

Validity of Admission Procedures in An Accredited Graduate Family Therapy Program

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Valid, reliable program admission criteria and applicant screening procedures are important to high quality graduate training of any kind. This need is perhaps more pronounced among disciplines such as family therapy where faculty-student contact is highly intimate over a long time period. Clinical training also demands students who serve clients in a responsible and ethical manner. Once in place, however, program admission criteria and the procedures used to screen applicants are seldom examined. The purpose of this study was to evaluate the effectiveness of the admission criteria and screening procedures used in an accredited family therapy degree program. Our intent in communicating the results is threefold: to describe admission criteria and procedures used in one program, to provide a model of evaluation perhaps useful to other programs, and to show how such an evaluation can change admission criteria and procedures.

THE SCREENING PROCESS

Students are admitted to the University of Wisconsin-Stout marriage and family therapy (MFT) program only in the spring of each year. Admission occurs in two steps: first through the Graduate School and secondly to the therapy program. The Graduate School asks applicants to submit copies of undergraduate and graduate transcripts, and a statement of reasons for applying along with the usual demographics. For the program application, candidates submit written statements describing their work experience, reasons for seeking admission, and their strengths and weaknesses as potential students. They must provide four reference letters which elicit written comments and Likert type ratings on several dimensions. Also, and perhaps to the dismay of some readers, each applicant is asked to submit a picture of themselves. The rationale for this seeming departure from affirmative action standards is to identify minority applicants so they can be recruited and to help supervisors recall applicant behavior during the last phase of the screening

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process. Admittedly, asking for a picture increases the likelihood of litigation from a disgruntled applicant who claims discrimination.

From the typical 80 or so applications in a year, the four therapy supervisors select approximately 30 for an interview. The criteria used are: undergraduate or graduate grade point average (GPA), experience as a helping professional (students must have several years of work experience in the helping professions), age/maturity (no students having limited life experience), gender (the number of male and female applicants who are accepted to the interview stage should approximately balance so the numbers of male and female students admitted to the program are roughly equal), and quality of references.

During the interview stage of the screening process, each invited applicant spends one day on campus. In the morning, applicants spend approximately 20 minutes in an individual interview with a committee composed of the four program supervisors, several faculty from other departments on campus who serve on the MFT Program Committee, current students, and graduated students. Immediately after each interview, every committee member completes a rating form on which the applicant's motivation, prior work experience, academic preparation, interpersonal skills, and overall suitability for the program are assessed. An average of the five scores is calculated for each applicant.

In the afternoon, each applicant takes part in a role play and feedback experience that is conducted by the advanced students in the marriage and family therapy program. Several weeks prior to the interview, faculty work with the students to map out the role play and to establish reliable criteria for ratings of applicants' performance. This portion of the screening is conducted by students to integrate them into the admission process in a truly meaningful way. Students seem highly adept at judging which applicants will thrive in the program.

Applicants are asked to take on the role of therapist in a role-played family. Their performance is observed by other applicants and rated by the students. Immediately after the role play, applicants are placed in small groups where they discuss their performance in the role play and give one another feedback. This interaction is also rated, and the students' ratings of each applicant are averaged.

Finally, each applicant's ratings from the morning interview and the afternoon role play are summed and the applicants are rank ordered by the summed scores. The four supervisors discuss the rank ordered list and re-rank where large discrepancies exist between morning interview and afternoon role play scores. The top 12 candidates are then offered admission to the program.

EVALUATION

The model for evaluating the above procedure was based on a similar evaluation conducted by Blashfield (1976) for the Department of Psychology at The Pennsylvania State University. All demographic information collected on application forms and all scoring conducted during the interview phase of the admission process were subjected to analysis.

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To determine whether the screening procedures actually differentiated applicants, three groups with complete sets of application materials from five consecutive years of admissions were compared: applicants to the program who were rejected outright ($n=74$), those interviewed but not accepted ($n=41$), and those who were admitted ($n=62$). Unfortunately, not all records were kept of those who applied but were rejected outright (approximately 50 per year), nor were all records kept of those interviewed but rejected (approximately 20 per year). Consequently, the sample for the study was not randomly selected nor did it include the complete population for the program over those five years.

Analysis of variance with the Scheffe Post-Hoc Comparison test of the variables (Figure 1) revealed that the admitted group and the group interviewed but not accepted differed on the morning interview score ($F(1,70)=22.61, p<.01$), the student role ratings ($F(1,48)=19.59, p<.01$), and the number of credits transferred from other universities ($F(2,174)=13.54, p<.01$). The admitted group differed from those rejected outright on the number of miles residing from the campus at the time of application ($F(2,174)=7.17, p<.01$), age ($F(2,174)=7.59, p<.01$), and number of credits taken in the program prior to application ($F(2,174)=11.99, p<.01$). Those interviewed but not accepted and those rejected outright differed only on the number of years since last university enrollment ($F(2,174)=4.62, p<.05$). The three groups did not differ on GPA (3.07 on a four point scale), number of years experience in the helping professions (2.22 years), number of years experience conducting family therapy (.12 years), length of reference letters (5.76 inches), nor the average summary evaluation score received from references (3.68 on a four point scale).

REGRESSION ANALYSIS

To determine how well the screening variables predicted student success at the end of the program, all variables were regressed on five dependent variables. These included a supervisors' Likert like rating of students at the end of training on 1) knowledge of theory, 2) knowledge of therapeutic skills, 3) potential for success in the field, 4) professionalism, and 5) overall therapeutic effectiveness.

The best predictor of students' knowledge of theory was the morning interview score ($r^2=14.10$). The next best predictor was an inverse relationship with the number of course credits taken from the curriculum before admission ($r^2=6.91$). Together, these two variables accounted for 21.01% of the variance in supervisors' ratings of student knowledge of theory. These findings indicated that the morning interview contributed meaningful and valid information to the screening process. This conclusion is warranted even though the supervisors who conducted the morning interview (together with other campus faculty and students) also supplied the post-training ratings because a minimum of two years passed between students' interview ratings and their post-training ratings. Another conclusion from these findings is that the weakest students in terms of theoretical sophistication at the end of training may have been those who were admitted to the program because they were known to the faculty and the students through course work taken before admission. An alternative explanation is that for these students, too much time

passed between when the theory courses were taken and when the practicum aspect of the program integrated theory with practice.

Figure 1

Variables Analyzed
<i>Application Variables</i>
Number of Credits Taken in Program Prior to Application
Number of Miles Living from Campus at Time of Application
Length of Reference Letter in Inches
Reference Letter Rating
Age
Grade Point Average
Experience Practicing MFT
Counseling Experience
Credits Transferred
Morning Interview Score
<i>Post-training Variables</i>
Knowledge of Theory
Knowledge of Therapeutic Skills
Potential for Success
Professionalism
Overall Therapeutic Effectiveness

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Students' therapeutic skill was best predicted by the role play scores ($r^2=8.82$), a negative relationship with age ($r^2=6.71$; the older the student, the lower the skills ratings), followed by a negative relationship with the length of the reference letters ($r^2=5.29$; the longer the letters, the lower the skills ratings). Together, these variables accounted for 20.82% of the variance in the therapeutic skills ratings. These results validated the importance of the role play component in the screening process.

On predicted success in the field, the role play score was the only significant variable, and it accounted for 8.58% of the variance. On the professionalism and the overall ratings, not enough variance in ratings was obtained to generate predictors.

DISCUSSION

Overall, the results of the study only partially upheld the validity of the screening process. Some information which was collected to make admissions and interview decisions (GPA, for example) either was ignored, not used in a reliable manner, or is irrelevant to success in the program. In terms of predicted student success from the admissions variables, the morning and role play interviews, to which most time was allocated, were the most influential variables. These findings both challenged and supported faculty assumptions about how to screen applicants and what to assess.

Interviewing applicants appears to be a good way of determining how well they will succeed in family therapy training. Seeing and talking with a prospective student provides information about interpersonal skills and character. Although not intended, live interviews also show how a candidate copes with stress. Most programs require an interview even if the candidate must travel a long distance.

Another common screening variable in most programs is maturity as indexed by age. We assume that the role demands of the family therapist include a presentation of a mature self-image that encourages clients to openly disclose and to trust their therapist. The finding that age at application was inversely related to therapeutic skill was a definite challenge to our hidden assumption that age is an index of maturity. Once again, the need to interview applicants was supported.

Taking a closer look at the screening procedure produced several changes. Students attempting to gain admission via the back door approach, by applying after completing much of the non-practicum family therapy course work, are now examined more closely. The emphasis on age as an indicator of life experience has been tempered. Also, the reliability and validity of the interview ratings have been improved through more standardization of the role-play and redesign of rating forms. These changes came about by evaluating how we screen applicants.

REFERENCES

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