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THE CORE COMPETENCY MOVEMENT IN MARRIAGE AND FAMILY THERAPY: KEY CONSIDERATIONS FROM OTHER DISCIPLINES

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There is a growing movement to define competency within the field of marriage and family therapy (MFT), particularly with respect to the training of practitioners and the evaluation of clinical practice. Efforts to define competency, however, transcend the practice of MFT and much can be learned from the experiences of other disciplines. Professions such as education, law, and medicine have made strides toward addressing the complex issue of competency standards in their respective fields. This article describes some ways in which the issue of competency has been approached in other professions, as well as some common dilemmas posed by adopting a competency-based orientation, to shed light on the process of defining competency in MFT. Moreover, this article identifies some of the more useful conceptualizations, modes of pedagogy, and evaluative practices found in other professions.

> The license never requires a measure of competency. It requires a measure of how long you went to school. And therefore, I think it's a deception really . . . you have to be pretty sure that the licensing is based on competence, or you're sending incompetent people out.
>
> Jay Haley at the 1990 AAMFT Masters Series

THE PUSH FOR COMPETENCY-BASED ORIENTATION IN MFT

The field of marital and family therapy (MFT) has begun to focus on the issue of competency for several reasons. At any given time, MFTs are treating over 1.8 million people nationally (AAMFT, 2002a, 2002b). The American Association for Marriage and Family Therapy (AAMFT) reported in 2002 that there has been a 50-fold increase in the number of MFTs since 1970. Sturkie and Bergen (2001) reported that between 1950 and 1980, there was a tenfold increase in psychologists who entered private practice. The majority of current practicing psychotherapists are master's-level clinicians, predominantly from the fields of social work, professional counseling, and MFT (Sturkie & Bergen, 2001). Growing numbers of providers are

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producing an increase in competition and begging the question of who is qualified to provide these sensitive services (Cummins, 1990).

A second reason for focusing on competencies is that managed care companies now organize a large part of the clinical delivery system, often making the decision about who is qualified to provide services and how those services should be given. Barriers in the managed health care system often constrain referral to specialty mental health providers (Trude & Stoddard, 2003). In 1999, a federal study reported that 44 million Americans were without health care insurance, while those who did have coverage often found that mental health benefits were insufficient to meet their needs (U.S. Department of Health and Human Services, 1999). While most states now have licensure for MFTs, many insurance providers still refuse to provide coverage for these providers. Without sufficient and clearly identified core competencies, MFTs will be less likely to be deemed "qualified" to provide services (Miller, 2005; Platt, Miller, Todahl, & Lesser-Bruun, 2004).

A third motivation for focusing on competencies is that legislative bodies and health service subcommittees are increasingly being drawn into the fray as family therapists vie for inclusion in reimbursement and consumer access legislation. When opponents of MFT inclusion in legislation (i.e., vendorship laws) present their arguments, there is often the claim that MFTs are simply not competent (Sturkie & Bergen, 2001). To support this argument, it is often claimed that lax curriculum, inadequate clinical training, and vague competency standards are reasons to exclude family therapists. Arguments against inclusion frequently involve claims that MFTs cannot adequately diagnose problems, conduct individual therapy, treat "serious" mental health issues, understand proper use of medication, use psychological assessments, treat addiction and violence, or manage confidential information (Sturkie & Bergen, 2001). In 2003, the National Association of Social Workers (NASW) placed a "Government Relations Action Alert" on their website urging social workers to contact senators and oppose Senate Bill 310, which would add licensed marriage and family therapists (LMFTs) to the list of qualified providers for direct reimbursement under Medicare Part B. The basis NASW stated for their opposition was that MFTs' standards might vary too much and therefore there is "no guarantee that they will master a basic modicum, at the very least, of mental health knowledge and skills" (NASW, 2003). Thus, the lack of articulated competencies to define standards has led to questions about parity for MFTs and contributed to legislative exclusion and a subsequent decrease in consumer access (Platt et al., 2004).

In the past few years, great strides have been made toward articulating what constitutes a competent MFT. In January 2003, the AAMFT Board of Directors organized a task force to develop core competencies for the field of MFT (AAMFT, 2004). Nelson et al. (2007) provide a detailed description of the development of core competencies for the practice of MFT and how these competencies can be used as a guideline to assess MFT skills.

COST-EFFECTIVENESS OF MARRIAGE AND FAMILY THERAPY

Managed care companies are interested in the differential costs of various treatments and if MFT proves to be a cost-effective treatment modality, such information could translate to insurance coverage for MFTs. Recognizing the need for cost-effectiveness analysis of family therapy work, Pike and Piercy (1990) offered a detailed description of how to do cost-effectiveness research in family therapy. Since then there have been other studies that have demonstrated the cost-effectiveness of MFT (Caldwell, Woolley, & Caldwell, 2007; Fals-Stewart, Yates, & Klostermann, 2005; Law & Crane, 2000). Caldwell et al. (2007) suggest, based on the results of their study of marital therapy, that government funding for marital therapy will ultimately save taxpayers money through reduced divorce rates and health care costs associated with individuals experiencing divorce. Fals-Stewart et al. (2005) assessed four separate treatment modalities for cost-effectiveness (brief relationship therapy [BRT], behavioral couples therapy [BCT], individual-based treatment [IBT], and psychoeducational attention control treatment [PACT]). Their assessment found that BRT was the most cost-effective, followed, respectively, by BCT, PACT, and finally, IBT. Another study that demonstrated the cost-effectiveness of MFT was conducted by Law and Crane (2000). They found that clients receiving family therapy experienced a decrease of about 20% in medical service utilization in the 6 months

following treatment, which was more than the percentage decrease found for clients receiving individual therapy.

THE COMPETENCY MOVEMENT

Competency, as an idea, has been around for centuries. In medieval guilds, apprentices worked with a master and were ultimately awarded certificates when their workmanship reached a standard set by the trade. This process continued to evolve and was essentially incorporated as mandatory education. This development became even more formalized in the 1930s when functional analysis of jobs led to the broad publication of the Dictionary of Occupational Titles that identified the knowledge and skills of different occupations (McLagan, 1997). A focus on the development of functional job analysis continued for the next few decades; however, a focus on identifying specific occupational competencies declined.

In the 1960s a major competency movement reawakened. The economic context of society in the 1960s is one factor that moved numerous professions to again begin an intensified focus on competency. The 1960s produced rapid economic changes that were highly connected to the globalization of society. Global competition spurred reconsideration in many fields regarding what constitutes effective practice and what leads to better outcomes. In particular, the United States and Great Britain, facing economic challenges, began reform efforts in education, focusing attention on the lack of skills within the national labor force. These efforts led to two valuable but distinct perspectives regarding competency. In the United States, there emerged a focus on qualities, attitudes, and motivations that produced excellence while in Britain the focus was on developing a range of skills and aptitudes to perform a role at an agreed standard (Horton, 2000). Soon after this period David McClelland (1973), who is often cited as the father of the competency movement, published his groundbreaking article, "Testing for Competence Rather Than for Intelligence." Some 30 years later, the concept of competency has been exported throughout the world and has become a focus in innumerable professions.

As in other fields, a focus on competencies has come to the forefront in MFT. Although this focus has recently intensified, it is not a new one. There have been several evolutionary stages in the field's approach to establishing competency standards. Some would consider a good MFT clinician as one who emulates the clinical approaches of charismatic leaders (Hecker & Wetchler, 2003; Luepnitz, 1988). It could be argued that this approach was consistent with the tendency in the United States to focus on qualities, attitudes, and motivations that produced excellence rather than on the British preoccupation with standards and outcomes. Shields, Wynne, McDaniel, and Gawinski (1994) indicated in their article that "family therapists have historically relied, much more predominantly than other professionals, upon 'live' one-shot presentations or upon dramatic videotaped excerpts of therapy that certainly could not be regarded as either quantitative or qualitative clinical research" (p. 117).

In the past decade, a growing number of proponents have recognized the need to more clearly articulate the standards and outcomes in MFT (Sprenkle & Blow, 2004; Watson, 1993). For example, in 1993 Watson issued the statement that "the Commission on Accreditation is specifically challenged to outline standard criteria for the evaluation of both the trainee and the supervisor as this relates to the commission's standard curriculum for marital and family therapy education" (Watson, 1993, p. 29). Developing a clear set of competencies is daunting in light of the many conflicting philosophical values within the field. Additionally, the development of competencies is particularly challenging given the field's historical resistance to codified, standardized approaches that may resemble the modernist and diagnostic style of other clinical disciplines (Denton, 1990). Deviations from this resistance, for many, reflect a loss of a core attribute that differentiates family therapists from other mental health modalities. Unfortunately, a rigid antimodernist stance may result in MFT continuing to be viewed as having an ungrounded and indefensible clinical modality.

As is true in most professions, the economic context in which family therapy operates is influencing the direction of the field. The economic context promotes changes in mental health care delivery, reimbursement, legislation, and managed care. In the face of these contextual challenges, the ability to enumerate, teach, and evaluate the competencies of the profession has

become vital for both ensuring the quality of the services delivered and the profession's survival in the competitive mental health field. For the MFT profession and individual clinicians, success is becoming largely dependent on the ability to concretely demonstrate competence (Platt et al., 2004).

COMMON PITFALLS AND UNANTICIPATED CONSEQUENCES

In 1936 American sociologist Robert K. Merton wrote about the concept of unanticipated consequences in any purposeful social action. In this analysis he identified three sources of unanticipated consequences: ignorance, error, and the "imperious immediacy of interest" (Merton, 1936, p. 902). The latter source refers to situations where the individual wants the intended consequence so badly that he or she purposefully ignores the possible unintended negative effects of their actions. While many of the advantages of a competence-based orientation appear self-evident, the unanticipated negative consequences may be obscured. With this concept in mind, the authors reviewed competency literature from various disciplines and professional associations that have adopted a competency-based orientation in an effort to understand and avoid the most common pitfalls evident in this process. The following section highlights the most common of these unanticipated consequences and common dilemmas.

What Counts as Competence?

The dilemma of defining what counts as competence is debated in any profession that undertakes the task of adopting a competency orientation. Weinert (2001) challenges the very method by which most of those who would try to define competence go about constructing a definition. If the method of defining competence utilizes only empirically validated and standardized tests, there is a hazard that other qualities of competence will be missed or overlooked. Writing about the field of education, Danielson (1996) stated that the use of standardized tests, as a measure of effectiveness, does not fully capture the complexity and totality of quality teaching. This issue raised in the field of education highlights one complexity in the pursuit of defining core competency in MFT.

In 2003, the U.S. Congress enacted the No Child Left Behind Act (NCLB) to raise student academic achievement across the board. The NCLB Act is a federal law that enacts theories of standards-based education reform, which is based on the belief that high expectations and setting of goals will result in success for all students. The act requires each state to develop criterion-based assessments, often using standardized testing methods, in basic skills to be given to all students in certain grades. Critics of NCLB have raised the question of whether a standardized testing regimen enhances academic competence. Wallis and Steptoe (2007), in their article "How to Fix No Child Left Behind," note that the lack of a uniform national assessment allows for 50 different standards and 50 different tests. Thus, as results of each state's standardized tests are linked to federal funding as stipulated by the NCLB Act, states have "watered down their expectations" and teachers are compelled to teach to the test (Wallis & Steptoe, 2007). These critics argue that lowering achievement standards and implementing curricula designed to ensure student success in NCLBs, mandated exams are unintended consequences of NCLB. Yet advocates of standardized tests say that developing and administering tests that measure students' knowledge against learning standards will ensure that *all* students have certain proficiencies. They argue that all tests have some inherent limitations, but they often present our best (and sometimes only) method to assess for competency. Moreover, standardized tests are viewed by their advocates as scientific measuring instruments that yield *reliable* and *objective* quantitative data on the achievement, abilities, and skills of students (Kuncel & Hezlett, 2007). An advantage of standardized tests is that they are free from individual judgment. These issues of the anticipated and unanticipated consequences of adopting a competency orientation highlight some of the dilemmas facing the MFT core competency movement.

Addressing the "Gap"

David McClelland fathered the competency movement in the United States with his groundbreaking 1973 article in *The American Psychologist* arguing for testing that measures

“competence” over “intelligence.” McClelland (1973) presents an argument that traditional exams were not sufficient to predict whether or not people would actually succeed at a specific job in the real world, and that other methods to assess predictors of success need to be explored. This discussion draws attention to the gap between the measurements to predict success and the actual success in the real world. In 1992 this issue was raised in the field of law in the MacCrate Report, which expressed dissatisfaction with the gap between what lawyers were taught in law school and the actual skills required to be a good lawyer in the real world (American Bar Association [ABA], 1992). This report indicated that there exists a gap between the expectation and the reality, resulting in complaints and recriminations from legal educators and practicing lawyers. Law schools and practitioners differ on what counts as scholarship and preparation for practicing law. Too often these responses are thoughtless reactions to unfair criticism and reflect an unwillingness of the academy and the practicing bar to understand fully the cultures, needs, aspirations, value systems, and accomplishments of each community (Wahl, 1989). As the field of family therapy pursues its own conceptualization of what counts as competent practice, one issue that must be addressed is the “gap” between what counts as academic competence and competence in real-world clinical situations. The recent development of core competencies in MFT is intended to address the gap between deserved client care and actual care received by clients (Nelson et al., 2007).

Maintaining Professional Autonomy

Another hazard evident in the pursuit of a competency orientation is the unintentional limiting of the independent professional autonomy of the practitioner. As competency standards are established, codified, and eventually ratified by the field, the proscribed “correct” responses to any given clinical situation may be fixed. The outcome of this process will hopefully encourage more standardized, formalized, and predictable clinical interventions. Paradoxically, it may also hamper the individual practitioner by removing or limiting the ability to respond in the fullest possible range available. As the competency orientation often lends itself to a focus on static, reduction-oriented measures of success, less static attributes such as intuition, unique experience, and innovation may be minimized. Teacher education specialists have debated this issue, highlighting that a narrow conceptualization of teaching is not applicable to the complexity of their setting and has contributed to teachers’ impression that they are not afforded the respect of autonomous decision making (Danielson, 1996). This caution from the field of teacher education highlights the need to avoid overly proscriptive definitions of competency that may unintentionally limit the professional autonomy and decision-making ability of the individual practitioner. The unique holistic complexity of any given individual clinical situation is in danger of being overly simplified in the rush to promote competence in the field of MFT.

Equifinality: Only One Path to Competence?

The field of teacher education has long struggled with the issue of defining the specific behaviors that make up competent teaching. “The framework for professional practice, on the other hand, [is] grounded in the assumption that even though good teachers may accomplish many of the same things, they do not achieve them in the same way. Therefore, a list of specific behaviors is not appropriate. Rather, what is needed is a set of commonalities underlying the actions, with the recognition that specific actions will and should vary, depending on the context of the individual. These common themes represent the effects achieved . . . rather than the specific actions taken” (Danielson, 1996, p. 17). Danielson’s comments are reminiscent of the concept of equifinality, which proclaims that many different origins can lead to the same results (Berttalanffy, 1968). Equifinality tells us that many different behaviors on the part of the practicing clinician may lead to competent outcomes with real-world clients. The challenge of establishing competency standards, therefore, includes addressing the complexity of setting a standard that is meaningful and clear while also leaving room for the many varied paths possible in successful practice. Thus, a “one-size-fits-all” orientation to competent clinical practice must be resisted.

Expertise Versus Mere Competence

Dreyfus and Dreyfus (1986) identified a five-step process by which humans move from novice to expert in any domain of occupation. These five steps include (a) novice, (b) advanced beginner, (c) competent, (d) proficient, and finally (e) expert. Instead of focusing only on what counts as competent practice, some have advocated that the field of MFT should strive for expertise. Skovholt and Jennings (2004) explore the concept of expertise in counseling and therapy delineating an expert from a novice in that experts "see the words, pieces, or notes within a context of accumulated experience, knowledge, and wisdom. This allows the expert to see deeper, faster, further, and better than the novice" (p. 4). This orientation toward defining expertise versus mere competence has also been seen in the field of teacher education. One example of this is Leithwood's (1992) model of professional expertise regarding the process of teacher development. In Leithwood's model a teacher undergoing training moves through six stages from (a) developing survival skills, (b) becoming competent in basic skills, (c) expanding flexibility, (d) acquiring expertise, (e) contributing to the growth of colleagues' expertise, and (f) participating in a broader array of decisions at all levels. As expertise is the final goal in professional development, some teacher educators argue that we should orient our standards to the development of expertise versus mere competence (Acheson & Gall, 2003).

THEMES IN THE PATHWAY TOWARD COMPETENCY

In its most noble aim, competency assessment is primarily outcome oriented, with the goal being to evaluate the effective application of knowledge and skill in a practice setting. In interviews and reviews of the competency literature of different disciplines, common training steps toward competency begin to emerge. The first step is typically very didactic in nature, in which trainees are expected to learn the core information of the field. For example, research librarians may need to learn the types of information retrieval systems available (Association of College and Research Libraries, 2000). In agriculture, trainees learn about soil composition (Bajracharya, Lal, & Kimble, 2000). In German public services, they may be required to have knowledge of the field's strategic management concepts (Horton, Hondeghem, & Farnham, 2002). The second step generally involves both ongoing compartmentalized evaluation of the trainee's absorption of this material and a test aimed at assessing overall retention. The third step is an application of academic knowledge in the professional field. For instance, in education a trainee would begin working as a student teacher in a local school (National Commission on Teaching and America's Future, 1996). A student of law may begin an internship with a private law office or government agency (Daly, 1998). Concurrent to the third, the fourth step is a period of mentorship and supervision that provides a source of direct observation, evaluation, and feedback. The final step toward competency typically involves a capstone event in which a trainee demonstrates overall professional ability. This phase provides a final opportunity for trainers to evaluate and provide feedback about the competence of the trainee. In reviewing the professional literature, it was noted that some form of these steps is found almost universally across disciplines. One also finds that these steps are consistently organized around competencies that have been defined by the discipline's professional organization.

When examining core competencies, professional organizations typically follow a common path of (a) defining competency, (b) aligning competency definitions with the organization's values, (c) identifying and listing the competencies, (d) investigating curricula, implementation, and evaluation protocols, and (e) struggling under the enormity and complexity of the task. Difficult questions often emerge from this process. For instance, prior to the MacCrate Report, the legal profession asked whether it had adequately determined the "skills, attitudes, character traits, and qualities of mind required of lawyers" (Wahl, 1989). In addition, they questioned whether newly admitted (to the bar) lawyers were competent, adequately trained, and able to effectively practice without supervision. The Accreditation Council for Graduate Medical Education (ACGME), which regulates the accreditation of nearly 7,800 residency programs, also encountered these questions. For instance, the ACGME Outcome Project—a program that evaluates resident development in light of six core competencies—described their struggle to

identify useful assessment tools and align curricula and education experiences with core competencies (ACGME, 1999). Despite these difficulties, disciplines are increasingly finding entry points in efforts to address competency.

AVENUES TO COMPETENCE

The many challenges faced by one discipline in the pursuit of core competencies will likely be faced by all other—even dissimilar—disciplines. In the same way, although discipline-precise competencies differ, the *mechanisms* that aid in one's development of competencies appear to be quite similar across disciplines (Platt et al., 2004). The dominant themes regarding the mechanisms for training and education can be organized into four categories: (a) admissions and screening, (b) evaluation, (c) systematic curricula and training, and (d) supervision and continuing education. These mechanisms, or avenues to competence, appear repeatedly throughout core competency literature. The following section discusses each of these avenues and outlines questions and considerations for family therapy.

Admissions and Screening

Application for admissions to training could be considered the most significant step to competence. Few professions have empirically validated instruments and protocols that reliably and accurately measure and select applicants. Instead, across disciplines, professions seem to rely largely on vague indicators, test scores, and widely varied procedures. As such, many disciplines are faced with working to better understand and measure (a) essential aptitudes specific to their field and (b) the establishment of admission or screening protocols that foster accurate admission decisions.

An example can be found in Smithers, Catano, and Cunningham's (2004) study that examined whether the use of personality measures, in addition to typical measures including an interview and the Dental Aptitude Test, would better predict performance and competency as a dentist. According to their findings, openness to ideas and positive emotions—factors identified with the personality measure—improved prediction of performance beyond previous methods. In the field of law, Glen (2002) questioned whether the Law School Admission Test (LSAT) adequately screens applicants and challenged the legal profession to reexamine the characteristics of a competent attorney. In addition, Glen contemplated how key attributes are evaluated prior to admission.

Family therapy faces similar questions. Are there particular, essential a priori traits associated with competent family and couples therapists? And, if so, to what extent do our current instruments and admissions and screening protocols fairly and accurately discriminate? How often do Type I and Type II admission errors occur? Moreover, how might this kind of profiling account for the diverse ways aptitudes are manifest among diverse applicants? Although the characteristics of accomplished therapists have been debated in the literature, the essential underlying aptitudes that separate well-qualified from poorly qualified applicants have not been systematically studied (Wampold, 2001). Empirically derived instruments to predict competent applicants do not exist in family therapy.

Evaluation

Evaluating the degree to which individuals attain competencies is complex and garners a great deal of attention across disciplines. Many evaluation-related issues transcend core competencies literature. For instance, a committee representing the American Federation of Teachers, the National Council on Measurement in Education, and the National Education Association developed standards for teacher competence in the assessment of students (Committee for Standards for Teacher Competence in Educational Assessment of Students, 1990). This is complicated in that it involves two levels of assessment—assessing students, and assessing the ability of teachers in training to assess students. Reflecting a different kind of complexity, the ACGME argued that accreditation captures ''the potential of a program to educate residents by focusing on structure and process components'' (ACGME, 1999). Evaluating student potential is accomplished by measuring the degree to which programs comply with existing requirements. The

ACGME and many other organizations across disciplines, however, have turned their attention from "structure and process components," similar to Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requirements, to an additional emphasis on outcomes. Measuring outcomes is complex and can be instrumental in molding a field of study. Disciplines must intelligently select where, when, and how to direct their measurement attention.

In 2006, COAMFTE implemented Version 11.0 of its Accreditation Standards (COAMFTE, 2006). This new version represents a major change in the basic philosophy of accreditation standards for MFTs. Specifically, the COAMFTE moved from an input-based system of curriculum organization to an output-based philosophy. With input-based systems, the emphasis is on providing certain well-defined quality training experiences for the student (i.e., 500 supervised client contact hours, 100 hr of supervision, and specific coursework in defined areas of study). Output-based systems evaluate effectiveness by defining the outcomes expected from a competent therapist, which may be guided by the core competency standards (Nelson et al., 2007). Therefore, tools to efficiently evaluate student competency outcomes are essential.

Systematic Curriculum

Justice Rosalie Wahl (1989), Minnesota Supreme Court Justice, argued that legal education needed to recommit to teaching students how to learn systematically from experience and simultaneously educate them in a broader range of legal analysis and skills than have traditionally been taught. In addition, many disciplines discuss the value of carefully aligning core competencies, curriculum, and evaluation. Finally, systematic efforts to create real-world training experiences—that are aligned with core competencies and anticipate common situations encountered by practitioners—can be found in the literature. For instance, the Objective Structured Clinical Examination (OSCE; Harden, Stevenson, Downie, & Wilson, 1975), which exposes physicians in training to reality-based simulations via "stations," is designed to develop clinical competency. A given station may require a physician to meet with a mock parent and child to discuss a referral to see a family therapist, or to give difficult news to a mock cancer patient. In this way, instructors can proactively expose trainees to situations that will foster the development of core competencies. This may be an enhancement to training strategies, such as raw data live supervision—one of the strengths and hallmarks of family therapy training—that wait for experiences to occur, and then capitalize on the teachable moment. An adapted version of the OSCE has been developed for use in family therapy training (Lesser-Bruun, Platt, Miller, & Todahl, 2005; Openshaw, Miller, Todahl, & Platt, 2006). This training tool uses mock role-play with prescripted situations designed to emulate common family therapy clinical impasses (i.e., couple or family actually fighting in session; Hodgson, Lamson, & Feldhousen, 2007).

Supervision and Continuing Education

Many disciplines regard supervision as the most essential avenue to competence. Blanco and Buhai (2004) argued that effective supervision is the most essential element of law student training in an off-campus setting or externship. Supervision affords direct access to students' thinking, and in the case of live and videotaped observation, direct access to their work. In this way, supervisors can directly assess the degree to which students are achieving core competencies. However, many disciplines seem to struggle with (a) adapting supervision to student developmental needs, (b) effectively evaluating competencies in the context of supervision, and (c) creating effective links between university training programs and off-site agencies (Gardner, Bobele, & Biever, 1997). In particular, training programs across disciplines struggle to align program-based instruction with agency-based instruction so that information learned in the program is supported by agency supervisors and reinforced in agency supervision. In an effort to develop joint standards for field supervision—and to align program and agency supervision philosophy—six ABA-accredited law schools in 1993 formed the Greater Los Angeles Consortium on Externships (GLACE). GLACE promoted a structured, manual-based supervision format and an active interplay between the employer/supervisor and the student, with the responsibility for supervision divided between them (Alexander & Smith, 1998).

How will MFT supervision create similar links between training programs and agency-based supervisors? How will training programs ensure that core competencies are communicated,

supported, and reinforced by disparate agency supervisors? This issue is also relevant for MFT continuing education. For instance, the MacCrate Report argued that education should be regarded as a developmental process, beginning with experiences prior to admission and continuing through formal university-based training and postdegree continuing education (Anderson, Kanter, & Slane, 2004). Although most states that regulate MFTs include continuing education requirements, these requirements have not been systematically informed by AAMFT core competencies or the outcome literature. The core competencies were developed to reflect the competency level expected for a beginning licensed MFT, but the process of communicating the competencies to MFT trainees will need to begin long before licensure.

CROSS-DISCIPLINARY CONSIDERATIONS: THE PATH TOWARD COMPETENCY

This brief exploration of how competency has been considered across numerous disciplines sheds light on the complexity and importance of the endeavor. The efforts of those outside the field of MFT also provide an opportunity to glean a number of useful considerations. The first consideration is that core competencies create a path, and the direction is determined by the organization's core values. Professions avoid many pitfalls by beginning with the end in mind (i.e., outcomes). John Chen, chairman and president of Sybase, a company that has become one of the fastest-growing wireless companies in the world, stated, "My advice? Have a vision, and use your core competencies to get there" (National Post's Financial Post and FP Investing, 2004).

The second consideration is that competence is often best conceptualized as an ongoing dialogue rather than a destination. In Robert Pirsig's 1991 novel, *Lila*, a character debating whether quality *can be* defined comments, "It wasn't that the question wasn't answerable. It was answerable but the answer went on and on and you never got done" (p. 159). Descriptions of competence need to be dynamic, and mechanisms need to be put in place for modifying them as change in the field occurs.

A third consideration is the need not to lose an "expertise orientation" while ensuring that trainees meet minimum competency levels. MFT educators and supervisors have the responsibility to "not permit students or supervisees to perform or hold themselves out as competent to perform professional services beyond their training level of experience, and competence" (AAMFT, 2001, p. 2). It can be difficult for supervisors to know if they are meeting this charge given the lack of clear and concrete competencies. Supervisors may particularly feel the weight of this responsibility given the growing litigious nature of our society. Unfortunately, a focus aimed at assisting the least effective trainees to avoid doing harm can result in loss of the idea of expertise. Therefore, a balanced effort is important to address both the floor and the ceiling of competence (Kaslow et al., 2004).

A fourth consideration is the importance of utilizing many data sources in evaluating and assessing competence (i.e., outcomes, supervisors, administrators, and other interested parties). Primarily, the broad nature of competency can lead to any individual measurement failing to capture its complexity. Multiple forms of assessment are needed to address the complexity of the process of providing a quality service.

A final consideration is the importance of addressing how core competencies will be applied in a field that is predominantly informed by postmodern thought. In medicine, for instance, J. J. Chan and J. E. Chan (2000) state, "The current foundation of medical knowledge and its essence of practice are significant constraints which will inhibit its ability to change with the times. In effect, medicine is becoming a modernist phenomenon which can neither progress nor provide the necessary service to a society which is increasingly postmodernist" (p. 5). The postmodern debate appears in the professional literature of many varied fields. As the MFT field is significantly impacted by postmodernism, forethought should be given to how core competencies can be applied within this context. Clinical supervision, for example, provides a primary context in which competencies are taught and has been significantly impacted by the postmodern movement. Moreover, perhaps one of the more prominent areas of supervision that is being increasingly impacted by postmodernism is the process of evaluation. Historically,

evaluations have been based on the premise that there are specific skills or more correct ways of functioning as a therapist. If adopted, postmodern concepts may lead to evaluations looking significantly different in the future (Platt, 2002).

Currently, the eight programs that have been selected by AAMFT to act as beta test groups are experimenting with efforts to implement the competencies as they are currently constructed. Many others within the field also will likely begin considering how these competencies might be addressed and the challenges posed by this agenda. In doing so, it will be important to identify and avoid the common pitfalls and unanticipated consequences that other fields have discovered. Additionally, addressing the five considerations discussed previously will likely strengthen efforts to move forward productively. AAMFT's objective to implement core competencies for the field of MFT is monumental in its required effort and its implications. This effort is consistent with the competency movement in other professional fields. Thus, it seems that the time has come to more clearly articulate the unique skills held by members of our profession. This invites the field of family therapy into a process of intense epistemological clarification. We have an opportunity to review what the discipline is, decide what should be valued, detail what makes it similar to, and distinct from, other mental health professions, and continuously engage in a process that will shape its future.

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