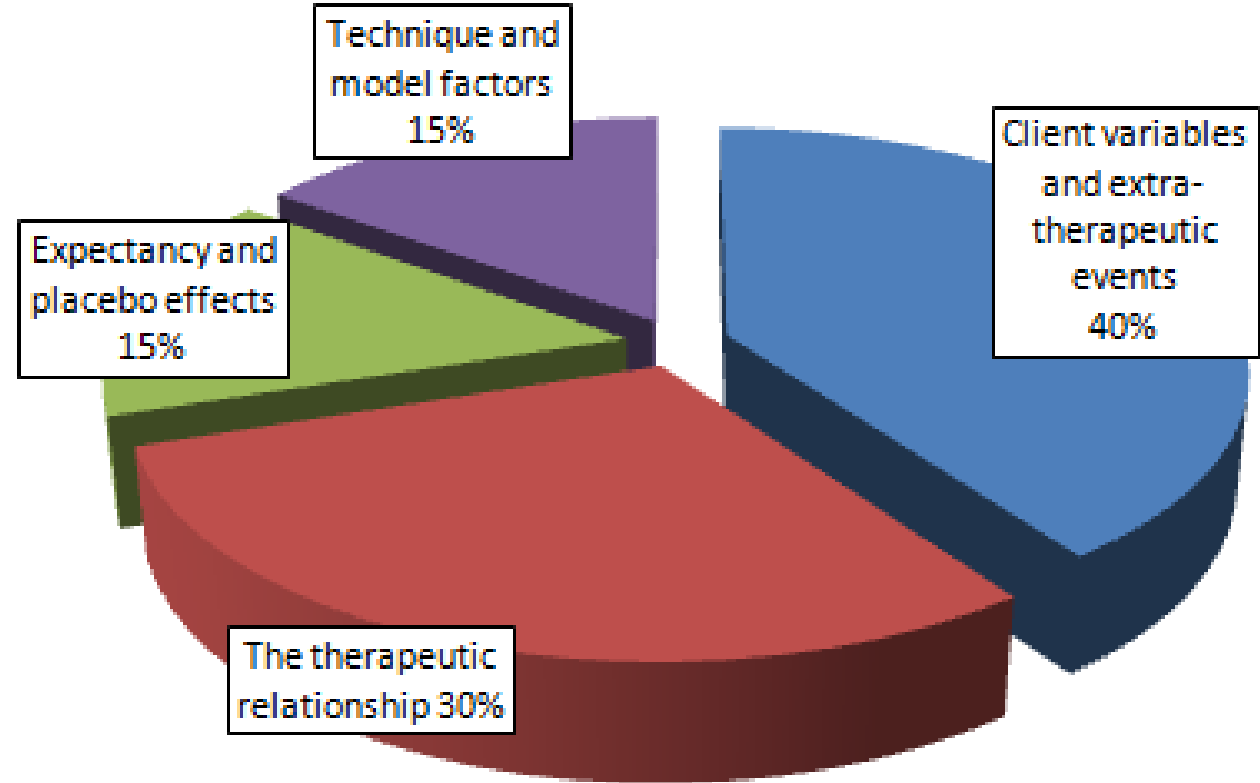


Figure 1. Percentage of improvement in therapy clients as a function of therapeutic factors (Asay and Lambert, 1999)

Theoretical basis for survey items

- AAMFT's 128 Core Competencies (CFs)
- AAMFT (2004)

Domain 1: Admission to Treatment

| Number | Subdomain | Competence |
|--------|------------|---|
| 1.1.1 | Conceptual | Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy. |

Domain 2: Clinical Assessment and Diagnosis

| Number | Subdomain | Competence |
|--------|------------|--|
| 2.4.2 | Evaluative | Assess ability to view issues and therapeutic processes systematically |

Recruitment

- 8878 Masters' in C/MFT graduate students in COAMFTE-accredited programs in the US (based on COAMFTE 2022 data)
- Convenience and Snowball Sampling
- Sharing with Faculty colleagues in C/MFT programs
- Criteria for participation
 - Current C/MFT Masters' student
 - Must be currently enrolled in practicum course
 - Recent graduates (within last 6 months)
- Funding (through UHCL) for 300 twenty-dollar e-giftcards (participant drawing)
- Ongoing recruitment

Objective 1

- Describe the degree to which students believe MFT graduate programs helped them build competence in use of MFT core competencies and common factors in clinical practice.

| AAMFT Primary Domains | Substantial (4) | Some (3) | Little (2) | None (1) |
|---|-----------------|----------|------------|----------|
| Admission to Treatment – All interactions between clients and therapist up to the point when a therapeutic contract is established | | | | |
| Clinical Assessment and Diagnosis – Activities focused on the identification of the issues to be addressed in therapy. | | | | |
| Treatment Planning and Case Management – All activities focused on directing the course of therapy and extra-therapeutic activities. | | | | |

Objective 2

- Identify common characteristics of practicum experiences, curriculum, and training that influence student confidence in ability to provide quality care.

CRITICAL INCIDENT [open-ended text questions]

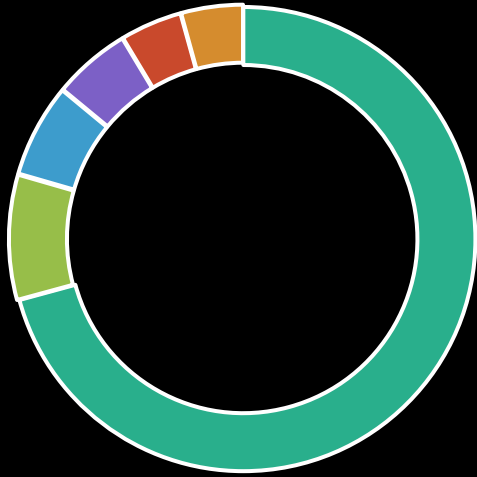
- Reflect on one of the most concerning situations you faced in your practicum where you felt unprepared. Provide 1-2 sentences to describe the incident. Which skills did you find that you were lacking?
- Reflect on a critical incident in your practicum that helped you apply skills you had already learned. Provide 1-2 sentences to describe the incident. What skills did you apply?

Objective 3

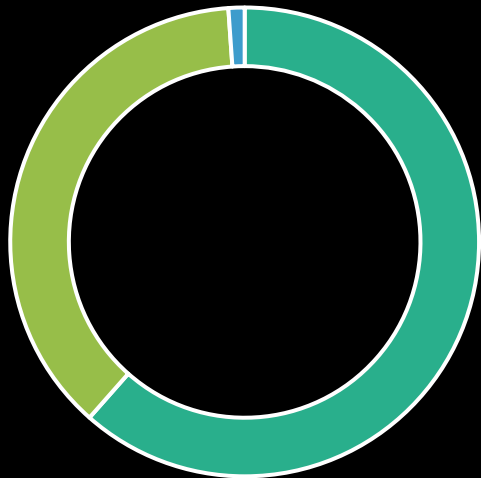
- Examine the relationship between student self-reported anxiety and recent graduates' program's perceived effectiveness in building competence or managing anxiety
- Hypothesis 1: There will be no significant difference between students' satisfaction and program preparation to manage anxiety and anxiety levels when starting practicum
- Hypothesis 2: Students who report *less* satisfaction with program preparation to manage anxiety will report *lower* levels of program effectiveness in building competence

Demographic Data on Survey Respondents

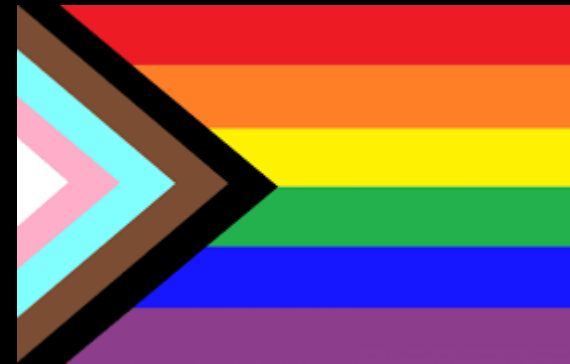
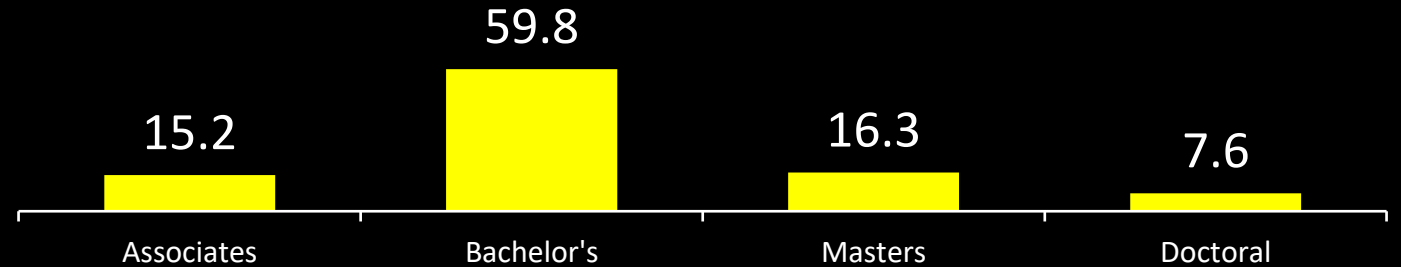
70% White



61% Female



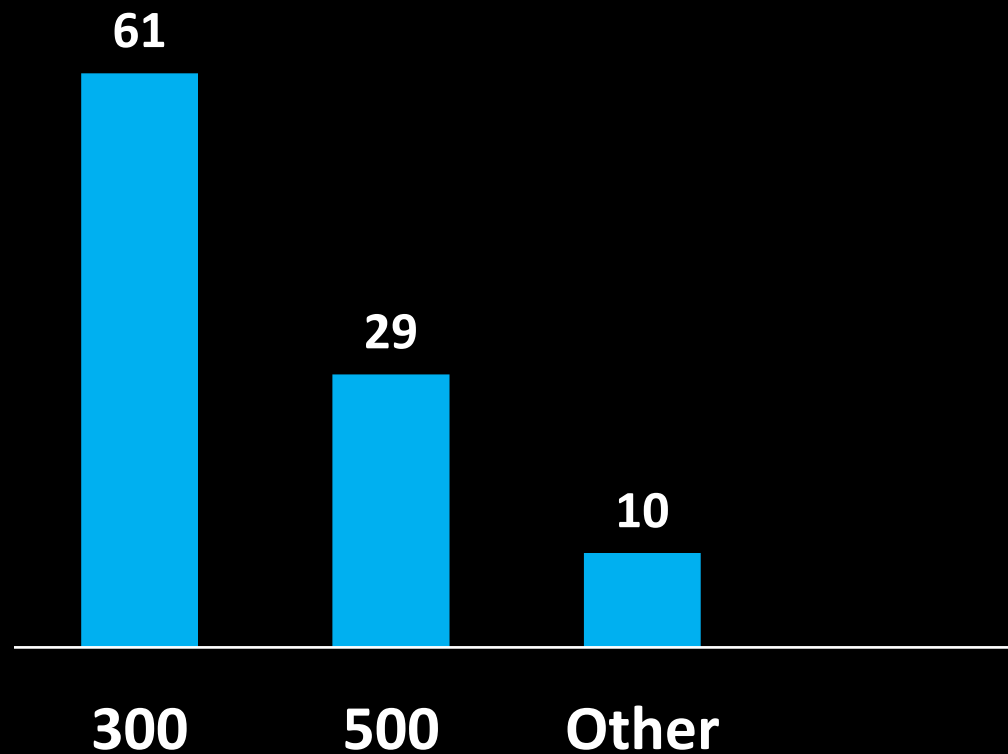
Highly Educated



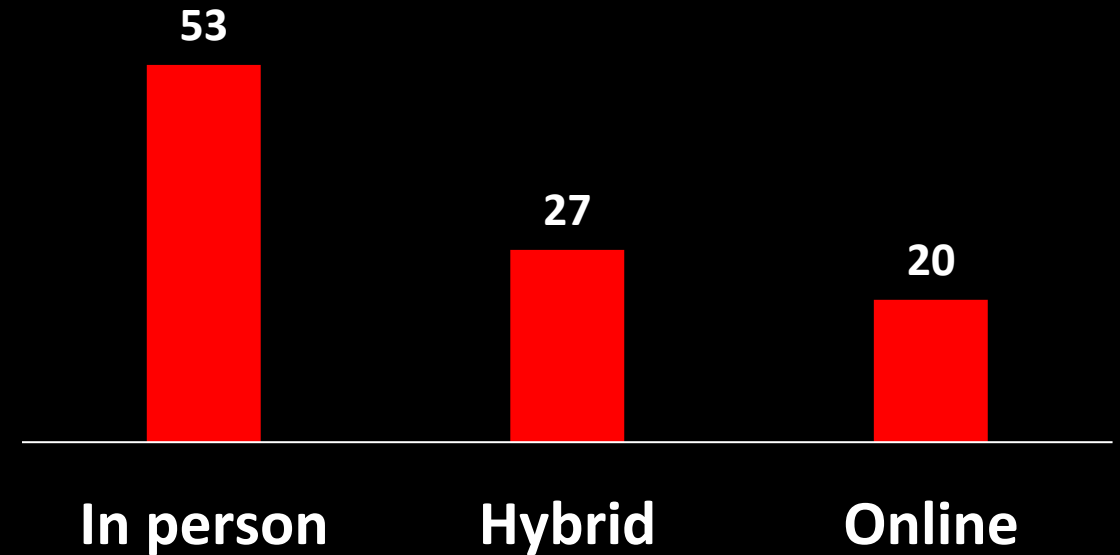
16% identify as part of the LGBTQ+ Community

Demographic Data – Program Factors

Required Hours



Mode of Delivery

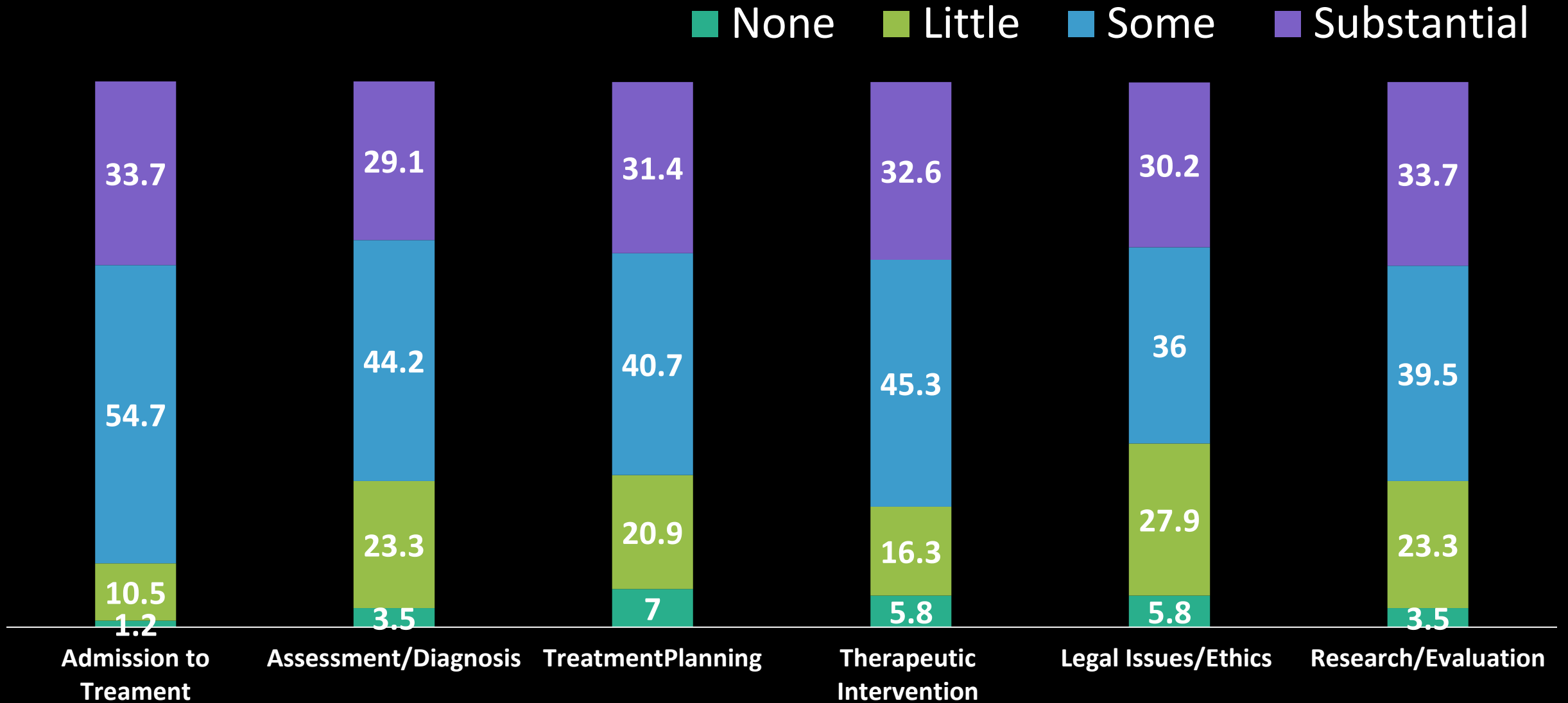


Demographic Data – Program Factors

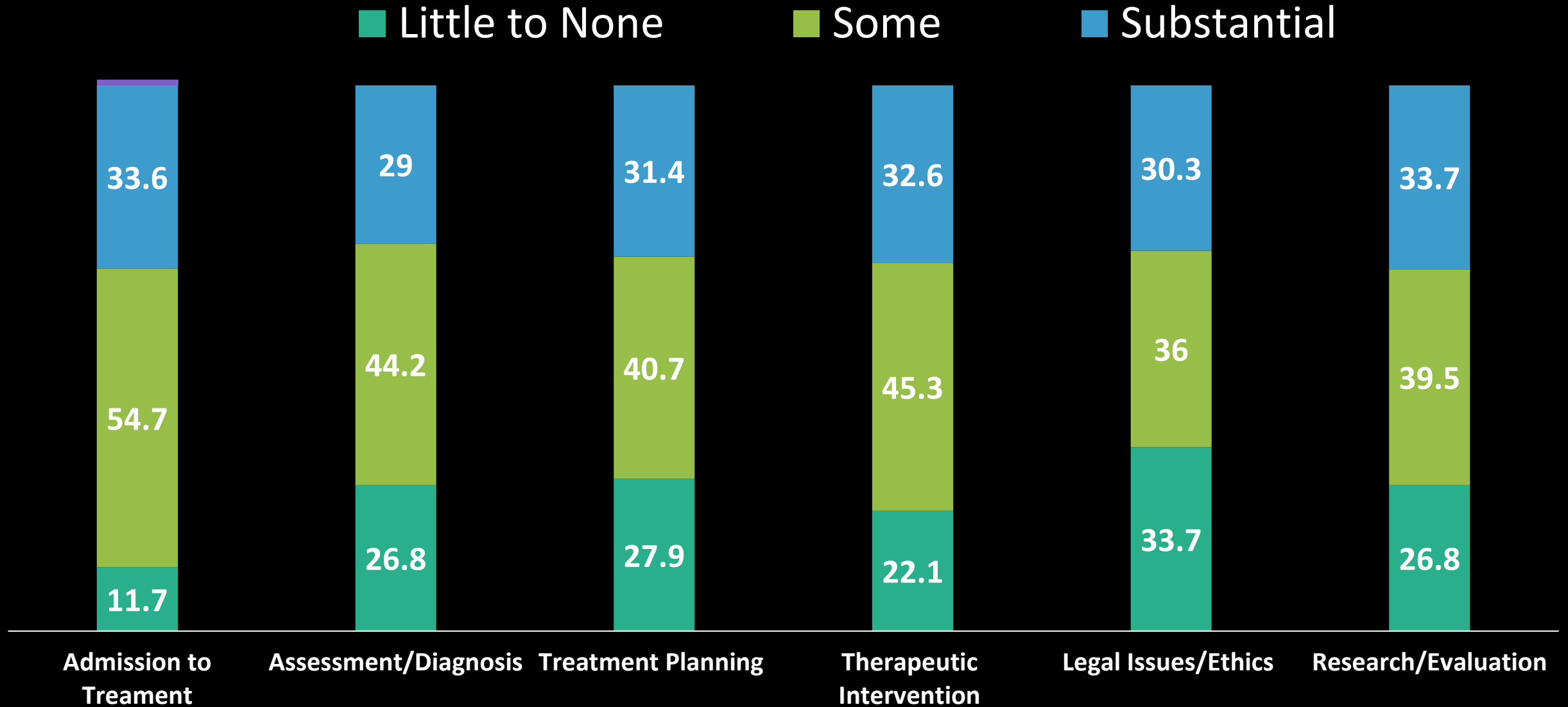
48% from the Mid-Atlantic Region



Objective 1:MFT Program and Competence



Objective 1:MFT Program and Competence



Objective 1 – Individual and Program Factors and Perception of Program

- There were ***no significant*** differences between
 - individual factors of race, age, gender identity, or sexual orientation
 - perception of how well program helped build competence in AAMFT competency domains.
- There were ***no significant*** differences between
 - program factors of number of hours required
 - mode of delivery (online, in-person, hybrid)
 - program region
 - perception of how well program helped build competence in AAMFT competency domains.

Objective 2 – Themes

- MFT-specific common factors
- Safety Planning
- Crisis Intervention
- Identifying and Reporting Child Abuse + Neglect
- Intimate Partner Violence (IPV)

MFT-specific Common Factors

| MFT Common Factors | Description |
|---------------------------------------|---|
| Expanding the Direct Treatment System | Involving more people in treatment than the identified patient, including family members and other significant parties. |
| Expanding the Therapeutic Alliance | Joining or forming an alliance with each family member, with subsystems, and the whole family. |
| Valuing Clients' Perspectives | Soliciting input from each member of the client system and incorporating their perspectives, experiences, and desires into therapy; focusing on what is important to clients and seeking their input on the direction and outcome of the session. |

Note: Adapted from D'Aniello et al., 2016; Fife et al., 2022; Sprenkle et al., 2009)

MFT-specific Common Factors

| MFT Common Factors | Description |
|--|--|
| Conceptualizing Difficulties in Relational Terms | Understanding problems in interpersonal, rather than individual, terms; keeping the whole system in mind when interacting with a part of the system. |
| Reframing Difficulties in Relational Terms | Utilizing questions and interventions that increase clients' awareness of interactional patterns and facilitate a shift in client's view of the problem from an individual to a relational view. |
| Interrupting Dysfunctional Relational Patterns/ Sequences | Interrupting or breaking up clients' dysfunctional or pathological interaction cycles. For example, setting boundaries, restructuring interactions, or implementing new behavioral routines. |

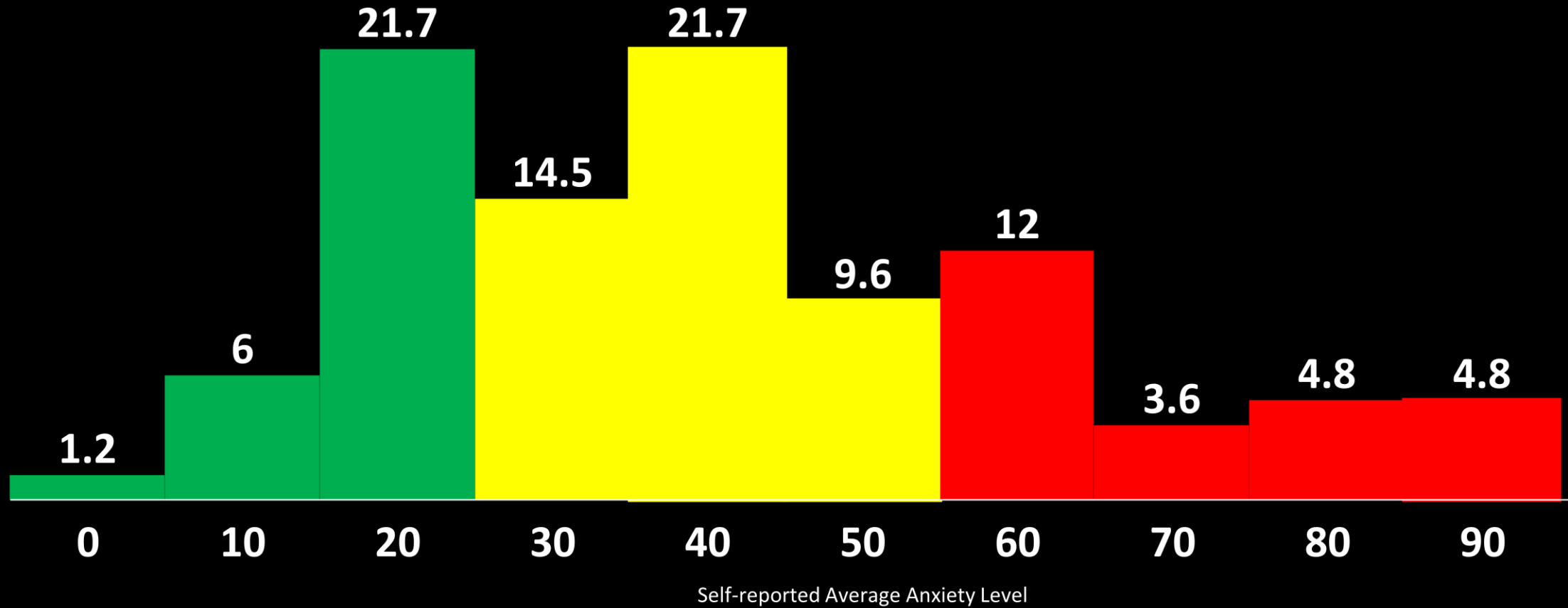
Note: Adapted from D'Aniello et al., 2016; Fife et al., 2022; Sprenkle et al., 2009)

Objective 3 – Preliminary Results

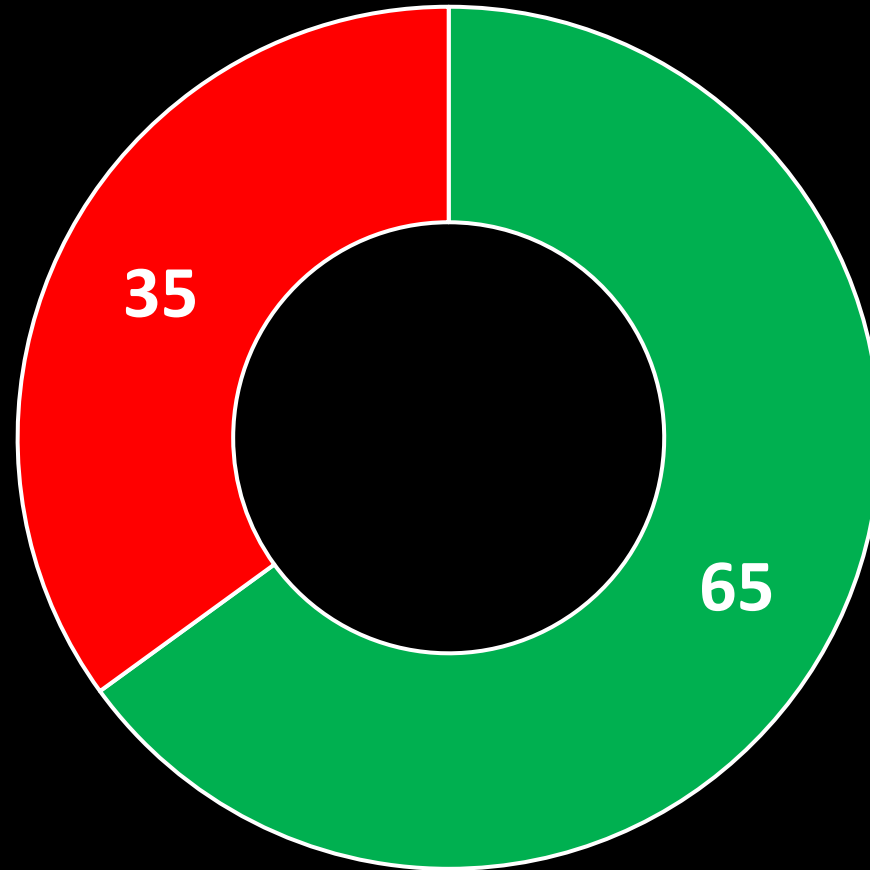
Please rate the average level of anxiety you experienced when you first started seeing clients during your first term of practicum?

- 100: Unbearably upset to the point that you cannot function and may be on the verge of a breakdown
- 90: Extremely anxious and desperate, helpless and unable to handle it
- 80: Worried and panicky; losing focus and feeling anxious in the body
- 70: Discomfort dominates your thoughts, and you struggle to function normally
- 60: Moderate to strong levels of discomfort
- 50: Upset and uncomfortable; still functional
- 40: Mild to moderate anxiety and worry
- 30: Worried or upset; still able to function
- 20: A little bit sad or distressed
- 10: No distress; alert and focused
- 0: Peace and complete calm

Self-Reported Average Anxiety Percentage by Category



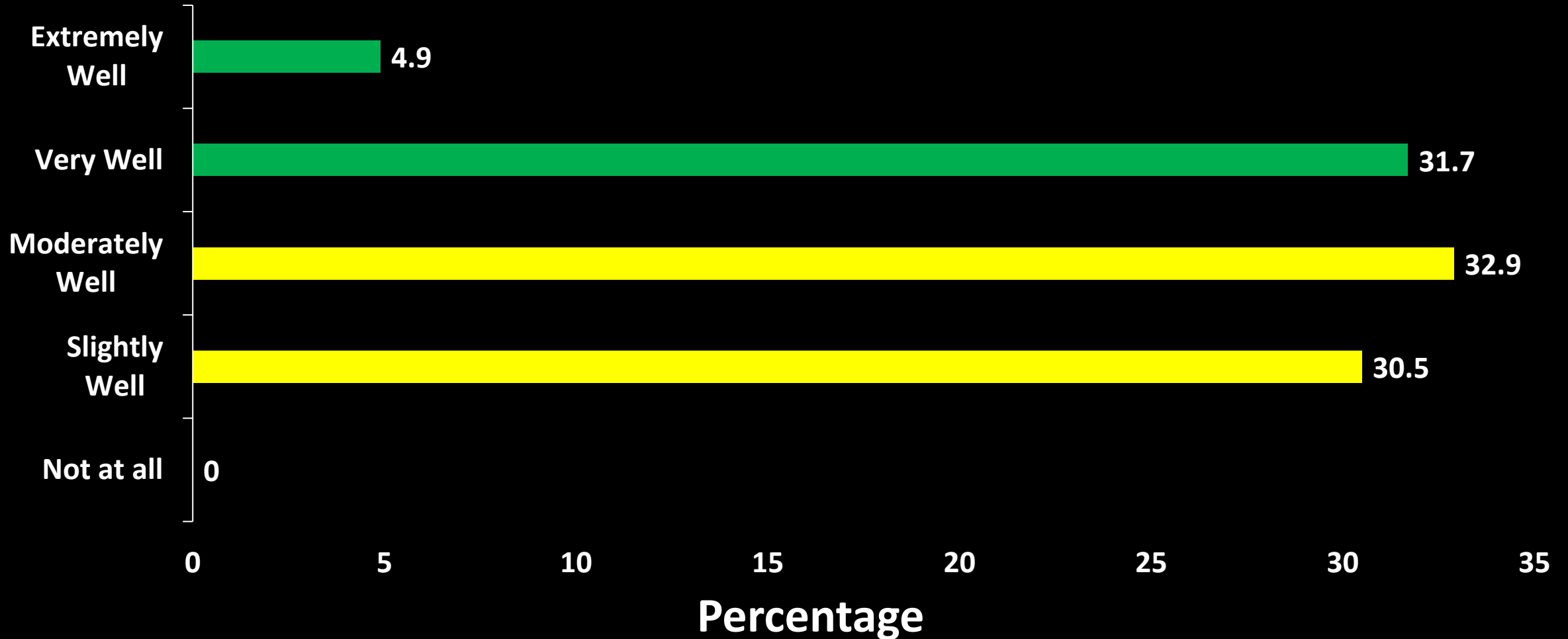
Self Reported Anxiety by Level of Impairment



■ None to Moderate (0-60)

■ Significant to Extreme (70-100)

Please rate how well your C/MFT Program prepared you in managing anxiety when seeing clients?



Self Reported Anxiety and Demographics

- Logistic regression found ***no significant*** differences between self reported anxiety based on age, gender identity, or sexual orientation.
- There were ***no significant*** differences for anxiety based on race
- **Chi square results found ***significant*** differences between groups based on education and self reported anxiety
 - participants with a bachelor's degree were more likely to report lower levels of anxiety
 - $X^2 (36, N = 83) = 54.6, p = .024$ (all anxiety categories)
 - $X^2 (4, N = 83) = 10.1, p = .038$ (anxiety impairment categories)

Objective 3 – Preliminary Results

- **Anxiety and Program's Ability to Build Competence:**
- ***No significant*** differences were found between groups based on self-reported average anxiety level and perception of program's ability to build competency in any of the AAMFT Competency Domains
- **Anxiety and Program's Preparation to Manage Anxiety**
- **There was a significant difference between groups based on anxiety levels and how well they believe their program prepared them to manage anxiety using the anxiety measure of 0 -100
 - $\chi^2 (27, N = 82) = 50.2, p = .004$
- Relationship between self reported average anxiety by level of impairment -> ***no significant*** differences between groups
 - $\chi^2 (3, N = 82) = 3.5, p = .325$

Overall Conclusions

- very few MFT students feel *not prepared at all* to utilize skills in the AAMFT competency domains
- Approximately 1/3 of the sample felt their program prepared them substantially well across all competency domains
- Students value experiential learning and practicing of skills in mock sessions and roleplays
- Students feel unprepared in interactions with multiple family members and more complex family dynamics in the therapy room
- Students need more training on emergency, crisis interventions and safety issues
- 35% of students report feeling an average anxiety level that impairs their functioning during their first term of practicum
- Approximately 37% of students report their program prepared them extremely or very well to manage anxiety about seeing clients

Future Directions

- Recruitment for this Phase I pilot study will continue through September 2023
- Phase II project will use results from Phase I to translate the specific skills participants identified as learning gaps into distinct tasks to develop a learner-centric evaluation survey.
 1. Micro-skills, or distinct tasks from CFs and CCs
 2. Identification of teaching and learning pedagogies that support development of these skills

Future Directions – Phase II Objectives

1. Describe the degree to which students and graduates believe C/MFT graduate programs helped them build competence in use of specific tasks related to MFT CCs and CFs in clinical practice.
2. Describe the frequency of student exposure to evidence-based teaching practices within C/MFT graduate programs.
3. Identify the teaching strategies students/graduates found most and least successful in assisting them in building specific skills related to CCs and CFs.



Thank You!

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- The Ohio State University IRB and Office of Sponsored Programs
- Caleb Cuthbertson, project research assistant



Questions?

Thank you Bluenotes for your support!
Thank you for your attention :)

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