MEETING MINUTES

Marriage and Family Therapist Education Committee
September 28, 2007

San Diego State University
Dede Alpert Center for Community Engagement
4283 El Cajon Boulevard, Suite #240
San Diego, CA 92105

Committee Members Present: Staff Present:
Dr. Ian Russ, MFT, Chair Paul Riches, Executive Officer
Donna DiGiorgio, Public Member Mona Maggio, Assistant Executive Officer
Christy Berger, Legislation Analyst

Committee Members Absent: Guest List:
Karen Pines, Committee Volunteer On File

I. Introductions

Dr. Russ called the meeting to order at approximately 9:08 a.m. Audience members, staff, and committee members introduced themselves.

II. Review and Approval of March 9, 2007 Committee Meeting Minutes

The Committee concurred to approve the March 9, 2007 minutes of the MFT Education Committee with two corrections. The name Adrienne Shilton was misspelled, and Olivia Loewy requested that she be referred to as Dr. Olivia Loewy.

III. Review and Approval of June 15, 2007 Committee Meeting Minutes

The Committee concurred to approve the June 15, 2007 minutes of the MFT Education Committee.

IV. Discussion of Draft Implementation Timelines for Curriculum Revisions

Dr. Russ stated that we are not finished talking about the content issues, but one of the things we have to think about is how would this actually take place.

Ms. Berger explained that the legislation would be carried in 2008, so if it passes, it would take effect January 1, 2009. But that doesn’t mean that all of the requirements
would take effect on that date. Ms. Berger referred to a proposed timeline for implementation of different components of the changes, so the legislation would contain phase-in dates.

Ms. Berger explained that once the legislation passes, the board plans to work intensively with the schools for about one year to assist them in implementing the changes. The proposed timeline reflects that schools would begin offering the new degree programs that meet the new requirements beginning in Fall of 2011. However, the law would not require schools to do this specifically. Instead, the proposal would require applicants for MFT intern registration or licensure who graduate on or after July 1, 2014 to meet the new requirements. This would require staff to evaluate applicants’ educational qualifications based on when the applicant graduated. So that staff will not have to do this indefinitely, and because everyone should eventually follow the new standards, the final component of the timeline is proposed to be a sunset of the “old” educational requirements. Once the “old” requirements sunset, all applicants for MFT intern registration or licensure must meet the new educational requirements. The proposed sunset date for the “old” educational requirements is January 1, 2018.

There are going to be people who don’t complete the requirements in time, so their degree is not going to qualify. Staff hopes that for this group of people, schools would offer a remediation program. The time period for completion of the remediation program is proposed to be prior to January 1, 2023, five years past the sunset date. Ms. Berger reiterated that this is a starting point for this proposal, and that this is the first time that any dates have been put into the proposal.

Several stakeholders strongly suggested that the law would be more simple to administer and clearer if the implementation date for the new requirements would instead be the date that someone starts a new degree program, i.e., “for those who begin graduate study on or after...”. It is easier for the schools and much less confusing for the students. Otherwise, students may be mid-way through a degree and then have to redirect their studies.

Dr. Russ stated that at some point people under the old requirements need an end date. Mr. Riches clarified that there would be a point at which applicants who qualified under the old educational requirements and are in the pipeline gaining hours or taking examinations, would no longer be able to qualify for licensure because they must meet the new educational requirements.

Dr. Russ asked if 2011 was reasonable for schools to implement the new program. Stakeholders confirmed that 2011 would be feasible for many schools, but very difficult for a program that is currently at or near 48 units. Stakeholders requested that schools be given at least another year to implement the changes.

Mr. Riches stated that the board is pursuing some funding in order to bring educators and curriculum writers together, bring in experts on the subject matter and make them available to schools, and committing the board’s resources to be a facilitator for this. Dr. Russ stated that there are educator’s groups and coalitions and professional organizations that the board would also be glad to work with. The Board wants to work with the schools to help make it happen, not to tell schools what to do, but to give them some resources.
Dr. Russ stated that this proposal has evolved to provide broad guidelines and yet also give the schools flexibility. Schools have unique ways of organizing the world, their focus and perspectives are different, and we don’t want to infringe on that uniqueness.

Mary Read from Fullerton asked about building consensus among the programs so that when it is brought to the legislature, schools are supportive.

Mary Riemersma of the California Association of Marriage and Family Therapists (CAMFT) asked whether this legislation would be a committee bill. Mr. Riches stated that it would not, as there will be opposition. He asked schools to co-sponsor the bill.

Dr. Russ stated that there will be groups that oppose the legislation, and the more united this community is, the better. He encouraged individuals to reach out to groups who they believe will be opposed. There will be those who say that this is an expansion to the MFT world, and what does this really mean. Dr. Russ asked if there were any more comments about the timeline, does it look reasonable.

A number of stakeholders reiterated the difficulty that state schools whose programs are 48 units will have to meet the 60-unit requirement. It takes about 2.5 years to get something from a proposal into the catalog, and it is also a budget issue. State schools have to take a lot of steps to get curriculum changes approved, and that takes a lot of time. This might result in opposition at the university level. It is important to get the support of administrators.

Dr. Russ stated that he would rather have the timelines realistic up front, and Mr. Riches and Ms. DiGiorgio agreed to move all of the dates forward by one year.

Ms. Read asked if information regarding the changes could be provided to admissions officers for the next crop of MFT students. Dr. Russ confirmed that the board would be able to do this.

V. Discussion of Draft Curriculum Relating to Addictions and Co-Occurring Disorders

Dr. Russ complimented Mr. Riches regarding the resources provided in the packet, and provided some background about this agenda item.

Ms. Riemersma stated her support regarding this proposal because it is important to have simultaneous treatment for co-occurring disorders. This may help to set MFTs ahead of other disciplines in this area.

Dr. Russ discussed his experiences regarding treating patients with substance abuse, and that he had only become aware of the number of people who have co-occurring disorders in the past couple of years.

Dr. Linda Terry from San Diego State University mentioned that this proposal is very specific, as opposed to the rest of the degree requirements. This is not necessarily a problem, but given the content, it seems to be more than a 3-unit course. She asked what the board hopes to accomplish, and is it realistic.

Mr. Riches stated that this is a revision of current board rules, but acknowledged that the addition of co-occurring disorders and addiction is huge. He stated that
everything staff has read and heard says that systems don’t integrate, they don’t talk to each other, the mental health world doesn’t cope with it, and consumers are being stranded between the two systems. Many therapists are not competent in working with substance abuse. Not everyone needs to be a substance abuse therapist but they need to be able to recognize and work with substance abuse and co-occurring disorders.

Ms. Riemersma stated that across the disciplines, students are not being well prepared to deal with clients with these problems, especially when they are gaining hours of experience toward licensure. She believes the law needs to give more guidance on this subject.

Mr. Riches stated because of the prevalence of these problems, there needs to be an emphasis in this area.

Dr. Russ stated that this is a community health issue with community health consequences. There is also a history - the law is very specific because of communities who came to the legislature and sponsored the original language. Also, therapists need to know how to coordinate with all of the other health practitioners that work with their client. It is difficult to do, but the more we train students that this is a basic part of patient care, the more of an impact we have on the community.

Mr. Riches stated that some of it is having a common vocabulary, because disciplines have their own vocabularies.

Dr. Benjamin Caldwell from Alliant University stated that he is concerned that the definition of a behavioral addiction may be overly broad. When you define it that way, you could possibly take someone who is a career criminal and define them as addicted to burglarizing homes. He doesn’t know how he would change it, but it is a concern.

Mr. Riches stated that the term may be well enough understood that it does not need a definition.

Barry Lord from Southern California Seminary stated that he recently did a paper on behavioral addiction. He explained that when a person has a behavioral addiction, the body creates its own narcotics, and there are comorbidities.

Dr. Olivia Loewy from the American Association for Marital and Family Therapy (AAMFT) stated that beyond the community, it is important for all settings and it is moving into areas of integrated care including primary care. She believes that it may need to be specially emphasized because it has such a broad scope of implications in diagnosis and treatment.

Ms. DiGiorgio stated that she is glad to see special emphasis because this is a problem. She explained that she works for a residential treatment center for co-occurring disorders, and the therapists outside of the clinic typically are not aware that their client has a substance abuse problem. She also works in a residential substance abuse treatment program for women and kids. This program employs MFT interns, and they often do not have experience in this area. The interns tend to treat the clients with a punitive attitude, as if they are bad people, or as if they chose to be a drug addict or alcoholic. She stated that she is excited to see this being put into the curriculum, it is a mental health issue and it is getting bigger and bigger.
Ms. Read stated that MFTs can help to lead the charge in this area in a way they were not previously able.

VI. Discussion of Competency Assessment in MFT Education Programs

Dr. Russ stated that college programs, rather than having assigned curriculum, are moving toward assessing competency instead. It seems important to bring this to the table, to see what we might want to do with it in this process.

Mr. Riches stated that staff has been reading material to find the best information we can. This is a once in a generation opportunity, as the curriculum and training standards don’t change often. Mr. Riches explained that it was important to ask whether MFT educational requirements should remain with a very traditional content-based model or instead focus on behaviors and competencies more clearly.

Dr. Russ asked stakeholders to respond to the issue. He referred to the body of literature, and stated that it seems to be really important. He asked whether this is just an issue for accrediting agencies, and should the Committee seriously consider it or stay away from it?

Dr. Caldwell explained that accrediting bodies are already using this method, including WASC and COAMFTE. Alliant is under a lot of supervision to make sure that staff teaches and assesses to competencies. Alliant is part of AAMFT’s beta test group of about six schools across the country that are working to integrate core competencies into the curriculum and developing ways to test the core competencies. To do this, Alliant is working on an objective structured clinical exam (OSCE) much like what medical students go through. It is similar to a structured role play designed to assess competence in particular areas. The OSCE was mostly developed by the University of Oregon, and Alliant is adapting it for their use. He explained that the OSCE is very helpful for him as an educator and for the program. His personal opinion is that this is within the domain of the accrediting agencies. Educational content seems to be the Board’s purview. Looking at educational quality is for accrediting agencies.

Dr. Duncan Wigg from Pepperdine University stated that he agrees that accrediting bodies are going toward this method. Pepperdine is gearing up system wide to determine ways to document that learning is occurring, not just that teaching is taking place. That is a critical shift in WASC now. Dr. Wigg is in favor of leaving this with accrediting bodies, and the Board’s plate is going to be full with just the new curriculum requirements.

Mr. Lord stated that his school, which is accredited by a different body, already uses competency-based assessments. He offered to share the standards that his school has to meet.

Dr. Terry stated that she is on a commission for accreditation for AAMFT, and they are beginning to implement outcomes-based standards. They are still learning about it and they are at the beginning of the process. There is a difference between competency-based assessment and outcomes-based assessment, they are not interchangeable. Outcomes might be whether your students are getting jobs. This is still evolving, she doesn’t want to lose the input-based learning, it can become too
muddled or loose otherwise, and you can lose the cohesion of the MFT field. She supports leaving this to the accrediting bodies.

Mr. Riches stated that he wants to make sure we fully explore the issue. These are all great arguments for accredited programs, but there are 20 or so programs without accreditation. This is clearly in its infancy, and it is also going to be with us for a while. There is a question for us to think about in terms of ensuring relative consistency in standards. We have to think about how we deal with it from the approved school standpoint.

Ms. Read stated that the lack of a CalSWEC like organization in the MFT field has handicapped us to an extent. She wonders if the development of something like that by the profession would help, possibly the unification of the MFT consortia.

Ms. Riemersma stated that it would be a great thing to have that type of organization for MFTs, but a similar thing is going to be created anyway with these changes being proposed, since the Board’s law is what governs these programs.

Dr. Loewy stated that schools will self-select, and we can’t expect to get participation from all of them. Having a state level group of educators would be very important. In terms of competencies and outcomes, it is important to keep watching and working on them.

Dr. Caldwell asked whether the board would want to require approved schools to perform competency-based assessments. Mr. Riches responded no, that the board is not interested in a direct regulatory relationship with schools. Dr. Caldwell stated that he would like to see it done under the Bureau for Private, Postsecondary and Vocational Education (BPPVE), or its successor.

Dr. Russ stated that we could encourage AAMFT and others to talk to approved schools about this, or arrange a meeting with them. Mr. Riches stated that he would prefer arranging a meeting. Dr. Russ stated that we could invite them and express our concerns as a community. Dr. Terry stated that this is so new, it would be difficult to do that. She asked if this was premature.

Dr. Wigg asked if this would make the occupational analysis obsolete. Mr. Riches responded no, the occupational analysis is based on current practice and is legally mandated.

Ms. Riemersma stated that if the right questions are not being asked on the occupational analysis, the board is not going to get all of the data. Mr. Riches replied that around the time these new requirements are going to go into place, a new MFT occupational analysis will be starting, so some of the content may work its way into the exam.

VII. Discussion of Draft Proposed Revisions to Curriculum Statutes

Dr. Caldwell stated that most of the proposal is good, and is a significant step forward. He expressed his appreciation for the balance the board has been trying to strike by raising the bar while giving flexibility. Dr. Caldwell stated that on page six, under section 4980.90(d), he believes we need to operationally define “a course in law and ethics” for people coming in from out of state. He also suggested setting a minimum number of units for people in state. He stated that we may want to do the
same on page 7, subparagraph (E). He asked if the board would be forced to accept a one hour CE course in the absence of a stated minimum.

Mr. Riches stated that he is not sure what the right balance is, but this is a fair question, and is open to thoughts about how to treat that.

Dr. Russ stated that the intent is to give more flexibility to programs so that coursework can be spread throughout several different courses.

Dr. Caldwell suggested that there could be a second set of standards for people who do this within their degree program, but for people who are remediating, put minimums on it to ensure adequate coverage.

Mr. Lord explained that his school currently requires a class in law and ethics, but that content is still also spread throughout the curriculum. He likes the way it is currently being done.

Ms. Riemersma stated that if we are not going to place specific hourly requirements on people in California, why would you do it for people coming from another state? It is important to make sure they have this coursework. She explained that she and AAMFT had agreed that it is important to provide flexibility for people coming in from another state. If we are trying to be accommodating, we should allow a little bit more flexibility as long as the content gets addressed.

Dr. Caldwell stated that he agrees, but his only concern is that some opposition might happen in the legislative process if the hours are not specified.

Mr. Riches responded that people who only have a one-hour course in law and ethics are not going to pass the Board’s exams. He also explained that for many such people, it is marginal learning. Everyone is going to have a foundational course in law and ethics. There are of course state-specific legal issues but ethical issues are broadly the same nationally, and the same with many legal issues. For people coming in from out of state they mainly need to learn the state-specific issues.

Dr. Caldwell stated that he agrees with Ms. Riemersma about flexibility, we should allow that whenever possible. One thing that has been removed from old statutes in the current draft is that a degree from a COAMFTE school in another state is automatically acceptable. It is no longer written that way, and he has some concerns about that. It would have to be modified because COAMFTE doesn't require 60 units. However, there should be some acknowledgement that COAMFTE is the highest standard in the country.

Mr. Riches responded that in practicality, everyone goes through the same transcript review. There is some uniqueness in California requirements that may not be reflected in COAMFTE curriculum, so regardless of what out-of-state school they are coming from, there is still a need to make up coursework.

Dr. Caldwell pointed out that in 4980.36(b) should be changed because COAMFTE does not accredit schools they accredit programs.

Dr. Terry stated her support for the direction the proposal has taken, but she still has concerns about using the term “recovery” in the requirements. It would be good to find another way to refer to this concept, as it is time-limited. Would prefer a broader
based integrative perspective about this work. She also expressed concern about language pertaining to cross-cultural studies and diversity. Some of it seems repetitive, and reads as if the culture is within the client and not in the context. It sounds somewhat dated. Much of the training now is about the intersection of cultures and the social and power position of cultural identity within the culture. She provided the following suggestion:

“Content addresses multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, sexual orientation, gender and disability and their incorporation into psychotherapeutic process.”

Ms. Riemersma stated that the section on out-of-state (4980.90) only requires 150 hours of practicum and asked why that was. She can understand a lesser number of units overall but thinking they should have the full 225 hours of practicum. Regarding the recovery model, she originally thought we should not use the term recovery, but if we don’t use it, we can’t ensure this concept will be taught. If we do use it, we are more likely to get support from the Department of Mental Health and others, so she is inclined to include it.

Dr. Russ reminded the audience that Warren Hayes from the DMH attended the last meeting and explained that the use of the recovery model is in statute. They are working hard to define that and we should be coordinated with the state.

Mr. Riches stated his belief that “recovery” would be better defined in time, and there is programmatic funding available so people are basing their programs on that concept.

Ms. Read stated that she likes the term “recovery-oriented behavioral healthcare.” People get uncomfortable with the word “model” which implies something very specific. Most stakeholders in the room agreed.

Dr. Loewy stated that there are concepts related to a person’s own individual culture regardless of ethnicity, and this is evolving. She also had a question about Section 4980.90, and asked if a person comes in who is licensed in another state has to do 250 hours as an intern.

Mr. Riches responded that this only applies to people who do not have a license, and stated that portability issues would be addressed at the next meeting because we have had a number of questions about that area.

A stakeholder asked if the Board would consider adding spirituality or a person’s religious background to the language on culture. Stakeholders discussed how important this concept is to include. They also agreed that it should be worded carefully.

A stakeholder stated his support for Ms. Riemersma’s stance on portability. His school’s program is national, which can make it difficult for people who are returning to their own state.

Ms. Read asked if we could also put an effective date into the new out-of-state requirements, because we don’t want to give an advantage to people coming in from out of state over people who went to school in California.
Mr. Riches stated that this is complicated, and he would take a look at it.

Ms. Riemersma stated that this would be difficult because they apply when they come to California. Most people aren’t looking ahead and know that they’re going to move to California in 2013, they come because life circumstances bring them here.

Mr. Riches stated that it is important to define what constitutes a qualifying degree. Some people come in with a degree that has no practicum, for example. But what minimum qualifying degree will get you in the door. If we go to 60, we are the only state that is going to be there. We can’t expect a person coming in from out of state to have a 60-unit degree, but they are going to have to get there. They will have to meet all requirements before they can get licensed.

Ms. Berger asked if a date would have to be added because otherwise this section would take effect January 1, 2009. Mr. Riches confirmed this is correct.

Dr. Russ stated that he has received three letters commenting on the proposed requirements. The letter from Santa Clara University states concerns about requiring public mental health coursework (would rather have a certificate program), and they don't want an increase in units. The letter also discusses the potential for unintended consequence of increasing practicum hours, which they feel is an unfair and unnecessary burden as it can be difficult to place students due to budget cuts in government mental health agencies. They also have concerns about what they feel is placing the recovery model above others. The other two letters, one from Phillips, broadly agreed with those comments. He asked the audience for a reaction to these comments.

Ms. Riemersma stated that the Northern California MFT Consortium is working on a voluntary certificate program which is intended as a stopgap measure for people seeking employment in the public sector but who do not have the education or training.

Dr. Russ stated that there seem to be two arguments here; one is don’t make MFTs social workers, that if people want to do that take the 48 units and then specific training. He asked if there are comments about that.

Ms. Read stated that the perception is that MFT is a private practice degree, when actually all of the trainee hours are public sector work. We are trained to do many things, and should be seen as such.

Dr. Wigg stated that he is seeing a shift in the interest of potential therapists, where they used to be more interested in private practice, but now don’t want to be isolated, they want to work in a more humanistic kind of way with clients and not just economically driven in their ambition. That bodes well for what we are trying to accomplish here. He believes that the MFT curriculum should prepare people for anyone who walks into their office and know how to be of assistance.

Dr. Russ stated that the letters express concern about the potential increase to 60 units. They state that this will be a hardship and will deter people from becoming an MFT. Dr. Russ believes if we don’t increase to 60 units it won’t be a competitive license, and schools won’t be able to include all of the new content.
Ms. Read stated that Fullerton in the heart of Orange County, has a 60-unit program and graduates more Hispanics than many others in their area. The students still come, get the scholarship for the extra semester or summer, and it hasn’t been a dire impact on the underserved communities. Yes, it is more difficult to pay for 60 units than 48, but it is the entry level for the profession, and must be done in a thorough way that matches the needs of the profession to be responsive to consumers.

Dr. Russ stated that private schools would argue that it would increase their tuition significantly.

Mr. Lord stated that the body of knowledge is increasing exponentially; practitioners need to be well versed. He is almost inclined to say that 60 units is not enough. His students do 74 units. They are a private school, they do cost more but their students want to be competent and want to know that they are competent.

Ms. Riemersma stated that at the time students enter, they won’t know the history, and they won’t know that it was previously a 48-semester program.

Dr. Caldwell stated that graduates will become more employable, so that is a worthwhile trade off. At his school, their tuition will increase by about $9,000 with the increase to 60 units, but they will have more job opportunities and they have the new loan reimbursement program. The Santa Clara letter talks about unintended consequences, discussing the latency period from starting graduate studies to licensure. Alliant requires 500 hours of practicum, but students typically do 800-1,000 hours by the time they graduate. Having more practicum hours shortens that latency period; it does not increase it.

Dr. Russ asked if the increase to 225 practicum hours was unreasonable. Many stakeholders responded that it still seems fair because many schools are already requiring that much or more.

Mr. Riches and Ms. Berger will work on a revised draft based on feedback today and will place this on the Board’s website for feedback as soon as possible.

VIII. Future Meeting Dates

The next MFT Education Committee meeting will be held on December 7, 2007 at Pepperdine University in Orange County.

IX. Suggestions for Future Agenda Items

None received.

X. Public Comment for Items Not on the Agenda

None received.

The meeting adjourned at approximately 12:13 p.m.