# Clinical Training of MFTs for Adoption, Foster Care, and Child Development Settings: A Comparative Survey of CACREP, COAMFTE, and CSWE Accredited Programs

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**ABSTRACT.** Marriage and family therapists (MFTs) are well prepared to work with clinical issues related to adoption, foster care, and child welfare. Yet, it is unclear how many MFTs see these as viable career opportunities, and it is also unclear if typical clinical training includes content in these areas. Surveys were sent to Commission for Accreditation for Marriage and Family Therapy Education (COAMFTE), Council for Accreditation of

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Counseling and Related Educational Programs (CACREP), and Council of Social Work Education (CSWE) clinical training programs to assess levels of training in three content areas: adoption, foster care, and child development. Results indicated that many graduates from COAMFTE accredited programs enter adoption and foster care work settings. Although COAMFTE graduates are well trained in child development, most MFTs, social workers, and counselors lack specific training in adoption and foster care. This study has curricular, funding, and mental health parity implications.

**KEYWORDS.** Adoption, foster care, child development, clinical training, MFT

As practitioners in a young mental health discipline, marriage and family therapists (MFTs) have sought to legitimize themselves in regard to treatment recognition and parity for reimbursement (Bowers, 2006; Law & Crane, 2000). Marriage and family therapy has achieved recognition by the federal government as one of the five core mental health disciplines (Manderscheid & Henderson, 2000; see also AAMFT, 2006a, 2006b, 2006c) and has a large body of research supporting its effectiveness (Pinsof & Wynne, 1995; Sprenkle, 2002). Yet, some are reluctant to acknowledge that the work of marriage and family therapists is as legitimate as is other mental health professions. Extensive efforts have been made (and funds utilized) to place MFTs on par with other mental health professions in terms of access to governmental and insurance funds, as well as licensing opportunities (AAMFT, 2003, 2006b).

The American Association for Marriage and Family Therapy (AAMFT), the American Counseling Association (ACA), and the National Association of Social Workers (NASW) each lobby for legislation and vie for resources available to mental health professionals in their constituencies (as do psychologists from the American Psychological Association [APA] and psychiatrists from the American Psychiatric Association—also known as APA). These accrediting bodies are designed to ensure that educational programs are training clinicians to be knowledgeable and competent in their respective fields. For example, AAMFT has the Commission for Accreditation for Marriage and Family Therapy Education or COAMFTE, ACA has the Council for Accreditation of Counseling and Related Educational Programs or CACREP, and NASW has the Council of Social Work Education or CSWE. These three professions in particular often find themselves competing against each other in their lobbying efforts for mental health parity (Hartley, Ziller, Lambert, Loux, & Bird, 2002).

A commonly overlooked area with clear mental health parity implications is the opportunity for MFTs to work in the child welfare systems. Zlotnik (2003) has highlighted the need for knowledgeable and skilled clinicians in this area: "There is a workforce crisis in child welfare . . . Child welfare agencies throughout the country are challenged to recruit and retain competent child welfare staff to carry out their adoption, family support, foster care, protective service and family preservation programs" (p. 5). Clearly, there is a need for competent clinicians who can be of service to families where child welfare issues are at stake.

There may exist the assumption that adoption, foster care, and to a lesser extent, child development issues are better treated by clinical social workers than by MFTs. However, family therapists' systemic knowledge and training in family dynamics may mean that they would be appropriate and in some ways ideal providers of services for these areas (e.g., Lee & Whiting, in press; Weir, 2001). Family therapists in accredited programs receive coursework and/or demonstrate knowledge of human development, family dynamics, systems theory, and family therapy theory and practice. These topical areas are emphasized in the AAMFT Core Competencies and are critical when working with families in child welfare settings. For example, adoption and foster care work is multilevel, complex, and needs a clinician who is well versed in systems and ecosystems theories (Lee & Lynch, 1998). Likewise, the understanding of family systemic development is helpful when working with children and their families (Andreozzi, 1996).

Research efforts over the past 2 decades have established the effectiveness of marriage and family therapy in treating a wide variety of mental health and relationship disorders (Manderscheid & Henderson, 2000; Northey, 2002; Pinsof & Wynne, 1995; Sprenkle, 2002). Additional studies have demonstrated the financial benefits of marriage and family therapy, indicating a significant decrease in the utilization of health care services by those who receive marital and family therapy (Law & Crane, 2000; Law, Crane, & Berge, 2003). These studies present compelling data useful for parity advocacy for MFTs.

A large body of scholarship is devoted to adoptive children and families (Kirk, 1984; Smith & Howard, 1999; Weir, 2003, 2004), foster families (Hallas, 2000; Maxey, 2004; Russell, 2002; Schofield & Beek, 2005; Whiting & Lee, 2003), child development (Bailey, 2000; Bukatko & Daehler, 2001), and clinical treatment issues in child welfare services (Clark, Thigpen, & Yates, 2006; McWey, Henderson, & Tice, 2006; Tan & Marfo, 2006; VanFleet, 1994; Weir, 2006; Wrobel, Hendrickson, & Grotevant, 2006). However, the research about clinical training specific to adoption issues, foster care, and child welfare is sparse and mostly located

in the social work literature (Clark, 2003; Deaton & Clark, 1987; Zlotnik & Cornelius, 2000). For MFTs, most training in adoption, foster care, and child development work issues happens as a part of postgraduate continuing education (Owens-Kane, Smith, & Brinson, 2005) or "on-the-job" training (Deaton & Clark, 1987).

Although we have suggested that MFTs receive training that enables them to effectively serve in child welfare settings, it is unclear from the extant research what specific course content MFTs are exposed to in regard to working with adoption, foster care, or child welfare issues. It may be that therapists who are trained under different accreditation standards tend to receive content emphases in different areas. As educators/participants in clinical training programs from varying accreditation types, we have observed many clinicians who enter work settings primarily devoted to adoption or foster care, yet lack specific coursework in these areas. It would be helpful to know what family therapy programs are teaching in these areas, and it would also be helpful to know the extent to which family therapists are working in these settings.

## *PURPOSE OF STUDY*

The purpose of this study was to survey family therapy clinical training programs to assess the preparation and training of their graduates in specific child welfare areas. Specifically, the survey was designed to answer the following research questions: (a) Are graduates of family therapy programs working in child welfare settings? (b) Do accredited clinical training programs offer specific coursework and training in adoption, foster care, and child development content areas? (c) If training in these three content areas is offered, in what manner (didactic courses, practicum/internship, and/or field placement experiences) is the training offered? (d) What attitudes about graduate level training in adoption, foster care, and child development do programs have? (e) Do differences in accreditation type (CACREP, COAMFTE, and CSWE) affect clinical training in adoption, foster care, and child development?

## *METHODS*

Appropriate university Institutional Review Board (IRB) approval was secured prior to the commencement of the survey project. Contact

information was obtained about accredited clinical programs from CACREP, COAMFTE, and CSWE through the websites of ACA, AAMFT, and NASW, respectively. Because CACREP accredits several differing types of counseling programs (e.g., higher education, school counseling, mental health counseling, community counseling, and marriage and family counseling/therapy), only programs who listed accreditation in marriage and family counseling/therapy and community counseling were surveyed.

Surveys, along with a letter of informed consent, were mailed to the program directors/administrators of all of the master's level clinical training programs in the United States accredited by CACREP, COAMFTE, and CSWE. The surveys were sent to 433 accredited clinical training programs: 157 CACREP programs, 83 COAMFTE programs, and 193 CSWE programs. The surveys were color coded to track accreditation type and were numerically coded to track which programs had responded. After 2 months the response rate was at 20%, but after follow-up phone calls by a research assistant the final response rate reached 51.7%.

Although a master list of clinical training programs and numerical coding on the surveys was used for tracking purposes (in an effort to increase response rates through follow-up phone calls), for confidentiality purposes no names of individuals nor identifying information about specific clinical training programs is given. Breakdown by accreditation is as follows: 78 of the 157 CACREP programs responded (49.7%), 42 of the 83 COAMFTE programs responded (50.6%), and 104 of the 193 CSWE programs responded (53.9%), for a total sample of 224 accredited clinical training programs (N = 224).

The survey requested demographic information regarding the program's accreditation type, regional location, number of students, and number of faculty. The survey requested information about the training students received in the three content areas: adoption, foster care, and child development. For example, respondents were asked if they had courses specifically focused on clinical work with adopted individuals, children, and/or families. If so, they were asked to list the title and course number of the course, how frequently the coursework was offered, and if the coursework was required, an elective, or included as a subcomponent in another related course. The same questions were asked about specific coursework in foster care and again about child development.

The next section of the survey asked if students in their clinical training program were required to have practicum, internship, or field experiences in adoption, foster care, or child development related settings. Additionally, program directors were asked to respond to a series of Likert scale questions

regarding attitudes toward clinical training of adoption, foster care, and child development. In the last section, respondents were asked to estimate what percentage of their graduating students entered work settings primarily devoted to adoption, what percentage of their graduating students entered work settings primarily devoted to foster care, and what percentage of their graduating students entered work settings primarily devoted to child development.

Analysis of the data was conducted on SPSS. Frequency distributions, percentages, cross-tabulations, chi-square tests, means, standard deviations, and analysis of variance (ANOVA; for the Likert scale questions) were conducted.

## *RESULTS*

Table 1 presents the percentages of graduates working in adoption and foster care settings, and Table 2 presents the data concerning the percentages of responding accredited clinical training programs that provide specific coursework in adoption, foster care, and child development content areas.

COAMFTE accredited programs report that 19.77% of their graduates work in settings primarily devoted to adoption or foster care (8.41% in adoption and 11.36% in foster care), yet only 4.8% of COAMFTE programs surveyed report having specific coursework in adoption and foster care content areas. Of COAMFTE programs responding 40.5% indicate that adoption content is included as a subcomponent of another course and 47.6% indicate that foster care is included as a subcomponent of another course.

TABLE 1. Percentages of graduates entering adoption and foster care fields

| | Adoption Settings | Foster Care Settings | Total |
|---|---|---|---|
| CACREP | 6.37 | 7.01 | 13.38 |
| COAMFTE | 8.41 | 11.36 | 19.77 |
| CSWE | 10.55 | 15.15 | 25.70 |

*Note.* CACREP=Council for Accreditation of Counseling and Related Educational Programs; COAMFTE = Accreditation for Marriage and Family Therapy Education; CSWE = Council of Social Work Education.

TABLE 2. Percentages of responding accredited programs concerning specific coursework in adoption, foster care, and child development content areas

| | Adoption | Foster Care | Child Development |
|---|---|---|---|
| CACREP | 5.2 | 2.6 | 87.0** |
| COAMFTE | 4.8 | 4.8 | 90.5** |
| CSWE | 16.3* | 22.1** | 63.1 |

*Note.* CACREP = Council for Accreditation of Counseling and Related Educational Programs; COAMFTE = Accreditation for Marriage and Family Therapy Education; CSWE = Council of Social Work Education. *$p < .05$. **$p < .0001$.

Responding CACREP accredited programs indicated that 13.38% of graduates work in settings primarily devoted to adoption and foster care (6.37% in adoption and 7.01% in foster care). However, only 5.2% of CACREP programs surveyed reported having specific coursework in adoption, and only 2.6% of CACREP programs surveyed reported having specific coursework in foster care. CACREP programs reported that 54.5% include adoption content as a subcomponent of another course.

Comparatively, responding CSWE accredited programs indicated that 25.7% of their graduates work in settings primarily devoted to adoption and foster care (10.55% in adoption and 15.15% in foster care). Of CSWE programs, 16.3% (significant at $p < .05$) have specific coursework in adoption and 22.1% (significant at $p < .0001$) have coursework in foster care. This indicates that CSWE programs do offer more specific courses in adoption and foster care at a significantly higher proportion than CACREP and COAMFTE programs.

Both CACREP and COAMFTE accredited programs require significantly more didactic coursework on child development than CSWE programs (87.0% CACREP, 90.5% COAMFTE, 63.1% CSWE).

The data in Table 3 suggest that few programs emphasize practicum, internship, or field work experiences that require student-clinicians to directly work with adoption and foster care. COAMFTE programs were significantly more likely than either CACREP or CSWE programs to offer practicum and internship experiences requiring involvement with foster care families. Both CACREP and COAMFTE programs

TABLE 3. Percentages of practicum, internship, or field work experiences that require adoption, foster care, and child development experiences

| | Adoption | Foster Care | Child Development |
|---|---|---|---|
| CACREP | 3.9 | 1.3 | 44.7** |
| COAMFTE | 11.9 | 11.9* | 47.6** |
| CSWE | 10.8 | 10.8 | 16.7 |

*Note.* CACREP = Council for Accreditation of Counseling and Related Educational Programs; COAMFTE = Accreditation for Marriage and Family Therapy Education; CSWE = Council of Social Work Education.
*$p < .05$. **$p < .0001$.

TABLE 4. Attitudes concerning training for adoption and foster care settings primarily through practicum, internship, or field work experiences

| | Mean | SD |
|---|---|---|
| CACREP | 3.56 | 0.94 |
| COAMFTE | 3.67 | 0.90 |
| CSWE | 3.27 | 1.09 |

*Note.* Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). CACREP = Council for Accreditation of Counseling and Related Educational Programs; COAMFTE = Accreditation for Marriage and Family Therapy Education; CSWE = Council of Social Work Education.

offer significantly more practicum and internship experiences with children in child development profession-related settings than did CSWE programs.

The data from Tables 4 and 5 reveal that MFT and counselor educators were significantly more likely than social work educators to believe that training student-clinicians for adoption and foster care settings should be conducted primarily through practicum, internship, and/or field work experiences rather than through didactic coursework.

TABLE 5. Attitudes concerning training for adoption and foster care settings primarily through practicum, internship, or field work experiences (analysis of variance)

| Source of Variance | SS | *df* | MS | *F* | Sig. |
|---|---|---|---|---|---|
| Between groups | 6.370 | 2 | 3.185 | 3.153 | 0.045 |
| Within groups | 220.173 | 218 | 1.152 | | |
| Total | 271.749 | 220 | | | |

SS = sum of squares; *df* = degrees of freedom; MS = means square; *F* = F ratio; Sig. = significance.

## *DISCUSSION*

Although some programs reported addressing adoption and foster care as a subcomponent of a class, specific coursework in this area appears to be rare. Although social work programs were significantly higher than MFT and counselor training programs in offering adoption and foster care-specific coursework, only 16.3% of the CSWE accredited programs offered specific adoption courses and 22.1% offered foster care courses. It also seems that COAMFTE and CACREP programs are more likely to approach training in adoption and foster care settings primarily through practicum and/or internship experiences, whereas CSWE programs report using didactic approaches. The majority of clinical training programs do not offer specific training in either adoption or foster care content areas, despite the findings that a significant proportion of graduates from all three accreditation type programs work in these settings.

COAMFTE accredited programs have a similar percentage of graduates entering adoption and foster care fields as CSWE programs and have a higher percentage of graduates entering adoption and foster care work settings than do CACREP programs (although in terms of raw numbers social work programs have more graduates entering the adoption and foster care fields due to the significantly larger number of CSWE programs in the country). Nearly one fifth of graduates from COAMFTE programs work with adoption and foster care clinical issues, but only 4.8% of the COAMFTE programs offer specific coursework in that field. Clearly, a discrepancy exists in the numbers of graduates working in adoption and foster care settings and the amount of training that is offered in these specific areas. The results of this study suggests that clinicians from all three types of accredited training programs need more specific training in adoption and foster care. In particular, MFTs need

more didactic and practicum-specific training in adoption and foster care to prepare them for the jobs the market is offering.

Finally, discussion of the relevance of this study's findings as they pertain to the AAMFT core competencies, specific suggestions of curricular items for the inclusion of adoption and foster care content areas, and the potential funding opportunities that may exist is warranted.

## *Marriage and Family Therapy Core Competencies*

The essential knowledge and clinical competence of marriage and family therapists has been given significant attention during recent years (Nelson, 2005; Lyle et al., 2006). Part of this has involved the work of the AAMFT Core Competency Task Force, which has developed a matrix of core competencies that represent the minimum level of knowledge and clinical skills expected of licensed MFTs (AAMFT, 2004). The competencies address relevant perceptual, conceptual, executive, evaluative, and professional skills associated with the following domains: (a) admission of clients to treatment; (b) clinical assessment and diagnosis; (c) treatment planning and case management; (d) therapeutic interventions; (e) legal issues, ethics, and standards; and (f) research and program evaluation.

Although the Core Competencies do not require specific training in adoption or foster care work, they do address knowledge and clinical areas related to human development, family development, family dynamics, and clinical treatment of families. It is recommended that individual MFT programs add training related to adoptive and foster care families to their required coursework and student learning outcomes, either as a specific class or as a subcomponent of an existing class. The COAMFTE may also consider including these topics as part of the Core Competencies.

## *Recommended Curricular Items for Inclusion of Adoption and Foster Care Content Areas*

We recommend that, given the significant number of MFTs entering adoption and foster care settings, clinical programs that train MFTs (both CACREP and COAMFTE) include specific coursework (both didactic and practicum-oriented) regarding adoption and foster care content areas. Items to consider including would involve attachment theory; methods of adoption (e.g., private agencies, public agencies, international adoption, and others); positive adoption/foster care language; the adoption triad; systems and extended family systems of adoptive, foster, and birth families; individual and family development needs of adopted/foster children and

their families; the organizational, legal, and financial components of the child welfare system; risk and ritual in the adoption process; concurrent planning; family reunification services; effects of multiple placements in foster care; various play therapy models; behavior modification approaches; and adoption/foster care-specific practicum/internship opportunities (if possible).

### *Funding Opportunities*

Because both MFT and counselor educators hold the attitude that training for adoption and foster care content areas should occur in practicum or internship settings, COAMFTE and CACREP programs may be in an advantageous position to collaborate with child welfare agencies and obtain Title IV-E funding for their students. Title IV-E gives funds to students who commit to service in the child welfare systems upon graduation. Educational programs must establish collaborations with child welfare agencies in their state, among the other several requirements (Zlotnik & Cornelius, 2000). MFT programs and their students would benefit from establishing practicum, internship, and postgraduate employment relationships with child welfare service under Title IV-E funding provisions.

## *CONCLUSION*

A considerable number of graduating MFTs from COAMFTE and CACREP programs enter child welfare careers and work settings devoted to the three content areas surveyed in this study (adoption, foster care, and child development). These COAMFTE and CACREP accredited training programs would serve their graduating students better if more specific coursework regarding adoption and foster care content areas were offered. This could be easily done by adding additional content through existing classes. For example, most family therapy programs have coursework that addresses specific treatment areas (e.g., teens, couples, and children) in which child welfare modules could be inserted. For example, programs could incorporate a 1- to 2-week learning module that includes readings and discussion of adoption and foster care-related issues and treatment implications. Inviting guest speakers who work in adoption/foster care settings is also an effective method of enhancing classroom instruction on these issues. However, with the growing market trend toward more MFTs working in the child welfare service agencies, forward thinking MFT training programs may wish to offer specific courses devoted to adoption and foster care content areas.

In comparing the levels of clinical training it is evident that both COAMFTE and CACREP accredited programs appear to significantly exceed CSWE accredited programs in the level of training in child development. Although CSWE accredited programs do have a statistically significant difference in the number of adoption and foster care coursework offered, the vast majority of CSWE programs (77.9%) do not offer specific coursework in either adoption and foster care content areas. The most tenable conclusion that can be drawn from this study is that there is a general paucity of specific training in adoption and foster care content areas at the master's degree level by CACREP, COAMFTE, and CSWE accredited clinical training programs. It is helpful to keep in mind, however, that the CSWE programs we surveyed were training family therapists, and these results may not be representative of CSWE programs who are training social workers only.

Given these findings, the presumption that social work graduates from CSWE accredited programs should have a privileged position in regards to the training, funding, and employment obtainment in child welfare is not supportable. Although at this time, CSWE accredited programs have some advantages (due to the historical preference given to CSWE accredited programs in these areas), the evidence from this survey indicates that MFTs graduating from both COAMFTE and CACREP accredited programs should be given an equal opportunity to work in the child welfare field. In terms of mental health parity issues, the realm of child welfare career training is a fertile ground where both COAMFTE and CACREP programs training MFTs have opportunities for growth and expansion. MFTs can be trained just as easily and serve just as capably (if not more so) as MSW degreed social workers to serve the needs of children and families in the child welfare systems. It is the responsibility of MFT educators to include curriculum to prepare their graduates to fulfill these roles that the current and future job market is providing.

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