Chaminade University
OF HONOLULU

Doctor of Marriage and Family Therapy

SCHOOL *of* EDUCATION
and BEHAVIORAL SCIENCES

Handbook: Formal Clinical Presentation

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THE DMFT PROGRAM AT CHAMINADE UNIVERSITY

Overview of DMFT

The Doctor of Marriage and Family Therapy (DMFT) at Chaminade University is an advanced clinical degree program with a focus on service, justice, and peace applications to couple, marriage and family therapy. The Doctor of Marriage and Family Therapy program embodies a relational/systemic philosophy, follows the practitioner-scholar model and focuses on applied skill development for use in clinical practice, supervision, academia, and administration. The DMFT is a 62 credit program (depending on student's education background) requiring three years of full time study for completion.

The program is designed to prepare individuals for leadership roles and careers as private practitioners, agency administrators, clinical supervisors, program developers, evaluators, faculty in institutions of higher education, and senior clinicians. The DMFT is a dynamic program that is committed to the development of the ‘self of the practitioner’.

The Chaminade DMFT has been developed on a firm foundation in the Marianist Educational Values of a formation in faith; quality education; family spirit; service, justice and peace; and adaptation and change. Each of these five core values are incorporated throughout the program to help graduates develop as not only practitioners but also as whole individuals who are ready to lead and serve.

Our aim is to prepare practitioners and leaders who think systemically, promote cultural humility and socially just-informed practices and programs, transfer knowledge to practice and policy, evaluate and practice evidence-informed couple and family therapy approaches and actively contribute to the ongoing development of the profession in Hawaii. While building the skills, individuals will be well-grounded in the ideas of service, justice, peace, and ethical practice. Special attention is given in this program to the ethical treatment and honoring of indigenous peoples and groups including Native Hawaiians and Pacific Islanders, in addition to other diverse populations.

Students admitted into this program should have a strong desire to enhance their cultural awareness and cultural safety as practitioners and be committed to service, justice, health, and peace. Graduates of this program will be trained to systemically intervene and address mental health disparities at family and community levels. Within this program, doctoral graduates will be able to be research-oriented clinicians, clinically oriented researchers, therapist educators, and clinical supervisors.

Mission Statement for Doctorate in Marriage and Family Therapy

The program's mission is based on Marianist values and focused on developing strong leaders within the burgeoning field of Marriage and Family Therapy, who value diversity, promote

justice and peace, and embody adaptation and change. Drawing on the Marianist Educational Values of formation in faith; quality education; family spirit; service, justice and peace; and adaptation and change, the program promotes continuous self-reflection and personal growth for the clinical student in their development as Clinical Practitioners in their roles as scholars, therapists, supervisors, and leaders.

Program Goals

Derived from our mission, the program has identified the following Program Goals:

1. Prepare graduates who are advanced MFT clinicians
2. Prepare graduates who are competent in MFT teaching, leadership, and/or consultation and in clinical supervision
3. Prepare graduates who are competent in various MFT research methods and/or program development
4. Prepare graduates who think systemically, embody adaptation and change, and promote cultural humility, service, justice, health, and peace

The competency areas and learning outcomes addressed in the DMFT program are designed to align with the requirements of COAMFTE accreditation standards, version 12, Advanced Curriculum Areas (ACAs). The program will prepare leaders who think systemically, promote cultural humility and socially just-informed practices and programs, transfer knowledge to practice and policy, evaluate and practice evidence-informed couple and family therapy approaches and actively contribute to the ongoing development of the profession.

Program Competencies and Program Learning Outcomes

Competency Area	**Program Learning Outcome**
Advanced Relational/Systemic Clinical Theory	PLO1: Students will develop a doctoral-level professional identity as marriage and family therapists and a specialized clinical area that is grounded in research and is at an advanced level of intervention and understanding (Addresses ACA 2 COAMFTE)
Advanced Relational/Systemic Applications to Contemporary Challenges	PLO2: Students will synthesize contemporary family and couple therapy models and be responsive to the societal, cultural and spiritual contexts of practice (Addresses ACA 3 COAMFTE)
Diversity, Service, Justice, Wellness, and Peace	PLO3: Students will synthesize the ethics and competency in peace, health, and justice approaches to MFT research, supervision, and practice, demonstrating attention to multiple domains of diversity (Addresses ACA 2&3 COAMFTE)

Introductory Research Methods Quantitative and Qualitative	PLO4: Students will use and evaluate quantitative and qualitative MFT clinical to improve clinical process and outcomes (Addresses ACA 1 COAMFTE)
Couple and Family Therapy Supervision	PLO5: Students will cultivate a coherent and competent program of MFT supervision (Addresses ACA 4 COAMFTE)
Leadership/Consultation in Marriage/Couple and Family Therapy	PLO6: Students will utilize systemic leadership, demonstrating sophistication in program building, leadership, and/or consultation (Addresses ACA 4 COAMFTE)

Summary of Program Completion Requirements

1. *The Doctor of Marriage and Family Therapy curriculum requires the satisfactory completion of 62 semester credit hours distributed as follows:* professional development and portfolio, 14 credit hours; research and scholarship, 12 credit hours; supervision, leadership, and program development, 15 credit hours; applied clinical, 21 credit hours. In addition (or inclusive thereto) the DMFT requires*:*

- Satisfactory performance on the Qualifying Examination 1: Formal Clinical Presentation
- Satisfactory performance on the Qualifying Examination 2: Supervisor, Educator & Leader Portfolio
- Successful completion and defense of the Dissertation.

2. *The University graduate policy requires:*

- A grade point average of 3.0 or higher (on a scale of 4.0) be maintained and a grade of "B" or better be assigned in all required courses. In addition, if a student receives a "C" or lower grade (failing grade is C or F) in any course, the student will be placed on academic probation, must meet with their adviser, re-take and pass the course the next time it is offered. Failure to do so may result in the student being dismissed from the program. If a student receives a second "C" or lower grade in the same course, the student must meet with his/her adviser and may be subject to dismissal from the program irrespective of maintaining an overall 3.0 GPA. The adviser will present the student's case to the faculty for a decision regarding continuation in the program. Any further failing grades may result in immediate dismissal from the program.
- Continuous registration (for at least one credit hour).
- All curriculum requirements be completed within SEVEN years of matriculation into the program.
- A completed *Clearance for Graduation* submitted by the DMFT student. The Clearance for Graduation form must be completed, signed, and returned to the program office no later than **November 15** for May graduation.

NOTE: For the above requirements and other information regarding university requirements, policies, and procedures, students are reminded to read the most recent edition of the Graduate Catalog.

Purpose of Handbook

This handbook is designed to assist you, the student, to be successful in the first qualifying exam within the DMFT program here at Chaminade University- the Formal Clinical Presentation. The DMFT-FCP Handbook was created to serve as a supplement to the DMFT program handbook and the Graduate Catalog. It is your responsibility to be familiar with the contents of this DMFT-FCP Handbook.

Program Curriculum

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is the accrediting agency for marriage and family therapy education and training and is responsible for establishing standards for competence in clinical education for the profession of marriage and family therapy. The competency areas and learning outcomes addressed in the Doctor in Marriage and Family Therapy program are designed to align with the requirements of COAMFTE accreditation standards, version 12, Advanced Curriculum Areas (ACAs). The program will prepare leaders who think systemically, promote cultural humility and socially just-informed practices and programs, transfer knowledge to practice and policy, evaluate and practice evidence-informed couple and family therapy approaches and actively contribute to the ongoing development of the profession.

Doctoral level curriculum in the DMFT includes engagement with seminal work in the field on the theory and practice of couple and family therapy, engagement in critical discussions of evidence-based systemic interventions, exploration of cultural applicability for diverse populations, and the construction and conducting of original research. Since the doctoral program follows a practitioner-scholar model, faculty will help doctoral students use their program of study and courses to further their individual research interests and clinical expertise. At this level, students should be taking responsibility for the direction of their research to inform their clinical work and to demonstrate their ability to navigate individual contributions to the field. Doctorate education exposes students directly to research and helps them move to practice, thus they should not only master their field, but also be prepared to significantly contribute to it. Courses are intentionally sequenced to scaffold the skills and competencies needed to build knowledge in clinical application, research, and leadership, all leading to the successful completion of the doctoral dissertation.

<u>Professional Development & Portfolio Courses</u>
DMFT 8000 Professional Development Seminar
DMFT 8022 Portfolio Planning and Development
DMFT 8900 Dissertation Seminar
DMFT 8999 Dissertation credits (minimum 9 credits)
<u>Research & Scholarship Courses</u>
DMFT 8010 Introduction to MFT clinical research, research ethics and decolonizing methodologies
DMFT 8012 Quantitative Research Methods & Statistical Analyses
DMFT 8013 Qualitative Methods & Analyses
DMFT 8015 Psychotherapy Outcome and Process Research
<u>Supervision, Leadership, and Program Development Courses</u>

DMFT 8070 Fundamentals of Supervision in Marriage and Family Therapy
DMFT 8071 Introduction to Teaching/Consultation/Leadership
DMFT 8080 Advanced Supervision (DMFT 8080, DMFT 8081, DMFT 8082)
DMFT 8073 Program Development for Families and Communities: Holistic Approaches to Prevention and Enrichment
DMFT 8075 Family Healthcare Policy & Advocacy

Clinical Courses

DMFT 8050 Advanced Relational Systemic Theory and Applications
DMFT 8051 Legal, Ethical, and Professional Issues in Couple/Marriage and Family Therapy
DMFT 8052 Assessment and Diagnosis in Couple/Marriage & Family Therapy
DMFT 8055 Trauma Theory and Models with Vulnerable Populations and Systemic Approaches to Substance Treatment
DMFT 8059 MFT through a Decolonized lens: Centering Indigenous healing practices in families
DMFT 8060 Sex Therapy
DMFT 8061 Medical Family Therapy and Introduction to Psychopharmacology

Sample Academic Plan

Courses are intentionally sequenced to scaffold the skills and competencies needed to build knowledge in clinical application, research, and leadership, all leading to the successful completion of the doctoral dissertation. The program faculty will establish and maintain clear and consistent expectations in every class related to doctoral level rigor which will be supported through doctoral level rigor in teaching. All courses will include engagement with current literature including the reading and discussion of course specific and relevant peer reviewed research. Faculty will provide ongoing constructive, open, and honest feedback to students regarding meeting doctoral-level expectations.

The following courses have been thoughtfully and sequentially designed, as outlined above, to ensure doctoral level academic rigor and to prepare students for careers in both academic and professional practice that includes in-depth analysis and evidence-based practice. Signature assignments are embedded in each course which will address and assess for the Program Learning Outcomes and the Student Learning Outcomes helping the student reach greater levels of mastery as clinicians, researchers, and leaders in the field of Marriage and Family Therapy.

Course #	Title	Credits	Grade
Year 1			
FALL			
DMFT 8000	Professional Development Seminar 1 (Introduction to program & FCP)	1	
DMFT 8050	Advanced Relational Systemic Theory and Applications	3	
DMFT 8051	Legal, Ethical, and Professional Issues in Couple/Marriage and Family Therapy	3	
WINTER			
DMFT 8010	Introduction to clinical research, research writing and research ethics	3	

DMFT 8052	Assessment and Diagnosis in Couple/Marriage & Family Therapy	3	
SPRING			
DMFT 8012	Quantitative Research Methods & Statistical Analyses	3	
DMFT 8013	Qualitative Methods & Analyses	3	
SUMMER			
DMFT 8070	Fundamentals of Supervision in Marriage and Family Therapy	3	
		Total Credits Year 1	22
Qualifying Examination 1: Formal Clinical Presentation			
Year 2			
FALL			
DMFT 8055	Trauma Theory and Models with Vulnerable Populations and Systemic Approaches to Substance Treatment	3	
DMFT 8015	Psychotherapy Outcome and Process Research	3	
DMFT 8080	Advanced Supervision 1	1	
WINTER			
DMFT 8071	Introduction to Teaching/ Consultation/ Leadership (start Teaching Practicum)	3	
DMFT 8081	Advanced Supervision 2	1	
SPRING			
DMFT 8082	Advanced Supervision 3	1	
DMFT 8060	Sex Therapy	3	
DMFT 8022	Portfolio Planning and Development	1	
Qualifying Examination 2: Supervisor, Educator & Leader Portfolio			
SUMMER			
DMFT 8059	MFT through a Decolonized lens: Centering Indigenous healing practices in families	3	
DMFT 8998	Dissertation Seminar	3	
		Total credits Year 2	22
Year 3			
FALL			
DMFT 8999	Dissertation (9 credits total) Can only be taken after preliminary qualifying examination 1 & 2 are passed.	3	
DMFT 8062	Medical Family Therapy and Introduction to Psychopharmacology	3	
WINTER			
DMFT 8073	Program Development, Design, and Evaluation for Families and Communities: Holistic Approaches to Prevention and Enrichment	3	
DMFT 8999	Dissertation	3	
Spring			
DMFT 8075	Family Healthcare Policy & Advocacy	3	

DMFT 8999	Dissertation	3	
		Total credits Year 3	18
	Dissertation		
		TOTAL CREDITS	62

Assessment of Course Learning Outcomes and Program Learning Outcomes

Assessment, by faculty, of syllabi Course Learning Outcomes occurs in all DMFT classes. Course Learning Outcomes (CLOs) are based on the Doctor of Marriage and Family Therapy Program Learning Outcomes (PLOs). Course learning outcomes are assessed at the course level by (1) clearly indicating the specific Course Learning Outcomes for each course in the syllabus and (2) by assessing them through such measures as quizzes, exams, papers, presentations, in-class participation, research activities, and clinical assessments.

At the program level, cumulative learning outcomes linked to Program Learning Outcomes are assessed in a number of ways such as qualifying examinations, signature assignments in select courses, annual student evaluations, class evaluations of teaching, formal feedback from masters-level clinical interns, and the dissertation defense. Thus, by the end of their program, DMFT students are assessed at multiple levels on multiple occasions.

The evidence from the foregoing direct and indirect program learning outcome assessments are used to improve the overall program content, delivery, and experience. The evidence further provides the Doctor of Marriage and Family Therapy program with the guidance for continuous quality improvement, assurance, and development.

The Doctor of Marriage and Family Therapy program integrity is also maintained by examining, considering and utilizing, when appropriate, the recommendations of the community-based Doctor of Marriage and Family Therapy program Advisory Board. The program is consistent with the Chaminade University Mission and Strategic Plan, and the Five Characteristics of a Marianist Education.

INTRODUCTION TO THE DMFT QUALIFYING EXAMINATIONs

Primer to Qualifying Exams

There are two qualifying exams and a Dissertation for this program. The first qualifying exam, due at the beginning of the first year, is a Formal Clinical Presentation where students will showcase their clinical skills and evidence based practice with a real client along with a formal case conceptualization paper. The second qualifying exam, due in the 7th term of the program is the Supervisor, Educator & Leader portfolio where students will coalesce the different leadership roles and artifacts related to these roles into a portfolio to be submitted to the faculty. After successfully passing the two qualifying exams, the student may propose their dissertation. The dissertation must involve clinical research on a topic in the field of couple and family therapy or a closely related field (e.g., family studies, family science, psychology, human development, child development, gerontology, etc.) and include a comprehensive discussion of implications for the field of couple and family therapy. More information about the qualifying exams and the dissertation can be found in the Qualifying Examination and Dissertation sections.

Clinical Requirements

Students are to remain clinically active throughout the duration of the DMFT program. Clinical activity will ideally be consistent with standards of practice as a Marriage and Family Therapist and aligned with Hawaii Chapter 451J: "Marriage and family therapy practice" (see Appendix E). This requirement is meant to facilitate the DMFT students' clinical application learning and clinical development throughout the program, in addition to meeting the requirements of the first Qualifying Examination. Should the DMFT student's clinical position be terminated, put on hiatus, or there is a significant transition in their clinical practice or role, the DMFT student should notify their advisor within 7 days and work to resume clinical activity within 30 days. If the DMFT student remains clinically inactive for more than 2 months, this may lead to an academic dismissal.

QUALIFYING EXAM 1: FORMAL CLINICAL PRESENTATION (FCP)

Formal Clinical Presentation Description

DMFT students are expected to prepare and present a Formal Clinical Presentation at the conclusion of their first year in the Doctor of Marriage and Family Therapy program. This qualifying exam is a Formal Clinical Presentation (FCP) where students will showcase their clinical skills and evidence-based practice with a real client along with a formal case conceptualization paper and presentation. This case presentation will be presented before the DMFT faculty and instructors, and should include raw data or recordings of a session with the client system. DMFT students are required to include specific content in the written document and oral presentation as noted in the provided rubric that delineates acceptable performance for each domain of this FCP. The FCP document must be submitted 2 weeks before the oral presentation and the oral presentation must be scheduled within week 5 of the fourth term and completed prior to the conclusion of the final term of the first year in the Doctor of Marriage and Family Therapy program. The FCP paper and oral presentation will be reviewed by the Doctor of Marriage and Family Therapy program FCP committee and must be passed in order to progress to the second year in the Doctor of Marriage and Family Therapy program. More information about the specifications of this Exam, in addition to the rubric will be found within this handbook (DMFT-FCP Handbook).

DMFT students who are below the standard in any domain area are required to remediate their deficiencies before they are allowed to continue to year 2 of the program. In some cases, DMFT students may be exited from the program if they are not able to sufficiently remediate their deficiencies.

Course Related to FCP

The FCP involves the application of the learnings from a number of courses that are aimed to provide students with the skills necessary to effectively practice as a Marriage and Family Therapy. The courses that are relevant to the FCP and are offered in the first year of the program are listed and described below.

<u>Professional Development & Portfolio Courses</u>

DMFT 8000 Professional Development Seminar (1.0 credit)

This is the first course that students will take and will help them navigate through the program. Self of the therapist and issues in the development of PhD-level professionals. Identification of program, college, and university academic resources. Identification of professional organizations. Discussions of Marianist values and Chaminade University mission. Additionally, students will be guided in preparing for the first qualifying exam (FCP).

At the completion of the course, MFT Doctoral students will be able to:

1. *Recognize program expectations and issues of professional development (PLO3; PLO4; PLO6; PLO5)*
2. *Develop a timeline with associated tasks for the first qualifying exam- FCP (PLO1; PLO2)*

Research & Scholarship Courses

DMFT 8010 Introduction to MFT clinical research, research ethics and decolonizing methodologies (3.0 credit)

This course focuses on research in couple and family therapy, and is designed to review contemporary family research methods through a multi-method approach. Additionally, students will also learn how to construct academic papers using APA formatting and scholarly writing standards. Students will learn about various ethical issues in research including the global movement toward decolonizing methodologies, especially those related to clinical research and work with underserved or high-risk populations. Students will be introduced to how Community-Based Participatory Research and Action Research has been utilized in clinical MFT research. Students will learn about the IRB process.

At the completion of the course, MFT Doctoral students will be able to:

1. *Analyze ethical issues in research such as reflexivity, ethics of care, respect, beneficence and justice (PLO1; PLO3; PLO4)*
2. *Describe components of research and academic writing standards (PLO4)*
3. *Describe collaborative research knowledge that is culturally appropriate, respectful, and honoring of indigenous populations (PLO3; PLO4)*

DMFT 8012 Quantitative Research Methods & Statistical Analyses (3.0 credit)

This course identifies various strategies for utilizing quantitative research methodology in family studies, including difference in research design, sampling, instruments, and data collection. Focuses on survey research design and data analysis. Includes research idea development, relational hypotheses formation, survey planning and management, questionnaire and item design, sampling, systemic clinical data measurement, logic of analysis, and problems of statistical interpretation and threats to internal and external validity.

At the completion of the course, MFT Doctoral students will be able to:

1. *Utilize quantitative research techniques, methods, tools, and procedures for investigating clinical research questions (PLO1; PLO4)*
2. *Recognize and assess validity, reliability and generalizability in evaluating quantitative research studies in addition to (PLO4)*
3. *Describe a variety of research methods including questionnaires and survey research, secondary data analyses, meta-analysis and more (PLO4)*
4. *Give examples of several ethical issues that arise in quantitative research approaches (PLO3; PLO4)*

DMFT 8013 Qualitative Methods & Analyses (3.0 credit)

This course identifies various strategies for utilizing qualitative research methodology in family studies, including differences in research design, sampling, and data collection. Prepares doctoral

students to conduct qualitative research study or program evaluation relevant to family processes and/or clinical practice. Introduces qualitative research foundations and practical experience with qualitative research methods. Addresses philosophical foundations of research design, analysis, and interpretation, and evaluation and presentation of qualitative data and findings.
At the completion of the course, MFT Doctoral students will be able to:

1. *Utilize qualitative research techniques, methods, tools, and procedures for investigating research questions (PLO1; PLO4)*
2. *Recognize and assess quality and rigor in evaluating qualitative research studies (PLO4)*
3. *Describe a variety of research methods, including survey research, interviewing, participant observation, case studies, comparative analysis, and the use of documentary/primary sources (PLO4)*
4. *Give examples of several ethical issues that arise in qualitative research approaches (PLO3; PLO4)*

Clinical Courses

DMFT 8050 Advanced Relational Systemic Theory and Applications (3.0 credit)
This course provides a metaperspective for analysis and development of systemic-relational theories guiding marriage/couple and family therapy practice. Conceptualization and deconstruction of philosophical, religious, political, sociological, and ecosystemic values as it pertains to one's theory of change. Preparation to critique and develop MFT theory with an emphasis on ethical and social-contextual aspects of case conceptualization and implications for systemic health.
At the completion of the course, MFT Doctoral students will be able to:

1. *Describe couple and family therapy models including the extant evidence-based literature (PLO1; PLO2; PLO4)*
2. *Conduct a comparative analysis of historical and contemporary approaches to couple therapy theory and their practical application, with particular reference to social context implications (PLO1; PLO2; PLO3)*
3. *Develop and write a coherent Theory and Philosophy of Change in Clinical Practice (PLO1; PLO6)*

DMFT 8051 Legal, Ethical, and Professional Issues in Couple/Marriage and Family Therapy (3.0 credit)
This course focuses on professional orientation and ethical practice in couple and family therapy. Students will be introduced to the MFT profession through the examination of licensure and credentialing standards, and professional organizations. Additionally, students will understand ethical practice using the American Association for Marriage and Family Therapy's Code of Ethics. Legal issues in MFT and the role of advocacy and social justice as they apply to ethics and the law will be understood.
At the completion of the course, MFT Doctoral students will be able to:

1. *Demonstrate proficiency in the AAMFT Code of Ethics and related state and federal laws (PLO1; PLO3)*
2. *Describe multiple models of ethical reasoning and decision-making in clinical and non-clinical contexts (PLO3)*
3. *Recognize key current ethical and legal issues relevant to advanced clinical practice, clinical administration, and supervision, and clinical education (PLO3; PLO5; PLO6)*
4. *Analyze clinical ethical codes for cultural sensitivity and application to diverse families and relationships (PLO3)*

DMFT 8052 Assessment and Diagnosis in Couple/Marriage & Family Therapy (3.0 credit)
This course focuses on issues in the clinical assessment of individuals, couples, and families. It will provide students with a broad theoretical base for understanding psychopathology from not only an individual descriptive, symptomologic perspective as presented in the DSM-5, but also from a contextual, systemic perspective including developmental hallmarks, familial patterns, and sociocultural contributors. Assessment will be considered through a multi-method approach that includes: qualitative interview, observational, clinician-rated, or global rating scales, and self-report inventories.
MFT Doctoral students will:

1. *Describe the theory and development of instruments designed to assess the relational functioning of couples and families (PLO1; PLO2)*
2. *Analyze research evidence and ecological/systemic implications in the process of assessment and diagnoses of families (PLO2; PLO3)*
3. *Demonstrate skills associated with conducting relational assessment and diagnoses with couples and families (PLO1; PLO2; PLO3)*

Clinical Activity, Malpractice Insurance Requirement, & Ethical Considerations

Clinical Activity. The program requires that students remain clinically active throughout the duration of their enrollment in the DMFT program. While this may look different for each student, every DMFT student must be engaged in direct clinical activity such that they are providing direct therapeutic services to clients. Clinical activity will ideally be consistent with standards of practice and core competencies as a Marriage and Family Therapist (see Appendix C) and aligned with Hawaii Chapter 451J: "Marriage and family therapy practice" (see Appendix E). Acceptable therapeutic activity involves those listed within the core competencies, such as Clinical Assessment and Diagnosis, Treatment Planning and Case Management, Therapeutic Interventions, Legal Issues, Ethics, and Standards, and Research and Evaluation.
Liability/Malpractice Insurance. All practicing clinicians are required by law to maintain and be covered by professional liability insurance or malpractice insurance. This is non-negotiable and students are required to submit proof of their liability insurance prior to their FCP presentation. Students who are not covered by insurance may not progress through the program until their coverage is resumed. AAMFT endorses CPH & Associates to provide members with liability insurance, or it can purchased directly through CPH & Associations. The membership and insurance policy is good for one year. CPH will send you an email with a 1-page Certificate of Insurance (Proof of Coverage) pdf document; forward this to the DMFT Program Coordinator, as you must file a copy of your policy verification prior to the FCP presentation.
Ethical Considerations. All Marriage and Family Therapists are held to the legal standards of practice (see Appendix E or respective state laws governing MFT practice) and the ethical standards of practice (see AAMFT Code of Ethics, Appendix D). DMFT students are urged to review and familiarize themselves with these standards of practice, and to apply them in their clinical practice conscientiously. All ongoing clinical contact with clients require a completed and signed Informed Consent from all legally responsible parties/clients. The highest standards of confidentiality, privacy, and PHI security should be maintained throughout the FCP process. The FCP includes a presentation of raw data which involves a video recording of a student's provision of therapy with a client system. Review the code of ethics for broad guidelines and utilize the template for the Informed Consent: Recording and Release of Information in this handbook (see Appendix B). Language on this template should not be edited substantially and

only to include additional information about the student's practice, protocols, or inclusion of assent for minor clients.

FCP Guidelines

This qualifying exam is a Formal Clinical Presentation (FCP) where students will showcase their clinical skills and evidence-based practice with a real client along with a formal case conceptualization paper and presentation. This case presentation will be presented before the DMFT faculty and should include raw data or recordings of a session with the client system.

The Formal Clinical Presentation is designed to enable DMFT students to demonstrate the ability to grasp and apply a) Family Systems and other MFT theories, b) ethical best practices and cultural conceptualizations, c) systemic clinical assessment, and d) clinical research applied to core practice competencies. This qualifying exam is two-fold. First, there is a comprehensive written document, the Clinical Case Conceptualization paper completed by the student that contains pertinent client information. Second, there is an oral presentation, the Formal Clinical Presentation made by the student to the DMFT faculty.

Students must have their model/theory of change and selected client system approved by their faculty advisor or examination committee chair prior to use in the Formal Clinical Presentation. Two copies of the written document are handed in one week prior to the oral presentation to allow the faculty to carefully review the material. The formal client presentations will be held in May.

The FCP document must be submitted 2 weeks before the oral presentation and the oral presentation must be scheduled within week 5 of the fourth term and completed prior to the conclusion of the final term of the first year in the Doctor of Marriage and Family Therapy program. The FCP paper and oral presentation will be reviewed by the Doctor of Marriage and Family Therapy program FCP committee and must be passed in order to progress to the second year in the Doctor of Marriage and Family Therapy program.

FCP Requirements

1. Clinical Case Conceptualization Paper

Submission. This paper must be mailed to the DMFT program department using First Class postal mail and/or certified mail (HIPAA recommendations), although the document should be scrubbed of direct identifying information of a client system (names, initials, phone numbers, addresses, complete date of birth, ID). **The paper must be received by the department no later than July 14th 2024.**

Privacy Considerations. Clinical material must be disguised to protect the family's confidentiality, using proper precautions and procedures. All transmission of client-related data must follow HIPAA guidelines and recommendations. DMFT Faculty are responsible for the secure storage of the paper when it is received by the department through First Class postal mail or certified mail.

Format. This paper will provide a comprehensive conceptualization of the client system. The paper should be written in APA format (double-spaced, Times New Roman 12-pt font, with cover page, correct level headings, correct in-text citation, and Reference Page), be not less than 15 pages, and contain the following information.

Clinical Case Conceptualization Paper:
Therapist Introduction ● Treatment Context (i.e. private practice, school setting, agency, etc.) ● Job description and license status ● General description of typical protocol/procedure (i.e. typical intake process, typical length of treatment, typical client population, interaction with other systems like probation, etc.) ● Number of sessions with this specific client thus far
Demographic Information ● Name (code name), Age, Gender ● Pertinent physical features ● Place of birth ● Identities- Hays ADDRESSING framework ● Description of important cultural aspects ● School, grade, grades/GPA, educational history
Introduction to client, partners, FOO ● Genogram (Insert in paper or in Appendix) ● SES, Occupation ● Family, parents ● Number of siblings, birth order, problems with siblings ● Family structure (e.g. blended family, etc.) ● Information about extended family
Presenting Concern(s) ● Referral information ● Client description of problems(s) ● Significant other/family description(s) of problems ● Broader system problem descriptions ● Assessment of risks
Contextual and Background Information (use Bronfenbrenner's Ecological Framework as guide) ● Family history of mental health problems ● Trauma/Abuse history (recent and past) ● Developmental, medical, educational history ● Substance use/abuse (current and past; self, family of origin, significant others) ● Legal involvement ● Related historical background (family history, related issues, previous counseling, medical/mental health history, etc.) ● Diversity resources and limitations: using the Crenshaw Intersectionality Framework identify potential resources/privileges and challenges/oppressions available the client faces based on the intersectionality of their identities ● Client strengths (personal, relational/social, spiritual)

Individual Diagnosis

- Clinical symptoms
- Underlying issues
- Precipitating events (recent life changes, first symptoms, stressors, etc.)
- Environmental problems and stressors; past and present
- Evidence or description of trauma
- Mental Status Exam: provide either a typical presentation or the most recent; this is to establish baseline conditions and progress indicators
- Individual diagnosis DSM V-TR and ICD codes
- Differential diagnosis
- *Integrate literature/research in this section*

Systemic Assessment & Systemic Diagnoses

- Describe assessment using clinical interviewing informed by theory
- List and describe formalized method of assessment
    - Provide copy or clear description of instrument
    - Mode and timing of administration
    - Psychometrics of instrument (cite research on validity, reliability, indicators, scoring)
    - Describe the value of the instrument/assessment specific to the client system
- Clear systemic diagnosis of client system
- Elaborate on how the results informed the systemic diagnoses
- *Integrate literature/research in this section*

Conceptualization based on Theory <u>*Theory needs to be Systemic*</u>

- Overview of theory of change (include robust integration of theories, assumptions and implications of theories)
- 1st and 2nd order change
- Conceptualize Client's Concerns using the theory
- Provide theory-based recommendations of interventions
- *Integrate literature/research in this section*

Evidence-informed Treatment & Ethical Considerations

- Modalities (individual, couples, family, etc.), co-therapists, if any
- Goals (Theory-based and in proper stage of treatment)
- Techniques (Theory-based with consideration of timing- use Prochaska & DiClemente's Readiness for Change theory)
- Therapeutic events and impacts towards goals
- Special problems and issues with this case (e.g. risk assessment and management)
- Ethical considerations specific to the case
- Application of ethical decision-making model
- Cite relevant ethics code and/or laws
- Outcome Measures (describe either standardized or non-standardized ways you are measuring change, progress, or movement towards goals)
- Discharge and/or transition plan
- *Integrate literature/research in this section*

Person-of-the-Therapist & Reflexivity

- Description of own Intersections relevant to the client system
- Client feedback and how it is incorporated
- Reflection of growth edges and lessons

• Efforts and changes made

2. Formal Clinical Presentation

Scheduling. Formal Clinical Presentations are scheduled within Week 5 of Summer 2024 (July 29th-August 2nd). The presentations may be completed in-person on the Chaminade campus or over a faculty's secure HIPAA-compliant zoom account. Students will be provided with a number of timeslots to reserve for their presentations and must confirm their presentation time before the third week of July.

Specifications for Video clips. Ideally the video clips of the sessions should include a view of the client system and the therapist, with the first clip being from the first three sessions (capturing the joining and assessment phase), and the second clip being from any session after the third session (capturing interventions and ongoing treatment). When recording a virtual/telehealth session, use 'gallery view' to capture both the client system and the therapist. The audio must be decipherable. Should students not be able to meet this specifications, they should notify the committee prior, by including a note at the end of the FCP paper. Should the committee decide that the recordings are not sufficient to review, the committee will notify the student and provide recommendations.

Privacy Considerations. The presentation must include edited pieces of videotape with the client system. The student must obtain a release of information from the clients, signed by all family members involved in the case. All transmission of client-related data must follow HIPAA guidelines and recommendations. The presentation and thus the session clips will not be recorded and thus not stored by the faculty. Students are responsible for the storage, retrieval and deletion of the session clips, following their state laws and ethical best practice. Once students receive a final grade for the FCP, faculty will not request additional viewing of the session clips and thus it is recommended that students delete the recorded sessions.

Format. The presentation will include a short introduction to the client system, a longer description of the two recorded session clips, and an amount of time for students to answer questions from the DMFT faculty. Students are encouraged to use slides but limit them to 5 and only highlight brief information on the client. Students should assume that the examiners have already read their FCP paper.

Formal Clinical Presentation:
Introduction o Introduction of the Client System o Basic Demographics & Contextual Data o Presenting Concerns & Diagnoses o Assessment and Theory-informed Conceptualization o Treatment & Intervention o Describe Therapeutic Process

Session Recordings ○ Introduction to the First Session Clip (must be from initial 3 sessions with the client system) ○ Highlight Focus and Purpose of Session ○ List Clinical Skills used in Session informed by Theory ○ Make reference to Clinical Assessment ○ Introduction to the Second Session Clip (must be from latter sessions, after 3rd session with the client system) ○ Highlight Focus and Purpose of Session ○ List Clinical Intervention used in Session informed by Theory and Evidence-based Research ○ Discuss Clinical Effectiveness of Session/Treatment
Reflection ○ Short Reflection of Learning ○ Person-of-the-Therapist Reflections ○ Reference Cultural Diversity and Ethical Considerations
Q&A ○ Faculty will Provide Questions related to the Client System, Sessions, Student's Demonstrated Skills, Reflections or the Paper ○ Presentation Ends

FCP Grading

Students will earn either Pass with Distinction; Pass; or No Pass. Students who earn a Pass may be required to revise portions of the paper or, in some other way (e.g., reflection paper, submission of new video clips), address certain questions raised by the faculty evaluators.

Students who earn a No Pass must reschedule the formal presentation with a revised manuscript and perhaps additional video clips. Failure to complete the assignment on the second effort will result in termination from the program. Please refer to the remediation plan in the Handbook, policies and procedures.

DMFT students who are below the standard in any domain area are required to remediate their deficiencies before they are allowed to continue to year 2 of the program. In some cases, DMFT students may be exited from the program if they are not able to sufficiently remediate their deficiencies.

FCP PAPER AND PRESENTATION RUBRIC

FCP Paper			
Criteria	*Emerging*	*Approaching*	*Mastery*
Client description & concern	3pts	6pts	10 pts
	Student provided the following sections either incompletely or was missing one of the following sections: a description of the client (including demographic information, identities, important cultural information), and a description	Student provided a description of the client (including demographic information, identities, important cultural information), and a description of the client system (including a Genogram, family basics),	Student provided a comprehensive description of the client (including demographic information, identities, important cultural information), and a comprehensive description of the client system (family basics, living situation), and

	of the client system (including a Genogram, family basics), and description of the presenting concerns (defined by the client, the system, and the referral source, risk assessment). These sections were not written well and/or did not provide a fair understanding of the client presentation.	and description of the presenting concerns (defined by the client, the system, and the referral source, risk assessment). These sections are written well and provides a fair understanding of the client presentation.	clear description of the presenting concerns (defined by the client, the system, and the referral source, risk assessment). These sections are written systematically and flowed well and provided a full understanding of the client presentation.
Client context & background	3pts	6pts	10 pts
	Student provided the following sections either incompletely or was missing one of the following sections: contextual and background information of the client system (including a Genogram, FOO history, dynamics and issues such as mental health and substance use, developmental and educational history), a description of trauma history and ACES, a discussion of the client's identities related to experiences of privilege and oppression, and a description of the client's strengths and resources. These sections were not written well and/or did not provide a fair understanding of the client context and background.	Student provided a description of the contextual and background information of the client system (including a Genogram, FOO history, dynamics and issues such as mental health and substance use, developmental and educational history), a description of trauma history and ACES, a discussion of the client's identities related to experiences of privilege and oppression, and a description of the client's strengths and resources. These sections are written well and provides a fair understanding of the client context and background.	Student provided a comprehensive description of the contextual and background information of the client system (including a Genogram, FOO history, dynamics and issues such as mental health and substance use, developmental and educational history), a clear description of trauma history and ACES, a substantive discussion of the client's identities related to experiences of privilege and oppression, and a developed description of the client's strengths and resources. These sections are written systematically and flowed well and provided a full understanding of the client context and background.
Individual diagnoses	1pts	3pts	5 pts
	Student provided the following either incompletely or was missing one of the following: symptoms/criteria, etiological factors, onset, prognosis of the client(s)'s diagnoses, including differential diagnoses, in addition to psychobiosocio-spiritual factors and trauma impacting symptomology. These sections were not written well and/or did not provide a fair understanding of the client's diagnoses presentation.	Student provided a description of the symptoms/criteria, etiological factors, onset, prognosis of the client(s)'s diagnoses, including differential diagnoses, in addition to psychobiosocio-spiritual factors and trauma impacting symptomology. These sections are written well and provides a fair understanding of the client's diagnoses presentation.	Student provided a comprehensive description of the symptoms/criteria, etiological factors, onset, prognosis of the client(s)'s diagnoses, including differential diagnoses, in addition to psychobiosocio-spiritual factors and trauma impacting symptomology. These sections are written systematically, integrated literature/research and flowed well, and provided a full understanding of the client's diagnoses presentation.
Systemic Diagnoses	1pts	3pts	5 pts
	Student provided the following either incompletely or was missing one of the following: description of the assessment used to arrive at a systemic diagnosis of the client system, providing a copy of the instrument, psychometrics if relevant, the value of the method specific to the client system, and a systemic diagnosis of the system. These sections were not written well and/or did not provide a fair understanding of the systemic diagnosis of the client system.	Student provided a description of the assessment used to arrive at a systemic diagnosis of the client system (including providing a copy of the instrument, psychometrics if relevant and the value of the method specific to the client system), in addition to a systemic diagnosis of the system. These sections are written well and provides a fair understanding of the systemic diagnosis of the client system.	Student provided a comprehensive description of the assessment used to arrive at a systemic diagnosis of the client system (including providing a copy of the instrument, psychometrics if relevant and the value of the method specific to the client system), in addition to a full systemic diagnosis of the system grounded in Family Systems Theory. These sections are written systematically and flowed well and provided a full understanding of the systemic diagnosis of the client system.
Theory Conceptualization	3pts	6pts	10 pts
	Student provided the following either incompletely or was missing one of the following: their theory of change, an integration of theories, a conceptualization of the client using the theories, relevant theory-based intervention specific to the client system. These sections were not written well	Student provided their theory of change with a good integration of theories, and a conceptualization of the client using the theories in addition to relevant theory-based intervention specific to the client system. These sections are written well and provides a fair understanding	Student provided their systemic theory of change with a robust integration of theories, and a comprehensive conceptualization of the client using the theories in addition to identifying relevant theory-based intervention specific to the client system. These sections are written systematically and flowed well and

	and/or did not provide a fair understanding of the conceptualization of the client system using theory.	of conceptualization of the client system using theory.	provided a full understanding of conceptualization of the client system using theory.
Evidence-based treatment & Ethical Considerations	3pts	7pts	12 pts
	Student provided the following either incompletely or was missing one of the following: justification and description of their treatment and intervention, extant literature such as evidence-based intervention, outcome measures, and termination/transition plans, ethical decision-making, ethical considerations, ethical codes or laws. These sections were not written well and/or did not provide a fair understanding of the treatment process as informed by research and evidence.	Student provided some justification and description of their treatment and intervention using extant literature (such as evidence-based intervention) in addition to outcome measures and termination/transition plans. Student provided a discussion of the ethics pertinent to the client system and an understanding of ethical decision-making informed by the MFT Code of Ethics and any pertinent laws. These sections are written well and provides a fair understanding of the treatment process as informed by research and evidence.	Student provided a strong justification and description of their treatment and intervention using extant literature (such as evidence-based intervention) in addition to outcome measures and termination/transition plans. Student provided a nuanced discussion of the ethics pertinent to the client system and a robust understanding of ethical decision-making informed by the MFT Code of Ethics and any pertinent laws. These sections are written systematically and flowed well and provided a full understanding of the treatment process and ethical decision-making as informed by literature/research and effectiveness evidence.
Person of the Therapist	2pts	4pts	8 pts
	Student provided the following either incompletely or was missing one of the following: a reflection of their therapist selves, their growth edges, efforts to change, how their intersections of identity intersected with their client system and the learning that resulted. This section is not written well and/or did not provide a fair understanding of their person-of-the-therapist.	Student provided a reflection of their therapist selves including their growth edges and efforts made to change, and how their intersections of identity intersected with their client system and the learning that resulted. This section is written well and provided an understanding of their person-of-the-therapist.	Student provided a nuanced and in-depth reflection of their therapist selves including their growth edges and efforts made to change, and how their intersections of identity intersected with their client system and the learning that resulted. This section is written clearly and provided an honest and reflexive understanding of their person-of-the-therapist.
	/18	/36	/60
FCP Presentation			
Criteria	*Emerging*	*Approaching*	*Mastery*
Presentation	3pts	6pts	10 pts
	The student took *less or more time* than the allotted 5-8 minutes, and delivered their case conceptualization with some parts missing or unclear: introduction of the client system, demographics, contextual data, presenting concerns, diagnoses, theories used, treatment and intervention. The case conceptualization provided incomplete or confusing information to conceptualize the client system and their therapeutic approach or process.	The student delivered their case conceptualization well, covering the following within 5-8 minutes: introduction of the client system, demographics, contextual data, presenting concerns, diagnoses, theories used, treatment and intervention. The case conceptualization provided information to conceptualize the client system and their therapeutic process.	The student delivered their case conceptualization in a formal, succinct and organized way, covering each of the following within 5-8 minutes: introduction of the client system, demographics, contextual data, presenting concerns, diagnoses, theories used, treatment and intervention. The case conceptualization provided the necessary information to accurately conceptualize the client system and their therapeutic process.
Session recordings	3pts	8pts	15 pts
	The student's two recorded clips were either not 10-15 minutes (variably) or not totaling in 30 minutes for both. The student's introduction of the videos was not clear and missing one of the following: clear introduction to the clips	The student played two recorded video clips from session, each between 10-15 minutes (variably) totaling in 30 minutes for both- where the first recording was from the first 3 sessions and the second recording was from a	The student successfully played two recorded video clips from session, each between 10-15 minutes (variably) totaling in 30 minutes for both- where the first recording was from the first 3 sessions and the second recording was from a session

	which addressed the focus of each session, the skills used, assessment and intervention and the clinical value of their approach. These videos lacked evidence for the student's clinical skills and abilities to practice as an MFT related to the MFT Core Competencies of practice.	session after that. The student provided a introduction to the clips which addressed the focus of each session, the skills, and assessment and intervention. These videos provided evidence for the student's clinical skills and abilities to practice as an MFT related to the MFT Core Competencies of practice.	after that. The student provided a clear introduction to the clips which addressed the focus of each session, the skills used, assessment and intervention and the clinical value of their approach. These videos provided evidence for the student's clinical skills and abilities to effectively practice as an MFT related to the MFT Core Competencies of practice.
Reflection	3pts	6pts	10 pts
	Student did not address or only partially addressed their therapist selves, their growth edges, efforts made to change, and their intersections of identity. This discussion was limited.	Student addressed their therapist selves, their growth edges and/or efforts made to change, and how their intersections of identity intersected with their client system and the learning that resulted. This discussion was honest.	Student provided a reflection of their therapist selves including their growth edges and efforts made to change, and how their intersections of identity intersected with their client system and the learning that resulted. This discussion was honest and reflexive.
Q&A	1pts	3pts	5 pts
	Student addressed the questions posed by faculty (related to the client system, sessions, student's demonstrated skills, reflections or the paper) with a lack of clarity and understanding.	Student answered the questions posed by faculty (related to the client system, sessions, student's demonstrated skills, reflections or the paper) with clarity.	Student answered the questions posed by faculty (related to the client system, sessions, student's demonstrated skills, reflections or the paper) with broad comprehension and depth of understanding and clarity.
	/12	/24	/40

ACADEMIC INFORMATION AND GUIDELINES

Course Registration

As the Doctor of Marriage and Family Therapy Program is cohort-based, all student course registrations will be completed by the Doctor of Marriage and Family Therapy Program Director or DMFT program manager.

Grade Labels

A = Exemplary (Exemplary achievement of course objectives clearly and significantly above the requirements)

B = Satisfactory (Satisfactory achievement of the course objectives. Adequate performance on stated requirements.

C = Unsatisfactory (This is considered a failing grade)

F = Failure (This is considered a failing grade)

I = Incomplete (Incomplete work from extenuating circumstances that prevent completion of the work assigned. This is a temporary grade that automatically reverts to a grade of "C" after 60 days. Petitions to extend incomplete grades beyond this time must be approved by the Doctor of Marriage and Family Therapy Program Director, Dean of the School of Education and Behavioral Sciences, and the Provost.

Writing Standards

All work submitted by Chaminade University students must meet the following writing standards. Written assignments should:

1. Use correctly the grammar, spelling, punctuation, and sentence structure of Standard Written English.
2. Develop ideas, themes, and main points coherently and concisely.
3. Adopt modes and styles appropriate to their purpose and audience.
4. Be clear, complete, and effective.
5. Carefully analyze and synthesize material and ideas borrowed from sources. In addition, the sources of the borrowed material should be correctly acknowledged to avoid plagiarism (see Plagiarism).

Academic Honesty

Violations of the Honor Code are serious. They harm other students and the integrity of the University. Alleged violations will be referred to the Doctor of Marriage and Family Therapy program Director for review. Depending on the offense, it may be referred to the Dean of the School of Education and Behavioral Sciences and the Office of Judicial Affairs. If found guilty of plagiarism, a student might receive a range of penalties, including failure of an assignment, failure of the course, dismissal from the program, and dismissal from the university.

Violations of Academic Integrity: Violations of the principle include, but are not limited to:

- Cheating: Intentionally using or attempting to use unauthorized materials, information, notes, study aids, or other devices in any academic exercise.
- Fabrication and Falsification: Intentional and unauthorized alteration or invention of any information or citation in an academic exercise. Falsification is a matter of inventing or counterfeiting information for use in any academic exercise.
- Multiple Submissions: The submission of substantial portions of the same academic work for credit (including oral reports) more than once without authorization.
- Plagiarism: Intentionally or knowingly presenting the work of another as one's own (i.e., without proper acknowledgment of the source).
- Abuse of Academic Materials: Intentionally or knowingly destroying, stealing, or making inaccessible library or other academic resource materials.
- Complicity in Academic Dishonesty: Intentionally or knowingly helping or attempting to help another to commit an act of academic dishonesty.

Plagiarism includes, but is not limited to:

- Copying or borrowing liberally from someone else's work without his/her knowledge or permission; or with his/her knowledge or permission and turning it in as your own work.
- Copying of someone else's exam or paper.
- Allowing someone to turn in your work as his or her own.
- Not providing adequate references for cited work.
- Copying and pasting large quotes or passages without properly citing them.

Professional Disposition

Reflexive Behavior

The Doctor of Marriage and Family Therapy program places a premium on reflexive interpersonal skills and the ability to listen, adapt, be responsive and address ambiguity, be patient in difficult situations, be able to reflect on the impact of one's behavior on others, and to take personal responsibility for one's actions. The demonstration of appropriate and positive interpersonal skills and behavior are as important, if not more important, as academic achievement. Inappropriate behavior, including, but not limited to the following, are unacceptable and may be grounds for a corrective action remediation plan or dismissal from the Doctor of Marriage and Family Therapy program: argumentative, being coercive, bullying in any form, harassment in any form, and other aggressive behaviors in-person, on the Internet, and/or other forms of communication, false representation, or willful misrepresentation of self, situations, events, or persons, clear signs of serious mental health concerns such as inappropriate affect, severe depression, mania, signs of psychosis, impulsive behavior which negatively impacts academic, professional/clinical performance, and poor judgment.

In some cases, student may be referred to counseling. For academic concerns, students may be referred to the appropriate student services office for additional support.

Students are evaluated in each of the Doctor of Marriage and Family Therapy program courses on their professional behavior which includes behavior at the university with faculty, peers, and staff, as well as behavior in their professional field. Supervisors are advised to report concerns regarding any ethical, personal-social, or behavioral problems to the clinical course instructor and/or the Doctor of Marriage and Family Therapy program Director so that the problem behavior can be formally addressed that may include a remediation plan or dismissal from the Doctor of Marriage and Family Therapy program.

All clinical courses will assess each DMFT student using the following criteria and the results will be shared with the DMFT student so that they are provided the opportunity to reflect and grow from their experiences. Please refer to the Six Pillars of Counselor Fitness in Appendix F.

Appropriate Advocacy

Students have the right to advocate for themselves, and they have the responsibility to do so in ways that are proactive and prosocial. Aggression, coercion, and attempts to bully and intimidate are not considered responsible advocacy. Self-advocacy involves speaking up for oneself in positive ways, problem-solving in constructive ways, listening and learning, taking responsibility for one's behavior, identifying goals and challenges to those goals, and using supportive relationships to help achieve one's goals and overcome obstacles. DMFT students who appear to have difficulty with appropriate self-advocacy will be referred to the Doctor of Marriage and Family Therapy Program Director, Dean of the School of Education and Behavioral Sciences, or the Dean of Students for coaching and support.

Remediation

A need for remediation generally occurs when an DMFT student experiences challenges in one

or more of the following areas: 1) conduct or behavior, 2) academic, and 3) legal/ethical.

1. Challenges in conduct or behavior affect the DMFT student's ability to be successful as an DMFT student and a practitioner in training and may include but is not limited to: an DMFT student's inability or unwillingness to follow or respond appropriately to directions, to accept feedback, to work collaboratively with others, or to develop and adhere to professional standards of conduct.
2. Academic challenges pertain to academic performance. DMFT students who do not receive a passing grade from any DMFT course or receives discrepancies with their comprehensive capstone portfolio will be required to meet with their assigned faculty advisor where a remediation plan will be issued.
3. Challenges in the area of legal/ethical may include but is not limited to violations of a) Chaminade's Student Conduct rules (e.g. academic dishonesty, plagiarism, and other offenses listed in the university policies), and b) professional codes of ethics (e.g., NASP, APA, ACA) protecting client rights and the profession which indicate the DMFT student's problems with professional competence.

Remediation is a course of action designed to assist DMFT students by 1) offering early identification of challenges and problem areas, and 2) providing an action plan for remediation and problem rectification. The remediation plan affords DMFT students the opportunity to address and correct deficits identified by the DMFT faculty so that the DMFT student may progress towards successful completion of the program.

Grievance Procedures

Every attempt should be made to resolve any issue with the course instructor. Should the matter need further attention to resolve the issue, please see the Academic Grievance section under Academic Affairs/Policies in the Academic Course Catalog found on the Chaminade website.

1. Questions regarding the conduct of a course, including grading, should be submitted *in writing* to the DMFT instructor of the course.
    - If the DMFT student is not satisfied with the DMFT instructor's handling of the DMFT student's concerns, then complaints should be submitted *in writing* to the Doctor of Marriage and Family Therapy program Director.
    - If the DMFT student is not satisfied with the Doctor of Marriage and Family Therapy program Director's response, the complaints should be directed in writing to the Dean of the School of Education and Behavioral Sciences.
    - If the DMFT student is not satisfied with the Dean's response, the complaints should be directed in writing to the Provost.
2. Questions regarding the Doctor of Marriage and Family Therapy program policy and/or requirements or changes in policy and/or requirements must be submitted *in writing* to the Doctor of Marriage and Family Therapy program Director.
    - If the DMFT student is not satisfied with the Doctor of Marriage and Family Therapy program Director's response, the complaints should be directed in writing to the Dean of the School of Education and Behavioral Sciences.
3. A grievance of any kind relating to the Doctor of Marriage and Family Therapy program must be submitted *in writing* to the Doctor of Marriage and Family Therapy program Director.
    - If the DMFT student is not satisfied with the Doctor of Marriage and Family

Therapy program Director's response, the complaints should be directed in writing to the Dean of the School of Education and Behavioral Sciences.

Online Course Guidelines
To provide high-quality online course instruction that affords all participants the right to learn, candidates have the responsibility to conduct themselves in a manner appropriate to the learning environment. Obstruction or disruption of the teaching process, or the online learning environment, could result in disciplinary proceedings that lead to dismissal from the course, program, or the university. Disruptive conduct will be referred to the Doctor of Marriage and Family Therapy program Director Programs for review. Depending on the issue, it may be referred to the Dean of the School of Education and Behavioral Sciences and the Office of Judicial Affairs.

In following netiquette guidelines, students should communicate with each other using the same common courtesy, politeness, and appropriate online behaviors as we would in a face-to-face environment: a) Respect the opinions of others and their right to disagree; b) Keep replies and comments focused on the relevant topic; d) Post discussions and assignments in a timely fashion so that others can have sufficient time to review and reply.

Attendance Policy
Students are expected to attend all classes in which they are registered. The student should notify their instructors when illness or other extenuating circumstances prevents them from attending class and make arrangements to complete missed assignments. Not meeting the attendance requirements may result in lowering of the grade, withdrawal from the course, or failing the course. The instructor will specify and enforce expectations for online participation and receipt of assignments appropriate to the design of the course.

<u>Excused Absences</u>
Since it is expected that students will participate in all class sessions, excused absences are only granted in exceptional situations where evidence is provided by the student to the instructor. Students should notify their instructors when a situation prevents them from attending class and make arrangements to complete missed assignments. While notification of the instructor by a student that he/she will be absent is courteous, it does not necessarily mean the absence will be excused.

<u>Unexcused Absences</u>
Chaminade University student policy states that in cases where unexcused absences are equivalent to more than a week of classes, the instructor has the option of lowering the grade.

Graduation Requirements
Students must pass all courses in the program and complete the dissertation requirements.

Leave of Absence/Course Withdrawal
Due to the DMFT program being a cohort-based program, if a leave of absence is requested, the earliest that the student would be able to return to the program would be the next term, but the course that is missed will have to be taken when it is offered again, which could be the following academic year.

If a formal leave of absence is not submitted, and the student wishes to resume the program after not taking classes for one term, the student must reapply to the DMFT program, following all application procedures.

A course withdrawal would follow the university timetable for graduate courses with regards to applicable tuition refund.

Academic Probation/Dismissal
All students in this program are expected to make satisfactory progress toward their degree. A minimum grade point average of 3.0 must be maintained throughout the program. A passing grade per course is a B or higher. Earning below a B will result in a failure of the course. The student will be placed on academic probation. A candidate may retake the course for a second and final attempt on its next offering. If the second attempt is below a B for a course, candidates who have been on Academic Probation will be considered for academic dismissal. This dismissal is final.

Title IX Compliance
Chaminade University of Honolulu recognizes the inherent dignity of all individuals and promotes respect for all people. Sexual misconduct, physical and/or psychological abuse will NOT be tolerated at CUH. If you have been the victim of sexual misconduct, physical and/or psychological abuse, we encourage you to report this matter promptly. Faculty members are interested in promoting a safe and healthy environment, and should the faculty learn of any sexual misconduct, physical and/or psychological abuse, the faculty must report the matter to the Title IX Coordinator. If you or someone you know has been harassed or assaulted, you can find the appropriate resources by visiting Campus Ministry, the Dean of Students Office, the Counseling Center, or the Office for Compliance and Personnel Services.

Disability Access
The University is committed to providing reasonable accommodations for all persons with disabilities. This syllabus is available in alternate formats upon request. Students who need accommodations must be registered with Student Disability Services. Students with special needs who meet criteria for the Americans with Disabilities Act (ADA) provisions must provide written documentation of the need for accommodations to Kokua Ike: Center for Student Learning by the end of week three of the class, in order for the instructor to plan accordingly. Failure to provide written documentation will prevent your instructor from making the necessary accommodates. If you would like to determine if you meet the criteria for accommodations, contact ada@chaminade.edu.

Technology Requirements
Students are expected to have access with either a laptop or desktop computer with Internet capability and Microsoft Office or comparable software. High-speed Internet connection is strongly recommended. Video applications such as Zoom may be used in specific courses.

APPENDIX A
COAMFTE Competencies aligned with DMFT courses

The DMFT program courses are designed to align with the requirements of COAMFTE accreditation standards, version 12, Advanced Curriculum Areas (ACAs).

COAMFTE accreditation standards, version 12, Advanced Curriculum Areas (ACAs)	
Competency Area	**Course(s) Meeting Competencies**
Advanced Relational/Systemic Clinical Theory (Addresses ACA 2 COAMFTE)	DMFT 8050 Advanced Relational Systemic Theory and Applications DMFT 8052 Assessment and Diagnosis in Couple/Marriage & Family Therapy Prerequisite Masters level MFT theory courses (2)
Advanced Relational/Systemic Applications to Contemporary Challenges (Addresses ACA 3 COAMFTE)	DMFT 8051 Legal, Ethical, and Professional Issues in Couple/Marriage and Family Therapy DMFT 8060 Sex Therapy DMFT 8062 Medical Family Therapy and Introduction to Psychopharmacology

Diversity, Service, Justice, Wellness, and Peace (Addresses ACA 2&3 COAMFTE)	DMFT 8055 Trauma Theory and Models with Vulnerable Populations and Systemic Approaches to Substance Treatment DMFT 8059 MFT through a Decolonized lens: Centering Indigenous healing practices in families DMFT 8073 Program Development, Design, and Evaluation for Families and Communities: Holistic Approaches to Prevention and Enrichment
Introductory Research Methods Quantitative and Qualitative (Addresses ACA 1 COAMFTE)	DMFT 8010 Introduction to clinical research, research writing and research ethics DMFT 8012 Quantitative Research Methods & Statistical Analyses DMFT 8013 Qualitative Methods & Analyses DMFT 8015 Psychotherapy Outcome and Process Research
Couple and Family Therapy Supervision (Addresses ACA 4 COAMFTE)	DMFT 8070 Fundamentals of Supervision in Marriage and Family Therapy DMFT 8080 Advanced Supervision 1 DMFT 8080 Advanced Supervision 2 DMFT 8080 Advanced Supervision 3
Leadership/Consultation in Marriage/Couple and Family Therapy (Addresses ACA 4 COAMFTE)	DMFT 8071 Introduction to Teaching/ Consultation/ Leadership DMFT 8022 Portfolio Planning and Development DMFT 8075 Family Healthcare Policy & Advocacy

APPENDIX B

Informed Consent: Recording and Release of Information

Name:_____ Phone:_____
Address:_____ Birthdate:_____

Please read the following questions and only consent to what you are comfortable consenting to. Your consent or non-consent will be honored and will not impact your relationship with your therapist.

I understand that my therapist, _____ is currently a doctoral student within the Doctor of Marriage and Therapy program at Chaminade University. I understand that all therapists who maintain best practices make efforts to review their therapy sessions to discern moments that were missed, potential problems that were overlooked, or strengths and resiliencies that went unexplored. All therapists who maintain best practices have consultation with other therapists, supervisor and mentors, to enhance their skills and provide the best care for their clients.

I understand that as part of my therapist's doctoral clinical training their clinical performance is reviewed by their doctoral faculty and/or clinical supervisors.

I understand that as part of the therapist's training, recordings of counseling sessions are necessary for appropriate training of the therapist and delivery of services to me, the client. I understand that sessions will be recorded via video recording devices or audio devices. I understand that my therapist will use the recordings to review their own performance and that their counseling performance will also be reviewed by their doctoral faculty examination committee. I understand that after the doctoral examination process, all recordings will be erased.

My therapist and the doctoral faculty examination committee are professionally and ethically bound to preserve the confidentiality of all personal information that is revealed by myself, the client. The only exception to confidentiality is if a client proves to be at clear and imminent danger of harming themself or others.

I give permission to my therapist, _____to video and/or audio record our therapy sessions to be made and used under the following conditions:

1) Prior to recording a session I will be notified and will provide my consent
2) The session will be recorded using a secure device
3) I can notify my therapists at the beginning, halfway through, anytime during, or after the session that I would like to stop the recording or that I want the recording destroyed, and this will be honored
4) The recordings will only be played to Chaminade University doctoral faculty for the purposes of reviewing my therapist's clinical performance and the faculty are all bound by the laws and ethics of confidentiality
5) The recordings will be stored and transported securely using a double-locked system (password protected, encrypted, in a lockbox)
6) These recordings are considered confidential and will be erased after they are reviewed

I understand that I am, at any time, free to withdraw my consent to have the therapy sessions recorded and shared. Withdrawing my consent to allow the counseling sessions to be recorded or shared will not affect my/my family member's ability to receive therapy services or my relationship with my therapist.

_____ Date: _____
Signature of client/legally responsible party

_____
Printed or Typed Name

_____ Date: _____
Signature of Chaminade DMFT Student - Therapist

_____ Date: _____
Signature of doctoral faculty examination committee chair/member

I have read and understand the above statements regarding confidentiality, recording, and viewing of the sessions (or the sessions of my child). I give my permission for these sessions to be recorded for training and evaluation purposes as described above. I further understand that I can withdraw this permission at any time.

_____ Date: _____
Signature of or Parent/guardian

This consent will automatically expire 180 days after the date signed by the client.

Appendix C
MFT Core Competencies

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of couples and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs). Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

Creating competencies for MFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: *Mental Health: A Report of the Surgeon General*; the President's New Freedom Commission on Mental Health's *Achieving the Promise: Transforming Mental Health Care in America*; and the Institute of Medicine's *Crossing the Quality Chasm*. The AAMFT mapped our competencies to critical elements of these reports, including IOM's 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person-Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 139 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of MFT.

The core competencies are organized around 6 primary domains and 5 secondary domains. The primary domains are:

1) **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
2) **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
3) **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
4) **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
5) **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of CFTs.
6) **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional. Although not expressly written for each competency, the stem "Couples and family therapists…" should begin each. It should also be noted that this is considered a living document which will undergo periodic review and revision.

1. Admission to Treatment

1.1. Conceptual skills

1.1.1. Understand systems concepts, theories, and techniques that are foundational to the practice of couples and family therapy.

1.1.2. Understand theories and techniques of individual, marital, family, and group psychotherapy.

1.1.3. Understand the mental health care delivery system and its impact on the services provided.

1.1.4. Understand the risks and benefits of individual, couple, family, and group psychotherapy.

1.2. Perceptual skills

1.2.1. Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context).

1.2.2. Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).

1.2.3. Recognize issues that might suggest referral for specialized evaluation, assessment, or care.

1.2.4. Consider cultural and socioeconomic factors in mental health service delivery.

1.3. Executive skills

1.3.1. Gather and review intake information.
1.3.2. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra-familial resources).
1.3.3. Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.4. Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
1.3.5. Obtain consent to treatment from all responsible persons.
1.3.6. Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7. Solicit and use client feedback throughout the therapeutic process.
1.3.8. Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
1.3.9. Manage session interactions with individuals, couples, families, and groups
1.3.10. Develop a workable therapeutic contract/plan with clients.

1.4. Evaluative skills

1.4.1. Evaluate case for appropriateness for treatment within professional scope of practice and competence.
1.4.2. Evaluate intake policies and procedures for completeness and contextual relevance.

1.5. *Professional skills*

1.5.1. Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).
1.5.2. Collaborate effectively with clients and other professionals.
1.5.3. Complete case documentation in a timely manner and in accordance with relevant laws and policies.
1.5.4. Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.
1.5.5. Draft documents required for treatment, including informed consent, release of information, and intake forms.

2. Clinical Assessment and Diagnosis

2.1. Conceptual skills

2.1.1. Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); co-morbidities related to health and illness; substance use disorders and treatment; diversity; and power, privilege, and oppression.
2.1.2. Understand the major mental health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3. Understand the clinical needs and implications of persons who suffer from co-occurring disorders (e.g., substance abuse and mental health).
2.1.4. Comprehend individual, couple, and family assessment instruments appropriate to presenting problem and practice setting.
2.1.5. Understand the current models for assessment and diagnosis of mental health and substance use disorders.
2.1.6. Understand the current models for assessment and diagnosis of relational functioning.

2.1.7. Understand the limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
2.1.8. Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.

2.2. Perceptual skills

2.2.1. Determine the person or system that is the focus of treatment (i.e., who is the client?).
2.2.2. Assess each clients' engagement in the change process.
2.2.3. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.
2.2.4. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.2.5. Consider the influence of treatment on extra-therapeutic relationships.
2.2.6. Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.

2.3. Executive skills

2.3.1. Diagnose and assess client problems systemically and contextually.
2.3.2. Engage with multiple persons and manage multiple levels of information throughout the therapeutic process.
2.3.3. Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
2.3.4. Apply effective and systemic interviewing techniques and strategies.
2.3.5. Administer and interpret results of assessment instruments.
2.3.6. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.7. Assess family history and dynamics using a genogram or other assessment instruments.
2.3.8. Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.
2.3.9. Make accurate behavioral and relational health diagnoses.
2.3.10. Identify clients' strengths, resilience, and resources.
2.3.11. Elucidate presenting problem from the perspective of each member of the therapeutic system.
2.3.12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes.

2.4. Evaluative skills

2.4.1. Evaluate assessment methods for relevance to clients' needs.
2.4.2. Assess ability to view issues and therapeutic processes systemically.
2.4.3. Evaluate the accuracy of behavioral health and relational diagnoses.
2.4.4. Assess the therapist-client agreement of therapeutic goals and diagnosis.

2.5. Professional skills

2.5.1. Utilize consultation and supervision effectively.

3. Treatment Planning and Case Management

3.1. Conceptual skills

3.1.1. Know which models, modalities, and/or techniques are most effective for the presenting problem.
3.1.2. Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.

3.2. Perceptual skills

3.2.1. Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.

3.3. Executive skills

3.3.1. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2. Prioritize treatment goals.
3.3.3. Develop a clear plan of how sessions will be conducted.
3.3.4. Structure treatment to meet clients' needs and to facilitate systemic change.
3.3.5. Manage progression of therapy toward treatment goals.
3.3.6. Manage risks, crises, and emergencies.
3.3.7. Work collaboratively with other stakeholders, including family members and professionals not present.
3.3.8. Assist clients in obtaining needed care while navigating complex systems of care.
3.3.9. Develop termination and aftercare plans.

3.4. Evaluative skills

3.4.1. Evaluate progress of sessions toward treatment goals.
3.4.2. Recognize when treatment goals and plan require modification.
3.4.3. Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4. Assess session process for compliance with policies and procedures of practice setting.
3.4.5. Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.

3.5. Professional skills

3.5.1. Advocate for clients in obtaining quality care, appropriate resources, and services in their community.
3.5.2. Participate in case-related forensic and legal processes.
3.5.3. Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4. Utilize time management skills in therapy sessions and other professional meetings.

4. Therapeutic Interventions

4.1. Conceptual skills

4.1.1. Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies.
4.1.2. Recognize strengths, limitations, and contraindications of specific therapy models.
4.1.3. Understand the risk of harm associated with models that incorporate assumptions of family dysfunction or pathogenesis.

4.2. Perceptual skills

4.2.1. Recognize how different techniques may impact the treatment process.
4.2.2. Distinguish differences between content and process issues, their role in therapy,

and their potential impact on therapeutic outcomes.

4.3. Executive skills

4.3.1. Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis.
4.3.2. Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.3. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
4.3.4. Reframe problems and recursive interaction patterns.
4.3.5. Generate relational questions and reflexive comments in the therapy room.
4.3.6. Engage each family member in the treatment process as appropriate.
4.3.7. Facilitate clients developing and integrating solutions to problems.
4.3.8. Defuse intense and chaotic situations to enhance the safety of all participants.
4.3.9. Empower clients to establish effective familial organization, familial structures, and relationships with larger systems.
4.3.10. Provide psychoeducation to families whose members have serious mental illness or other disorders.
4.3.11. Modify interventions that are not working to better fit treatment goals.
4.3.12. Move to constructive termination when treatment goals have been accomplished.
4.3.13. Integrate supervisor/team communications into treatment.

4.4. Evaluative skills

4.4.1. Evaluate interventions for consistency, congruency with model of therapy and theory of change, and goals of the treatment plan.
4.4.2. Evaluate ability to deliver interventions effectively.
4.4.3. Evaluate treatment outcomes as treatment progresses.
4.4.4. Evaluate clients' reactions or responses to interventions.
4.4.5. Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
4.4.6. Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation) and their impact on effective intervention and clinical outcomes.

4.5. Professional skills

4.5.1. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2. Set appropriate boundaries and manage issues of triangulation.
4.5.3. Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

5. Legal Issues, Ethics, and Standards

5.1. Conceptual skills

5.1.1. Know state, federal, and provincial laws and regulations that apply to the practice of couples and family therapy.
5.1.2. Know professional ethics and standards of practice that apply to the practice of couples and family therapy.
5.1.3. Know policies and procedures of the practice setting.
5.1.4. Understand the process of making an ethical decision.

5.2. Perceptual skills

5.2.1. Recognize situations in which ethics, laws, professional liability, and standards of

practice apply.
5.2.2. Recognize ethical dilemmas in practice setting.
5.2.3. Recognize when a legal consultation is necessary.
5.2.4. Recognize when clinical supervision or consultation is necessary.

5.3. Executive skills

5.3.1. Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.2. Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
5.3.3. Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4. Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5. Take appropriate action when ethical and legal dilemmas emerge.
5.3.6. Report information to appropriate authorities as required by law.
5.3.7. Practice within defined scope of practice and competence.
5.3.8. Obtain knowledge of advances and theory regarding effective clinical practice.
5.3.9. Obtain license(s) and specialty credentials.
5.3.10. Implement a personal program to maintain professional competence.

5.4. Evaluative skills

5.4.1. Evaluate activities related to ethics, legal issues, and practice standards.
5.4.2. Monitor personal issues and problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.

5.5. Professional skills

5.5.1. Maintain client records with timely and accurate notes.
5.5.2. Consult with peers and/or supervisors if personal issues threaten to adversely impact clinical work.
5.5.3. Pursue professional development through self supervision, collegial consultation, professional reading, and continuing educational activities.
5.5.4. Request third party reimbursement only for covered services.

6. Research and Program Evaluation

6.1. Conceptual skills

6.1.1. Know the extant CFT literature, research, and evidence-based practice.
6.1.2. Understand research and program evaluation methodologies relevant to CFT and mental health services.
6.1.3. Understand the application of quantitative and qualitative methods of inquiry in the practice of CFT.
6.1.4. Understand the legal and ethical issues involved in the conduct of clinical research and program evaluation.

6.2. *Perceptual skill*

6.2.1. Recognize opportunities for therapists and clients to participate in clinical research.

6.3. Executive skills

6.3.1. Read current CFT and other professional literature.
6.3.2. Use current CFT and other research to inform clinical practice.
6.3.3. Critique professional research and assess the quality of research studies and program evaluation in the literature.
6.3.4. Determine the effectiveness of clinical practice and techniques.

6.4. Evaluative skills

6.4.1. Evaluate knowledge of current clinical literature and its application.

6.5. Professional skills

6.5.1. Contribute to the development of new knowledge.

APPENDIX D
AAMFT Code of Ethics
Effective July 1, 2001

Preamble

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.013 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective July 1, 2001.

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their

commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

The AAMFT Code of Ethics is binding on Members of AAMFT in all membership categories, AAMFT-Approved Supervisors, and applicants for membership and the Approved Supervisor designation (hereafter, AAMFT Member). AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current Procedures for Handling Ethical Matters of the AAMFT Ethics Committee. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT Member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the Member attempted to resign during the investigation.

Contents

Principle I
Responsibility to Clients

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1. Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation.

1.2 Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

1.3 Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

1.4 Sexual intimacy with clients is prohibited.

1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

1.6 Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8 Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

1.12 Marriage and family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

1.13 Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

Principle II
Confidentiality

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in

emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.4 Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.5 Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

2.6 Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

Principle III
Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

3.2 Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

3.4 Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

3.6 Marriage and family therapists maintain accurate and adequate clinical and financial records.

3.7 While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.

3.8 Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.

3.11 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.12 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.13 Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.

3.15 Marriage and family therapists are in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

Principle IV
Responsibility to Students and Supervisees

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor

engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

4.4 Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

Principle V
Responsibility to Research Participants

Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws and regulations and professional standards governing the conduct of research.

5. 1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 2 Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

5.3 Investigators respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

5.4 Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

Principle VI
Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

6.1 Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code

of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student's program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

6.4 Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

6.5 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

6.6 Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

6.7 Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

6.8 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

Principle VII
Financial Arrangements

Marriage and family therapists make financial arrangements with clients, third-party payers, and supervisees that are reasonably understandable and conform to accepted professional practices.

7.1 Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

7.2 Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

7.3 Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

7.4 Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

7.5 Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it, (b) the relationship is not exploitative, (c) the professional relationship is not distorted, and (d) a clear written contract is established.

7.6 Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

Principle VIII
Advertising

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

8.1 Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

8.2 Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include: (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) qualifying clinical degree (see subprinciple 8.5); (c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications; (d) AAMFT clinical member status; and (e) description of practice.

8.3 Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

8.5 In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources recognized by the United States Department of Education, (b) from institutions recognized by states or provinces that license or certify marriage and family therapists, or (c) from equivalent foreign institutions.

8.6 Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

8.7 Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience

112 South Alfred Street, Alexandria, VA 22314
Phone: (703) 838-9808 - Fax: (703) 838-9805
www.aamft.org

Violations of this Code should be brought in writing to the attention of:

AAMFT Ethics Committee
112 South Alfred Street, Alexandria, VA 22314
Phone: (703) 838-9808 - Fax: (703) 838-9805
email: ethics@aamft.org

Appendix E
CHAPTER 451J
LICENSED MARRIAGE AND FAMILY THERAPISTS

Section

§451J-1 Definitions. As used in this chapter, unless the context clearly requires a different meaning:

"Accredited educational institution" means any educational institution which grants a master's or doctoral degree and is accredited by a regional accrediting body or a post graduate training institute accredited by the Commission on Accreditation for Marriage and Family Education.

"Advertise" means the issuing of or causing to be distributed any card, sign, or device to any person, or the causing, permitting, or allowing of any sign or marking on or in any building, on radio or television, or by advertising by any other means designed to secure public attention.

"Association" means the American Association for Marriage and Family Therapy.

"Clinical supervision" means the supervision of no more than six persons at the same time who are acquiring and completing clinical experience in accordance with section 451J-7(2) and (3), by a licensed marriage and family therapist whose license has been in good standing in any state for two years preceding commencement and during the term of supervision, or any licensed mental health professional whose license has been in good standing in any state and who has been a clinical member in good standing of the association for the two years preceding commencement and during the term of supervision. Clinical supervision includes but is not limited to case consultation of the assessment and diagnosis of presenting problems, development and implementation of treatment plans, and the evaluation of the course of treatment. Clinical supervision may include direct observation by the qualified supervisor of the provision of marriage and family therapy services.

"Continuing education courses" means courses approved by the American Association for Marriage and Family Therapy, American Association for Marriage and Family Therapy: Hawaii Division, American Psychological Association, Hawaii Psychological Association, National Association of Social Workers, or National Board for Certified Counselors and Affiliates, Inc.

"Credit hour" means, except as otherwise provided, the value assigned to fifty minutes of instruction.

"Department" means the department of commerce and consumer affairs.

"Director" means the director of commerce and consumer affairs.

"Ethics courses" include ethics theory, ethical reasoning, ethical principles, ethical dilemmas, and professional ethics.

"Family systems theories" means a body of research which focuses on understanding the family system and other social systems of the individual as integral to evaluating the etiology and providing treatment of mental and nervous disorders.

"Marriage and family therapist" or "licensed marriage and family therapist" means a person who uses the title of marriage and family therapist or licensed marriage and family therapist, who has been issued a license under this chapter, and whose license is in effect and not revoked or suspended at the time in question.

"Marriage and family therapy intern" means a person who has completed all educational requirements stipulated in section 451J-7(1)(A) and who is currently earning supervised clinical experience in marriage and family therapy under clinical supervision.

"Marriage and family therapy practice" means the application of psychotherapeutic and family systems theories and techniques in the delivery of services to individuals, couples, or families in order to diagnose and treat mental, emotional, and nervous disorders, whether these are behavioral, cognitive, or affective, within the context of the individual's relationships. Marriage and family therapy is offered directly to the general public or through organizations, either public or private, for a fee or through pro bono work. Marriage and family therapists assist individuals, couples, and families to achieve more adequate, satisfying, and productive social relationships, enable individuals to improve behavioral or psychological functioning, and help individuals reduce distress or disability. Marriage and family therapy includes but is not limited to:

(1) Assessment and diagnosis of presenting problems through inquiry, observation, evaluation, integration of diagnostic information from adjunctive resources, description, and interpretation of verbal and non-verbal communication, thought processes, beliefs, affect, boundaries, roles, life cycle stages, family interaction patterns, economic, social, emotional, and mental functioning, in order to identify specific dysfunctions and to identify the presence of disorders as identified in the Diagnostic and Statistical Manual of Mental Disorders;

(2) Designing and developing treatment plans by incorporating and integrating recognized family system theories, communication principles, crisis counseling principles, cognitive and behavioral counseling principles, or psychotherapeutic techniques in establishing short- and long-term goals and interventions collaboratively with the client; and

(3) Implementing and evaluating the course of treatment by incorporating family systems theories to assist individuals, couples, and families to achieve more adequate, satisfying, and productive social relationships, to enable individuals to improve behavioral or psychological functioning, and to help individuals reduce distress or disability by improving problem solving skills, decision making skills, communication and other relationship interaction patterns, identification of strengths and weaknesses, understanding or resolution of interpersonal or intrapersonal issues, recognition, development, and expression of appropriate affect, and referral to adjunctive medical, psychological, psychiatric, educational, legal, or social resources.

"Use of a title" means to hold oneself out to the public as having a particular status by stating the status on signs, mailboxes, address plates, stationery, announcements, telephone directory advertising, business cards, or other instruments of professional identification.

[§451J-2] Marriage and family therapist licensing program. There is established a marriage and family therapist licensing program within the department. The program shall be administered by the director.

§451J-3 Powers and duties of the director. In addition to any other powers and duties authorized by law, the director may:

(1) Examine and approve the qualifications of all applicants under this chapter, and issue a license to each successful applicant granting permission to use the title of marriage and family therapist or licensed marriage and family therapist in this State pursuant to this chapter and the rules adopted under this chapter;

(2) Adopt, amend, or repeal rules pursuant to chapter 91;

(3) Administer, coordinate, and enforce this chapter and rules;

(4) Discipline a person licensed as a marriage and family therapist for any cause described by this chapter, or for any violation of rules, or refuse to license a person for failure to meet licensing requirements or for any cause that would be grounds for disciplining a licensed marriage and family therapist; and

(5) Appoint an advisory committee of licensed marriage and family therapists and members of the public to assist with the implementation of this chapter and the rules; except that the initial members of the committee who are marriage and family therapists shall not be required to be licensed pursuant to this chapter.

[§451J-4] Fees; disposition. (a) Application, examination, reexamination, license, renewal, penalty fees, and any other fees relating to the administration of this chapter, none of which are refundable, shall be as provided in rules adopted by the director pursuant to chapter 91.

(b) Fees assessed shall defray costs incurred by the director to support the operation of the marriage and family therapist licensing program. Fees collected shall be managed in accordance with section 26-9(l).

§451J-5 Prohibited acts. Except as specifically provided elsewhere in this chapter, no person shall use the title marriage and family therapist or licensed marriage and family therapist without first having secured a license under this chapter. The department shall investigate and prosecute any individual using the title of marriage and family therapist or licensed marriage and family therapist without being properly licensed as a marriage and family therapist. Any person who violates this section shall be subject to a fine of not more than $1,000 per violation. Each day's violation shall be deemed a separate offense. Any action taken to impose or collect the fine imposed under this section shall be a civil action.

§451J-6 Exemptions. (a) Licensure shall not be required of:

(1) A person doing work within the scope of practice or duties of the person's profession that overlaps with the practice of marriage and family therapy; provided the person does not purport to be a marriage and family therapist or licensed marriage and family therapist;

(2) Any student enrolled in an accredited educational institution in a recognized program of study leading toward attainment of a graduate degree in marriage and family therapy or other professional field; provided that the student's activities and services are part of a prescribed course of study supervised by the educational institution and the student is identified by an appropriate title including but not limited to "marriage and family therapy student or trainee", "clinical psychology student or trainee", "clinical social work student or trainee", or any title which clearly indicates training status; or

(3) Any individual who uses the title marriage and family therapy intern for the purpose of obtaining clinical experience in accordance with section 451J-7(3).

(b) Nothing in this chapter shall be construed to prevent qualified members of other licensed professions as defined by any law, rule, or the department, including but not limited to social workers, psychologists, registered nurses, or physicians, from doing or advertising that they assist or treat individuals, couples, or families consistent with the accepted standards of their respective licensed professions; provided that no person, unless the person is licensed as a marriage and family therapist, shall use the title of marriage and family therapist or licensed marriage and family therapist.

§451J-7 Application for licensure. Any person who files an application with the department after December 31, 1998, shall be issued a license by the department if the applicant provides satisfactory evidence to the department that the applicant is qualified for licensure pursuant to the requirements of this chapter and meets the following qualifications:

(1) Has completed a master's degree or doctoral degree from an accredited educational institution in marriage and family therapy or in an allied field related to the practice of mental health counseling which includes or is supplemented by graduate level course work comprising a minimum of thirty-three semester, or forty-four quarter hours in the following course areas:

(A) Marriage and family studies - nine semester or twelve quarter hours;

(B) Marriage and family therapy studies - nine semester or twelve quarter hours;

(C) Human development - nine semester or twelve quarter hours;

(D) Ethical and professional studies - three semester or four quarter hours; and

(E) Research - three semester or four quarter hours;

(2) Has one year practicum with three hundred hours supervised client contact;

(3) Completes one thousand hours of direct marriage and family therapy, and two hundred hours clinical supervision in not less than twenty-four months; and

(4) Has passed the National Marriage and Family Therapy Exam in accordance with section 451J-8.

An individual who is a clinical member of the association shall be deemed to have met the educational and clinical experience requirements of this section.

[**§451J-7.5] Reciprocity.** The director may enter into a reciprocity agreement with another state and issue a license to a marriage and family therapist who is licensed in that state; provided that the requirements for a license in that state are deemed by the director to be at least as stringent as the current requirements for a license in this State.

[§451J-8] Examination. (a) The department shall conduct an examination of licensing applicants at least once a year at a time and place designated by the department.

(b) The department shall administer the National Marriage and Family Therapy Exam in compliance with the Association of Marital and Family Therapy Regulatory Board standards.

(c) An applicant shall be held to have passed an examination by obtaining a passing score as determined by the director.

[§451J-9] Licensure fees. Licenses shall be valid for three years and shall be renewed triennially. Any applicant for renewal of a license that has expired within one year of the renewal deadline shall be required to pay a restoration fee in addition to all renewal fees.

§451J-10 Renewal of license. (a) Licenses shall be renewed triennially on or before December 31, with the first renewal deadline occurring on December 31, 2001. Failure to renew a license shall result in a forfeiture of the license. Licenses that have been forfeited may be restored within one year of the expiration date upon payment of renewal and restoration fees, and in the case of marriage and family therapists or licensed marriage and family therapist audited pursuant to subsection (f), documentation of continuing education compliance. Failure to restore a forfeited license within one year of the date of its expiration shall result in the automatic termination of the license. Persons with terminated licenses shall be required to reapply for licensure as a new applicant.

(b) Beginning with the renewal for the licensing triennium commencing on January 1, 2017, through December 31, 2019, and prior to every triennial renewal thereafter, each licensee shall:

(1) Pay all required fees; and

(2) Complete a minimum of forty-five credit hours of continuing education courses within the three-year period preceding the renewal date; provided that a minimum of six credit hours shall be in ethics courses.

(c) A first-time licensee shall not be subject to the continuing education requirement established under subsection (b)(2) for the first license renewal.

(d) Each licensee shall maintain the licensee's continuing education records. At the time of renewal, each licensee shall certify under oath that the licensee has complied with the continuing education requirement of this section. The director may require a licensee to submit evidence satisfactory to the director that demonstrates compliance with the continuing education requirement of this section.

(e) A licensee seeking renewal of a license without full compliance with the continuing education requirement shall submit the renewal application, required fee, a notarized affidavit setting forth the facts explaining the reasons for noncompliance, and a request for an extension on the basis of the facts; provided that the licensee shall complete at least ninety hours of continuing education, including at least twelve hours in ethics courses, prior to the next licensing triennium. The director shall consider each case on an individual basis and may grant an extension of the continuing education requirement based upon:

(1) Practice in an isolated geographical area with an absence of opportunities for continuing education by taped programs or otherwise; or

(2) Inability to devote sufficient hours to continuing education because of incapacity, undue hardship, or any other serious extenuating circumstances.

(f) The director may conduct random audits of licensees to determine compliance with the continuing education requirement. The director shall provide written notice of an audit to a licensee randomly selected for audit. Within sixty days of notification, the licensee shall provide the director with documentation verifying compliance with the continuing education requirement established by this section.

§451J-11 Denial, revocation, or suspension of license. (a) The department shall deny, revoke, condition, or suspend a license granted pursuant to this chapter on the following grounds:

(1) Conviction by a court of competent jurisdiction of a crime which the department has determined, by rules adopted pursuant to chapter 91, to be of a nature that renders the person convicted unfit to practice marriage and family therapy;

(2) Failing to report in writing to the director any disciplinary decision related to the provision of mental health services issued against the licensee or the applicant in any jurisdiction within thirty days of the disciplinary decision, or within thirty days of licensure;

(3) Violation of recognized ethical standards for marriage and family therapists or licensed marriage and family therapist as set by the association;

(4) Fraud or misrepresentation in obtaining or renewing a license, including making a false certification of compliance with the continuing education requirement set forth in section 451J-10;

(5) Revocation, suspension, or other disciplinary action by any state or federal agency against a licensee or applicant for any reason provided under this section; or

(6) Other just and sufficient cause that renders a person unfit to practice marriage and family therapy.

(b) Any licensee who violates this section may also be fined not more than $1,000 per violation.

[§451J-12] Confidentiality and privileged communications. No person licensed as a marriage and family therapist, nor any of the person's employees or associates, shall be required to disclose any

information that the person may have acquired in rendering marriage and family therapy services except in the following circumstances:

(1) As required by law;
(2) To prevent a clear and immediate danger to a person or persons;
(3) In the course of a civil, criminal, or disciplinary action arising from the therapy where the therapist is a defendant;
(4) In a criminal proceeding where the client is a defendant and the use of the privilege would violate the defendant's right to a compulsory process of the right to present testimony and witnesses in the defendant's own behalf;
(5) In accordance with the terms of a client's previously written waiver of the privilege; or
(6) Where more than one person in a family jointly receives therapy and each family member who is legally competent executes a written waiver; in that instance, a therapist may disclose information received from any family member in accordance with the terms of the person's waiver.

[§451J-13] Therapist prohibited from testifying in alimony and divorce actions. If both parties to a marriage have obtained marriage and family therapy by a licensed marriage and family therapist, the therapist shall be prohibited from testifying in an alimony or divorce action concerning information acquired in the course of therapy. This section shall not apply to custody actions whether or not part of a divorce proceeding.

Appendix F
Six Pillars of Counselor Fitness
(Developed by Dr. Blendine Hawkins, PhD., LMFT)

I. Humility & Openness

Counseling performance enhanced by acceptance of new information, empathizing with others' opinions, experiences, and reality, seeking out new learning experiences, keen curiosity about new/novel situations.

II. Reflexivity

Counseling performance enhanced by designing and taking ownership of a personal/professional development plan by engaging in a continual process of reflection, critical thinking, and self-assessment by using various forms of feedback about one's own effectiveness, being receptive, and responding professionally to feedback, including assessment data, supervision and consultation, client feedback, personal therapy, and evidence-based research.

III. Psychological Flexibility & Adaptability

Counseling performance enhanced by the ability to flex to changing circumstance, and to adapt to fluctuating situational demands unexpected events, and new situations, the dedication to positive-refocusing and reconfiguring mental resources and ultimately embracing challenges as opportunities to learn and grow.

IV. Emotional Stability & Self-Control

Counseling performance enhanced by one's internal balance and maintaining a state of emotional stability, successfully separating one's personal feelings from one's clinical work, having a high tolerance for ambiguity and other people's expressed emotions, having an in-the-moment awareness of own emotional triggers and fluctuations, and engaging in impulse and self-control in relationships with clients, supervisors, and colleagues.

V. Self-Awareness, Self-Monitoring, & Self-Care

Counseling performance enhanced by a commitment to self-awareness and to honestly and objectively examine own belief systems, values, needs, biases, and limitations and the effects of "self" on one's work with clients while maintaining ethical and healthy boundaries, in addition to demonstrating an understanding of the importance of regularly monitoring and caring for self.

VI. Empathy

Counseling performance enhanced by having a warm understanding and open-minded acceptance of others viewpoints, the ability to see things from another person's perspective, and a desire to truly understand their experiences of pain and injustice while creating an environment of cultural safety, and in counseling, the context is concerned with facilitating the expression of other's thoughts and feelings.

CHAMINADE UNIVERSITY OF HONOLULU
SCHOOL OF EDUCATION AND BEHAVIORAL SCIENCES
THE DOCTOR OF MARRIAGE AND FAMILY THERAPY PROGRAM
STUDENT MEMORANDUM OF UNDERSTANDING

Name:	
Student ID #:	
Starting Term: Fall 2023	

Please confirm your intent to complete the first qualifying exam in the Doctor of Marriage and Family Therapy by initialing each item in the space provided, then sign and date at the end of the Memorandum of Understanding (MOU).

____ I have received, reviewed and understand the content provided in the Memorandum of Understanding (MOU) and Formal Clinical Presentation Handbook.

___ I understand that I am required to obtain raw data or recordings from sessions with clients in the time prior to my Formal Clinical Presentation (FCP) qualifying exam.

___ I understand this paper will provide a comprehensive conceptualization of the client system. The paper should be written using APA guidelines, be not less than 15 pages, and contain information listed within the FCP handbook (FCP criteria section).

___ I understand that I must schedule a time within week 5 of the fourth term to present my Formal Clinical Presentation (FCP) qualifying exam to the DMFT faculty.

___ I understand that DMFT students are required to include specific content in the written document and oral presentation that is noted in the provided rubric that delineates acceptable performance for each domain of the qualifying exam.

___ I understand that the Formal Clinical Presentation document must be submitted 2 weeks before the oral presentation.

___ I understand this paper must be submitted to the DMFT program using the secure Qualtrics program. I understand that the document should be scrubbed of direct identifying information of a client system (names, initials, phone numbers, addresses, complete date of birth, ID).

___ I understand that the paper must be received/uploaded no later than July 14th 2024.

___ I understand that I am required to complete the Formal Clinical Presentation (FCP) prior to the conclusion of the final term of the first year in the Doctor of Marriage and Family Therapy program.

____ I understand that The Formal Clinical Presentation paper and oral presentation will be reviewed by the Doctor of Marriage and Family Therapy program FCP committee.

___ I understand a DMFT graduation requirement is passing the Formal Clinical Presentation in order to proceed to the second year in the Doctor of Marriage and Family Therapy program.

---------- ----------

Signature Date

Doctor of Marriage and Family Therapy

SCHOOL *of* EDUCATION
and BEHAVIORAL SCIENCES

Handbook: Formal Clinical Presentation

Version 1.2
January, 2024