



Chaminade  
University  
OF HONOLULU

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## Doctor of Marriage and Family Therapy

SCHOOL *of* EDUCATION  
*and* BEHAVIORAL SCIENCES

## Handbook: Policies & Procedures



## TABLE OF CONTENTS

### **CHAMINADE UNIVERSITY OF HONOLULU**

<a href="#">Introduction to Chaminade University.....</a>	<a href="#">7</a>
<a href="#">Chaminade University Mission.....</a>	<a href="#">7</a>
<a href="#">Marianist Educational Values.....</a>	<a href="#">8</a>

### **THE DMFT PROGRAM AT CHAMINADE UNIVERSITY**

<a href="#">Overview of DMFT.....</a>	<a href="#">9</a>
<a href="#">Mission Statement for Doctorate in Marriage and Family Therapy.....</a>	<a href="#">10</a>
<a href="#">Diversity &amp; Inclusion policy.....</a>	<a href="#">10</a>
<a href="#">Program Goals.....</a>	<a href="#">10</a>
<a href="#">Program Competencies and Program Learning Outcomes.....</a>	<a href="#">11</a>

### **DMFT PROGRAM POLICIES AND PROCEDURES**

<a href="#">Summary of Substantive Admission Requirements.....</a>	<a href="#">12</a>
<a href="#">Portability of Degree/Licensure Acknowledgement.....</a>	<a href="#">14</a>
<a href="#">DMFT Student Responsibility.....</a>	<a href="#">15</a>
<a href="#">Chaminade University of Honolulu (CUH) ID# and Email Account.....</a>	<a href="#">15</a>
<a href="#">Evaluation of Students.....</a>	<a href="#">15</a>
<a href="#">Summary of Graduation Requirements.....</a>	<a href="#">16</a>
<a href="#">Graduation.....</a>	<a href="#">16</a>

### **COURSEWORK FOR DOCTOR IN MARRIAGE AND FAMILY THERAPY**

<a href="#">Overview of Coursework Requirements.....</a>	<a href="#">17</a>
<a href="#">Program Structure.....</a>	<a href="#">18</a>
<a href="#">Curricular Design.....</a>	<a href="#">18</a>
<a href="#">Assessment.....</a>	<a href="#">19</a>
<a href="#">Annual Evaluation of Students.....</a>	<a href="#">20</a>
<a href="#">Clinical Training Requirements and Evaluation Methods.....</a>	<a href="#">20</a>
<a href="#">Formal Case Presentation (FCP).....</a>	<a href="#">21</a>
<a href="#">Integration of Clinical Training with Advanced Coursework.....</a>	<a href="#">21</a>
<a href="#">Supervision Track.....</a>	<a href="#">21</a>
<a href="#">Supervisor Expectations and Policies.....</a>	<a href="#">22</a>
<a href="#">HI-AMFT-SD Requirements.....</a>	<a href="#">22</a>
<a href="#">Qualifying Exams.....</a>	<a href="#">23</a>
<a href="#">Assessment of Course Learning Outcomes and Program Learning Outcomes.....</a>	<a href="#">23</a>
<a href="#">Curriculum.....</a>	<a href="#">24</a>
<a href="#">Student Recruitment Policy – DMFT Program.....</a>	<a href="#">25</a>
<a href="#">Student Retention Policy – DMFT Program.....</a>	<a href="#">25</a>
<a href="#">Advanced Curriculum and Advanced Practical Experience.....</a>	<a href="#">26</a>
<a href="#">Advanced Curriculum.....</a>	<a href="#">26</a>

<a href="#">Advanced Practical Experiences.....</a>	<a href="#">26</a>
<a href="#">Full list of Doctoral-level courses in Marriage and Family Therapy offered at CUH.....</a>	<a href="#">27</a>
<a href="#">DMFT Course Sequencing Plan.....</a>	<a href="#">28</a>
<a href="#">Curriculum Map.....</a>	<a href="#">29</a>
<a href="#">Course Descriptions.....</a>	<a href="#">30</a>
<a href="#">Qualifying Examinations and Dissertation.....</a>	<a href="#">38</a>
<a href="#">Qualifying Examination 1: Formal Case Presentation (FCP).....</a>	<a href="#">38</a>
<a href="#">Qualifying Examination 2: Supervisor, Educator &amp; Leader Portfolio (SELP).....</a>	<a href="#">39</a>
<a href="#">Qualifying Exam 3: Dissertation.....</a>	<a href="#">39</a>

**ACADEMIC INFORMATION AND GUIDELINES**

<a href="#">Course Registration.....</a>	<a href="#">41</a>
<a href="#">Grade Labels.....</a>	<a href="#">41</a>
<a href="#">Writing Standards.....</a>	<a href="#">41</a>
<a href="#">Academic Honesty.....</a>	<a href="#">41</a>
<a href="#">Professional Disposition &amp; Conduct Expectation.....</a>	<a href="#">42</a>
<a href="#">Authenticity of Student Work.....</a>	<a href="#">42</a>
<a href="#">Reflexive Behavior.....</a>	<a href="#">42</a>
<a href="#">Appropriate Advocacy.....</a>	<a href="#">44</a>
<a href="#">Remediation.....</a>	<a href="#">45</a>
<a href="#">Student Complaints/Grievance Policy.....</a>	<a href="#">45</a>
<a href="#">Online Course Guidelines.....</a>	<a href="#">46</a>
<a href="#">Attendance Policy.....</a>	<a href="#">46</a>
<a href="#">Parental Leave Policy for DMFT Students.....</a>	<a href="#">47</a>
<a href="#">Graduation/Degree Completion Requirements.....</a>	<a href="#">47</a>
<a href="#">Leave of Absence/Course Withdrawal.....</a>	<a href="#">48</a>
<a href="#">Incomplete Policy.....</a>	<a href="#">48</a>
<a href="#">Academic Probation/Dismissal.....</a>	<a href="#">48</a>
<a href="#">Title IX Compliance.....</a>	<a href="#">49</a>
<a href="#">Disability Access.....</a>	<a href="#">49</a>
<a href="#">Technology Requirements.....</a>	<a href="#">49</a>

**APPENDIXES**

<a href="#">APPENDIX A.....</a>	<a href="#">49</a>
<a href="#">APPENDIX B.....</a>	<a href="#">51</a>
<a href="#">APPENDIX C.....</a>	<a href="#">58</a>
<a href="#">Preamble.....</a>	<a href="#">58</a>
<a href="#">Principle I</a>	
<a href="#">Responsibility to Clients.....</a>	<a href="#">59</a>
<a href="#">Principle II</a>	
<a href="#">Confidentiality.....</a>	<a href="#">61</a>

<u>Principle III</u>	
<u>Professional Competence and Integrity.....</u>	<u>61</u>
<u>Principle IV</u>	
<u>Responsibility to Students and Supervisees.....</u>	<u>63</u>
<u>Principle V</u>	
<u>Responsibility to Research Participants.....</u>	<u>63</u>
<u>Principle VI</u>	
<u>Responsibility to the Profession.....</u>	<u>64</u>
<u>Principle VII</u>	
<u>Financial Arrangements.....</u>	<u>65</u>
<u>Principle VIII</u>	
<u>Advertising.....</u>	<u>65</u>
<u>CHAPTER 451J.....</u>	<u>67</u>
<u>LICENSED MARRIAGE AND FAMILY THERAPISTS.....</u>	<u>67</u>
<u>APPENDIX E.....</u>	<u>73</u>
<u>APPENDIX F.....</u>	<u>75</u>

## CHAMINADE UNIVERSITY OF HONOLULU

### **Introduction to Chaminade University**

Located on Kalaepohaku ("stony hillside") overlooking Diamond Head Crater and the Pacific Ocean, Chaminade University of Honolulu (CUH) is the only Catholic university in the State of Hawai'i and one of three Marianist higher-education institutions in the US. In September 1955, the Marianists opened Saint Louis Junior College on the Saint Louis School campus offering a two-year liberal arts program. Two years later the college expanded its programs and became a four-year coeducational college with the name of Chaminade College. Chaminade expanded its services to the community in 1967 with the establishment of an evening session to serve adults with business, family, and military responsibilities who desired to pursue a college degree. In 1977, the university finalized its evolution, adding graduate programs to become Chaminade University of Honolulu.

Chaminade University is one of the most diverse colleges in the U.S. and provides a model of multi-cultural interaction and understanding. The greater community of Honolulu in which the University is located provides another dimension of cultural awareness, as so many cultures co-exist and mutually benefit from one another in this cosmopolitan city. Chaminade has made a special attempt to reach our Native Hawaiian and Pacific Island students. The proportion of Native Hawaiian students in the undergraduate program is above 10%. In recognition of the university's strong commitment to its Hawaiian/Pacific roots, Chaminade was federally designated as a Native Hawaiian-Serving university in 2003.

### **Chaminade University Mission**

Chaminade University offers its students an education in a collaborative learning environment that prepares them for life, service and successful careers. Guided by its Catholic, Marianist and liberal arts educational traditions, Chaminade encourages the development of moral character, personal competencies, and a commitment to build a just and peaceful society. The University offers both the civic and church communities of the Pacific region its academic and intellectual resources in the pursuit of common aims.

### **Marianist Educational Values**

The five characteristics of a Marianist Education are:

#### 1. Educate for Formation in Faith

Catholic Universities affirm an intricate relationship between reason and faith. As important as discursive and logical formulations and critical thinking are, they are not able to capture all that can and ought to be learned. Intellectual rigor coupled with respectful humility provides a more profound preparation for both career and life. Intellectual rigor characterizes the pursuit of all that can be learned. Respectful humility reminds people of faith that they need to learn from those who are of other faiths and culture, as well as from those who may have no religious faith at all.

#### 2. Provide an Integral Quality Education

In the Marianist approach to education, excellence includes the whole person, not just the technician or rhetorician. Marianist universities educate whole persons, developing their

physical, psychological, intellectual, moral, spiritual and social qualities. Faculty and students attend to fundamental moral attitudes, develop their personal talents and acquire skills that will help them learn all their lives. The Marianist approach to education links theory and practice, liberal and professional education. Our age has been deeply shaped by science and technology. Most recently, information and educational technologies have changed the way faculty and students research and teach. At Marianist Universities, two goals are pursued simultaneously: an appropriate use of information technology for learning and the enhancement of interaction between students and teachers. As Catholic, Marianist Universities seek to embrace diverse peoples and understand diverse cultures, convinced that ultimately, when such people come together, one of the highest purposes of education is realized: a human community that respects every individual within it.

### 3. Educate in Family Spirit

Known for the strong sense of community, Marianists have traditionally spoken of this sense as “family spirit.” Marianist educational experience fosters the development of a community characterized by a sense of family spirit that accepts each person with loving respect and draws all in the university into the challenge of community building. Family spirit also enables Marianist universities to challenge their students, faculty and staff to excellence and maturity. This is possible because of the acceptance and love of a community that gives its members the courage to risk failure and the joy of sharing success.

### 4. Educate for Service, Justice, and Peace

The Marianist approach to higher education is deeply committed to the common good. The intellectual life itself is undertaken as a form of service in the interest of justice and peace and the university curriculum is designed to connect the classroom with the wider world. In addition, Marianist universities extend a special concern for the poor and marginalized and promote dignity, rights and responsibilities of all people.

### 5. Educate for Adaptation and Change

In the midst of rapid social and technological change, Marianist universities readily adapt and change their methods and structures so that the wisdom of their educational philosophy and spirituality may be transmitted even more fully. “New Times call for new methods” Father Chaminade often repeated. The Marianist University faces the future confidently, on the one hand knowing that it draws on a rich educational philosophy and on the other fully aware that in order for that philosophy to remain vibrant in changing times, adaptations need to be met.

# **THE DOCTOR OF MARRIAGE AND FAMILY THERAPY 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.

### **Diversity & Inclusion policy**

The Doctor of Marriage and Family Therapy (DMFT) program at Chaminade University of Honolulu is deeply committed to fostering a diverse, inclusive, and culturally responsive learning environment. Grounded in Marianist values of service, justice, peace, family spirit, and adaptation to change, we affirm the inherent worth and dignity of all individuals.

We recognize Hawai'i's unique cultural landscape and honor the histories, traditions, and healing practices of Native Hawaiians, Pacific Islanders, and other Indigenous peoples. Our program embraces cultural humility, equity, and social justice as essential to ethical practice, scholarship, supervision, and leadership.

We are committed to creating a community where students, faculty, and staff from all backgrounds feel welcomed, respected, and empowered. This includes individuals of diverse races, ethnicities, national origins, faith traditions, genders, sexual orientations, ages, abilities, and socioeconomic statuses.

In alignment with COAMFTE standards, our program prepares doctoral-level clinicians and leaders to systemically address mental health disparities, to evaluate and apply evidence-informed practices in ways that honor diverse cultural contexts, and to promote peace, wellness, and justice at individual, family, and community levels.

Through continuous self-reflection, collaborative learning, and service, the DMFT program actively works to dismantle barriers to equity and inclusion, ensuring that our graduates are prepared to lead with compassion, cultural safety, and a systemic vision for change.

### **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 12.5, 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 research 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)

## **DMFT PROGRAM POLICIES AND PROCEDURES**

### **Summary of Substantive Admission Requirements**

To be admitted into the Doctor in Marriage and Family Therapy program, all degree-seeking applicants are required to have a master's degree in Marriage and Family Therapy or related field of study from a regionally accredited institution, nationally accredited institution approved and documented by the faculty and dean of the School of Education and Behavioral Sciences, or an appropriately certified foreign institution with a minimum of graduate level courses covering basic concepts of counseling and/or psychotherapy.

Applicants who have not received a master's degree in Marriage and Family Therapy will complete four foundational courses or their equivalent and may be accepted to the program, but their status as a fully classified doctoral student is contingent upon meeting these prerequisites. A plan of study incorporating these prerequisite courses will be made available for those applicants who have not received a master's degree in Marriage and Family Therapy. The four courses should incorporate foundational MFT educational curriculum standards. Students who choose to complete the prerequisite courses at Chaminade University will enroll and pass the following no later than the second term of their admission to the DMFT program:

**MFT551 MFT Theories 1 (3cr)**

**MFT757 Family Therapy: Assessment and Intervention (3cr)**

**MFT759 Family Therapy: Violence, Trauma and Healing (3cr)**

**MFT760 Couples and Relationship Therapy (3cr)**

All applicants are assessed on their application which will include

- Completed program application and application fee
- Official transcripts from all colleges/universities attended
- Current professional resume
- Personal statement
- Academic writing sample
- Two letters of recommendations
- Proof of clinical activity.

Applicants should have a grade point average of at least 3.0 (on a scale of 4.0) in a master's degree and in any subsequent graduate study.

International candidates from countries where English is not the native language must meet TOEFL requirements.

In addition, the ideal applicant for the Doctor in Marriage and Family Therapy program will:

- Demonstrate evidence of both academic competency and professional standards.
- Present examples of graduate-level writing that demonstrate the ability to write on an advanced graduate, scholarly, and professional-level in proper APA format.
- Demonstrate interpersonal skills and the ability to regulate emotions, especially emotions associated with conflict and managing feedback.

- Possess potential for professional leadership.
- Present evidence of relevant clinical work experience.
- Describe areas of research interest and experience.
- Evidence level of professionalism that includes ethical decision-making and cultural awareness and competence.
- Have career aspirations that are consistent with the program's intent.

Once all application materials are received by Admissions, the application file is reviewed by the DMFT Admissions Committee and selected applicants will be contacted for an interview with the DMFT Faculty. Subsequently, selected interviewees will be informed of the decision to admit and will have to 'accept' their admissions to the Doctor of Marriage and Family Therapy program to hold their spot as a doctoral student in the Doctor of Marriage and Family Therapy program. The applicant will be notified in writing through email if accepted as a fully classified student or denied admission. Due to the Doctor of Marriage and Family Therapy program being cohort-based, students must be enrolled as a full-time student (2-3 courses per term) and unclassified students will not be accepted.

Upon acceptance into the Doctor of Marriage and Family Therapy program each DMFT student will work initially with the DMFT Program Director as their faculty advisor.

The Doctor of Marriage and Family Therapy program is structured so that all DMFT students are assigned to a cohort and take courses in a prescribed manner.

**Registration** – Due to the Doctor of Marriage and Family Therapy program being a cohort-based program, all DMFT student registration will be completed by the Doctor of Marriage and Family Therapy Program Director.

**Leave of Absence** – Due to the Doctor of Marriage and Family Therapy Program being a cohort-based program, if a leave of absence is requested, the earliest that the DMFT student would be able to return to the program would be when the course is offered again, which could be the following academic year.

Students requiring a leave of absence are encouraged to talk with the DMFT Program director as soon as possible to create an individualized academic plan. Due to the DMFT program following a cohort-based model, classes are offered once per year, with few exceptions. When creating an alternate plan of study, students' plans need to take into account limited course offerings, and be aware that timing of their leave of absence may delay their graduation by one calendar year.

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

**Re-Application After Dismissal** – DMFT students who have not taken classes for two or more

terms and did not request a leave of absence, will be dismissed from the program. DMFT students who have been dismissed by faculty from the program and wish to re-apply must submit a new application, all required documents, fees, and a letter to the Doctor of Marriage and Family Therapy Program Director indicating having met the terms of a remediation contract (with evidence), if applicable. When the required documents have been received, the DMFT student is required to participate in a personal interview with the Doctor of Marriage and Family Therapy Program Director. After the interview a determination will be made. The DMFT student will be notified by letter or email of the decision. If accepted, returning DMFT students are subject to current program curriculum and requirements.

***Transfer of Courses from Another Academic Program***– The DMFT program considers transfer requests on a case-by-case basis. Students who have completed doctoral-level, clinical graduate courses at another accredited university within the past three (3) years, and earned a grade of “B” or better, may be eligible to transfer up to two (2) courses into the Doctor of Marriage and Family Therapy program.

Applicants must submit official transcripts, syllabi, and relevant documentation for review during the application process. The Program Director and faculty will evaluate whether prior coursework meets the academic rigor, clinical standards, and curricular alignment of the DMFT program. Transfer credit is not guaranteed and will only be awarded when it is clear that prior learning outcomes are equivalent to those of the DMFT curriculum. All transfer approvals will follow university policy and accreditation requirements.

***Exceptions*** – All exceptions to the Doctor of Marriage and Family Therapy Program Policies, and Procedures will be addressed on an individual basis by the Doctor of Marriage and Family Therapy Program Director.

### **Portability of Degree/Licensure Acknowledgement**

The Doctor of Marriage and Family Therapy (DMFT) program at Chaminade University of Honolulu is an advanced clinical degree designed to prepare graduates for leadership, supervision, education, program development, and advanced practice within the field of marriage and family therapy. This program does not grant initial licensure eligibility, does not guarantee portability of licensure across jurisdictions, and is not intended to satisfy educational requirements for licensure.

Students are responsible for understanding the licensure laws and requirements in their state or jurisdiction of practice. The DMFT program does not provide verification or assurance that its degree meets educational requirements for licensure portability in any state.

### **DMFT Student Responsibility**

Students within the Doctor of Marriage and Family Therapy program will need to become familiar with the program requirements.

- The DMFT student is responsible for
  - o their progress through the program as set forth in the Doctor of Marriage and

- o meeting all the requirements for graduation including successfully passing the Qualifying Examinations and successfully defending their Dissertation
- o new information presented to them by the Doctor of Marriage and Family Therapy Program (i.e., via mail, or email)
- o new information given to them by the Doctor of Marriage and Family Therapy Program Director
- The DMFT student is responsible under the one (1) year criterion for meeting any requirement or policy changes.
- The DMFT student is responsible for contacting their faculty advisor once every term regarding registration, policy, requirements, and change in policy and/or requirements.
- In no case will a regulation be waived, or an exception be granted because a DMFT student pleads ignorance of or contends that they were not informed of requirements, policies, changes in requirements, or changes in policies.

### **Chaminade University of Honolulu (CUH) ID# and Email Account**

At the time of acceptance to the Doctor of Marriage and Family Therapy Program, DMFT students are assigned an ID number and CUH email account. This information is emailed with the acceptance letter. Instructions to access the email account and instructions for online registration (Portal) are also included in the acceptance packet.

### **ALL CUH CORRESPONDENCE WILL BE SENT TO THE DMFT STUDENT'S CUH EMAIL ACCOUNT**

It is the DMFT student's responsibility to check their CUH email account regularly. Communications may be time sensitive and require a timely response.

### **Evaluation of Students**

All DMFT students are evaluated annually. The purpose of the evaluation is to review students' progress in the program and to assess strengths and weaknesses. More information is provided in the Annual Evaluations section.

### **Summary of Graduation 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 Case Presentation (See Qualifying Examinations & Dissertation section below)
- Satisfactory performance on the Qualifying Examination 2: Supervisor, Educator & Leader Portfolio (See Qualifying Examinations & Dissertation section below)
- Successful completion and defense of the Dissertation. (See Qualifying Examinations & Dissertation section below)

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 (akin to failing for graduate courses) in any course, the student will be placed on academic probation, must meet with their adviser, re-take and pass the course with a grade of “B” or higher 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 must 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.

## **Graduation**

DMFT students are eligible to participate in the May graduation ceremony if all required coursework, including the Dissertation Defense is projected to be completed by the end of their third year in the Doctor of Marriage and Family Therapy program.

For DMFT students desiring to participate in the May graduation ceremonies, the following apply:

- Once cleared for graduation, students are allowed to ‘walk’ in the May ceremonies even though they have not officially completed all of the course work.
- Although students may participate/ ‘walk’ in the May ceremonies, students are expected to attend all classes through program completion in order to complete all required coursework and program requirements.
- Official transcripts will be marked “degree conferred” and the diplomas will be mailed as soon as grades have been submitted and the Records Office has verified the completion of all program requirements.

## **COURSEWORK FOR DOCTOR IN MARRIAGE AND FAMILY THERAPY**

### **Overview of Coursework Requirements**

The Doctor of Marriage and Family Therapy program 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 oriented model and focuses on applied skill development for use in clinical practice, supervision, academia, and administration. As would be reasonably expected in a DMFT degree program—as compared to a Ph.D. degree program, The Doctor of Marriage and Family Therapy program is relatively more “applied” than “research” oriented, although clinical research is a significant focus in this program. 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 Doctor of Marriage and Family Therapy program is designed with goals of preparing advanced MFT clinicians, leaders proficient in the areas of supervision, teaching, and program development, in addition to culturally competent professionals who embody service, justice, and adaptation. With these goals in mind, the pedagogical approach used will be a constructivist paradigm, which prioritizes students taking an active role in the learning process. The ways in which constructivist theory is embedded in the program is through experiential, field-based and immersive methods, such as utilizing real-world scenarios to help students explore their clinical decision-making process, having students construct lessons and then teach MFT content within real graduate level classrooms, providing opportunities for students to clinically supervise masters-level beginning clinicians, among others. At a doctoral level of education, students will be supported in taking responsibility for the direction of both their research/programmatic development and their clinical leadership work. Thus, students are invited to design their learning pathway informed from early conversations with their faculty and colleagues and initial content-rich courses. They will then build layers of knowledge within each course that provides opportunities for them to dig deeper into their chosen area of expertise, culminating in their program of research and clinical leadership (dissertation).

### **Program Structure**

The program is structured so that full-time students may complete the program in 3 years. Because the Doctor of Marriage and Family Therapy program is cohort-based, all students will be enrolled full-time (2-3 classes per 10-week term). A combination of interactive class technologies, including synchronous and asynchronous online courses will be used to ensure that students have positive enriching learning experiences that will enhance their clinical training and development of the self as a practitioner.

**Terms-** All Doctor of Marriage and Family Therapy program courses are offered online (asynchronous and synchronous). There are four 10-week terms a year: summer (July), fall (October), winter (January), and spring (April). Most courses are 3 semester credit hours, with a

few 1 semester credit hour courses.

## **Curricular Design**

The Doctor of Marriage and Family Therapy program has been developed as an online hybrid program to meet the needs of working professionals and practitioners. A combination of interactive class technologies both synchronous and asynchronous and face-to-face meetings via residencies will be used to ensure that students have positive enriching learning experiences that will enhance their clinical training and development of the self of the practitioner. This 62 credit hour program has been developed for students to complete in less than 3 years. Students will enroll in a series of ten-week courses, focusing on two or three courses at a time for the first two years and then completing dissertation related courses during the last year of the program.

There are two qualifying exams and a Dissertation for this program. The first qualifying exam, due at the end of the first year, is a Formal Case 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 a 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. The Dissertation will be submitted as a manuscript ready for journal submission.

All distance education at Chaminade is conducted via an online modality. Chaminade University uses the Canvas Learning Management System (LMS) for online course delivery. Given that the DMFT program is a clinical program designed to train students to embody professional clinical skills and disposition, around half the number of courses will be delivered synchronously over zoom and using Canvas, and the rest will be delivered asynchronously through Canvas. Students will engage with one another and their faculty through a variety of means. Faculty-initiated, regular and substantive interaction will be achieved through threaded discussions, directed video postings, utilizing chat functions, shared breakout rooms, as well as shared documents and other multimedia content, all initiated by faculty and including interaction by faculty. Canvas allows grading and feedback directly onto documents submitted (through its speed grader function), thus enhancing the engagement between faculty and student. Other LTE tools within Canvas will be used via faculty discretion as appropriate per class, but all designed to offer students a more robust and interactive learning environment. Within asynchronous courses, recorded lectures accompanied by discussion forums will be maintained so that students can clarify content from the lectures. Wikis initiated by instructors will be encouraged in each asynchronous course so that students and instructors can collaborate on documents aligned with the purpose of the course, such as research proposals, program development, and grant applications. Innovative interactive programs that can be integrated within the Canvas LMS will also be utilized in select courses such as Voicethread that allows for direct analyses and feedback on clinical performance and ongoing discussions between the students and the instructor.

This DMFT program has been crafted specifically with an online delivery modality in mind. Course progression via cohorts will ensure greater relationship building among students, thereby enhancing interaction among students and providing a certain level of exploration of ideas and clinical skill development throughout their program. The program aims to build a community of online learners and provide opportunities for students to have meaningful interaction with the instructor, learning materials, and each other. Students will also engage in research and/or program evaluation within their direct field. This type of research not only ensures greater real world applicability, but it also is well suited to online delivery and will enhance retention and success of the students. Connections with mental health agencies and organizations such as hospitals and the military, coupled with the support of Chaminade program faculty and staff, enable deeper connections to both community and educational trajectories.

### **Assessment**

Upon admittance into the Doctor of Marriage and Family Therapy program, all DMFT students must maintain a 3.0 GPA. In addition, if a DMFT student receives a “C” or lower grade (failing grade is C or F) in any course the DMFT student must meet with the Doctor of Marriage and Family Therapy program Director, be placed on academic probation status, be issued a remediation plan, and re-enroll and pass the course the next time it is offered. Failure to do so may result in the DMFT student being dismissed from the Doctor of Marriage and Family Therapy program. If a DMFT student receives a second “C” or lower grade in the same course, the DMFT student may be subject to dismissal from the program irrespective of maintaining an overall 3.0 GPA. The Doctor of Marriage and Family Therapy program Director will discuss the DMFT student’s case with the course instructor for a decision regarding continuation in the program. If allowed to continue, any further failing grade will result in immediate dismissal from the Doctor of Marriage and Family Therapy program. Additionally, students must address any incomplete (“I”) grades within 30 days, converting them to a passing grade.

Assessments will be completed by each Doctor of Marriage and Family Therapy program course instructor on all of their DMFT students at the conclusion of the respective terms. If any concerns are documented, the DMFT student will be required to meet with the Doctor of Marriage and Family Therapy program Director to discuss the discrepancy and may receive a remediation plan. Failure to comply with the remediation plan, if assigned, may result in the dismissal from the Doctor of Marriage and Family Therapy program.

If a DMFT student does not successfully pass each qualifying exam, the DMFT student will not be allowed to enroll the following semester. See section Qualifying Examinations and Dissertation for more information. Depending on the circumstances of failing a Qualifying Exam, the DMFT student may be dismissed from the Doctor of Marriage and Family Therapy program irrespective of having an overall GPA of 3.0.

### **Annual Evaluation of Students**

All DMFT students are evaluated annually. The purpose of the evaluation is to review students' progress in the program and to assess strengths and weaknesses.

First-year students are evaluated by the faculty toward the end of spring semester of their first year. Students will receive a memo describing the 1-2 page handout they will prepare for their first year review. Included is a list of academic accomplishments in the program (courses taken and grades; class projects and major papers; summary of research and/or teaching experiences; a summary of any special academic honors or experiences) and a Professional and Personal Assessment (professional and personal goals as stated when entering the program; self-assessment of progress toward those goals; an outline of plans to achieve remaining goals; changes in goals (if any) and their implications for future work, clinical hours reports, licensure in good standing or progress towards licensure, and personal comments on experiences in the program thus far.

After the first year, the faculty reviews student's progress annually. Students provide the DMFT faculty a written self-assessment of progress as part of the evaluation process.

### **Clinical Training Requirements and Evaluation Methods**

In addition to advanced coursework and practical experiences, all DMFT students are expected to remain clinically active throughout the program. Continuous engagement in clinical practice ensures that students apply doctoral-level knowledge to real-world contexts, refine their systemic thinking, and demonstrate competence across diverse populations. Clinical training requirements are designed to integrate practice with scholarship, and to prepare students for leadership roles in therapy, supervision, teaching, and consultation.

Evaluation of clinical training occurs through multiple measures, including signature assignments, annual faculty evaluations, direct feedback from supervisors and consultees, and the successful completion of qualifying examinations. Students are assessed not only for their technical skills but also for their professional disposition, cultural humility, and ability to integrate theory, research, and practice.

#### ***Formal Case Presentation (FCP)***

At the end of the first year, students complete the Formal Case Presentation (FCP), the first qualifying examination. The FCP requires students to present a comprehensive case drawn from their own clinical practice, including case conceptualization, systemic assessment, use of evidence-based interventions, and critical self-reflection on their therapeutic process. Students must demonstrate mastery of advanced relational/systemic theory, ethical decision-making, and responsiveness to cultural and contextual variables.

The FCP is evaluated by faculty using a structured rubric aligned with program learning outcomes and COAMFTE standards. Both the written case report and oral defense are required components, and students receive detailed feedback to support their continued growth. Successful completion of the FCP is required to advance to the second year of doctoral study.

#### ***Integration of Clinical Training with Advanced Coursework***

Clinical training in the DMFT program is intentionally integrated with advanced coursework to ensure that students can apply systemic theories and innovative practices directly to their

ongoing work with clients, supervisees, and consultees. Each advanced course includes experiential components, case applications, and opportunities for reflection on the self of the therapist. Faculty assess not only mastery of content but also the student's ability to translate learning into clinical and supervisory practice. Each of these courses embeds signature assignments—case presentations, recorded clinical sessions, program development proposals, or reflective analyses—that directly assess students' ability to integrate advanced knowledge into practice. Faculty provide structured feedback using rubrics aligned with program learning outcomes and COAMFTE Advanced Curriculum Areas (ACAs). Together with qualifying examinations and supervision requirements, these courses ensure that clinical training is not siloed but woven throughout the doctoral experience.

### ***Supervision Track***

During the second or third year (depending upon whether the student entered the program with a graduate degree in MFT), students engage in advanced supervision training as part of the Hawai'i-Approved MFT Supervisor Designation (HI-AMFT-SD) Track. This sequence includes a three-credit *Fundamentals of Supervision in Marriage and Family Therapy* course, followed by three consecutive one-credit *Advanced Supervision* courses. Across this nine-month sequence, students provide formal supervision to master's-level MFT interns enrolled in the University's training clinic or affiliated practicum sites.

Supervision is conducted under the mentorship of AAMFT Approved Supervisors or Approved Supervisor Candidates, ensuring layered feedback, accountability, and developmental support. Students are required to develop and articulate a personal philosophy of supervision, demonstrate competence in multiple supervision models, and monitor clinical effectiveness while supporting the professional growth of their supervisees. Performance is evaluated through direct observation, supervisee feedback, faculty mentor assessments, and the submission of supervision artifacts, which later become part of the Supervisor, Educator, and Leader Portfolio qualifying exam.

### ***Supervisor Expectations and Policies***

Doctoral students serving as supervisors are expected to:

- Uphold ethical and legal standards of supervision as defined by the AAMFT Code of Ethics, Hawai'i Revised Statutes (Chapter 451J), and program policy.
- Maintain appropriate boundaries, confidentiality, and professional responsibility for the well-being of clients and supervisees.
- Document supervision sessions in accordance with clinic and program policy, including frequency, duration, and focus of supervisory interactions.
- Engage in ongoing self-reflection, integrating feedback from mentors and supervisees into their supervision practice.
- Remain clinically active while providing supervision, modeling professional competence for supervisees.

Policies require that supervisors hold regular (weekly or bi-weekly) sessions with their supervisees, provide both formative and summative feedback, and immediately consult with their

faculty mentor regarding any ethical, legal, or clinical concerns that arise in supervision. Supervisors must also demonstrate cultural humility and integrate attention to diversity, equity, and inclusion in supervisory practice.

## **HI-AMFT-SD Requirements**

The DMFT supervision sequence is structured to align with the Hawai‘i-Approved MFT Supervisor Designation Program (HI-AMFT-SD). Completion of the Fundamentals of Supervision course, three advanced supervision practica, and the required mentoring hours satisfies the training portion of the HI-AMFT-SD process. Students who complete this sequence may be eligible to apply for the designation upon graduation, provided they meet all other requirements established by the Hawai‘i Division of Professional and Vocational Licensing (PVL).

## **Qualifications of Mentors**

Faculty serving as supervision mentors must hold the AAMFT Approved Supervisor designation (or candidacy status) and demonstrate expertise in systemic supervision, clinical training, and cultural responsiveness in the Hawai‘i context. Mentors are expected to provide:

- Direct observation of doctoral students in their supervisory role (live or recorded).
- Structured feedback using COAMFTE- and AAMFT-aligned rubrics.
- Modeling of supervision-of-supervision, demonstrating how to give feedback effectively and ethically.
- Cultural grounding, ensuring supervision practice reflects Hawai‘i’s unique clinical, cultural, and systemic realities.

## **Supervision-of-Supervision Process**

Doctoral students are required to participate in **supervision-of-supervision (sup-of-sup)** meetings with their faculty mentors throughout the nine-month sequence. In these sessions, mentors review supervisee session recordings, supervisory notes, and reflections. The process emphasizes:

- Identifying strengths and areas for growth in supervisory practice.
- Addressing challenges in providing feedback, gatekeeping, or supporting supervisees’ clinical decision-making.
- Integrating theory-to-practice by linking supervision models with real supervisory dilemmas.
- Attending to the *self of the supervisor*, including personal reactions, relational patterns, and professional use of self.

Supervision-of-supervision is documented and forms part of the student’s portfolio of professional development. Students must demonstrate growth in supervisory competence across the sequence, confirmed through mentor evaluations and supervisee outcome data.

## **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 Case 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.

## **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.

## **Curriculum**

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is the national accrediting agency for marriage and family therapy education and training in the United States. COAMFTE 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 12.5, 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, as well as advanced practical experiences, which all lead to the successful completion of the doctoral dissertation.

Students joining the DMFT program that did not complete a master's degree in Marriage and Family Therapy are required to complete the Foundational Systems Track. This track consists of 4 courses, PSY-756 Foundations of Marriage and Family Therapy, PSY-757 Family Therapy: Assessment and Intervention, PSY-759 Family Therapy: Violence, Trauma & Healing, and PSY-760 Couples and Relationship Therapy. These courses are integral to students' understanding of how systemic thinking impacts clinical practice for MFTs. These courses must be successfully completed with a grade of "B" or higher prior to the student's third term enrolled in the program.

At the culmination of the first year, each student will need to choose either the Hawaii Supervisor Track or the Elective track. Students that choose the Hawaii Supervisor track will enroll in three consecutive terms (Fall-Spring) of a (1) credit hour advanced supervision course, where the students will provide supervision to M.S.-level clinicians-in-training, and be provided with mentorship from MFT faculty that have AAMFT's approved supervisor or approved supervisor candidate designation. Students that choose the elective track will enroll in one 3-credit hour, doctoral-level course of their own choosing that aligns with program learning objectives and enhances their personal learning.

### **Student Recruitment Policy – DMFT Program**

The Doctor of Marriage and Family Therapy (DMFT) program at Chaminade University of Honolulu is designed to recruit licensed or licensure-track master's-level marriage and family therapists, counselors, and other behavioral health professionals who seek advanced systemic training. Recruitment is guided by Chaminade's Marianist mission to prepare practitioners who serve with compassion, justice, and a commitment to community wellbeing, with a particular

focus on addressing the acute mental health workforce needs in Hawai‘i, the Pacific region, and across the United States.

Recruitment efforts emphasize:

- Target Population: Master’s-level clinicians who wish to advance their careers as supervisors, educators, researchers, and leaders in the MFT profession.
- Commitment to Service: Outreach to clinicians dedicated to expanding access to mental health care in their local communities, whether in Hawai‘i, the Pacific, rural areas, or other regions of the country.
- Transparency: Clear communication of program goals, licensure implications, admission requirements, and doctoral-level expectations in all program materials.
- Community Engagement: Partnerships with local agencies, professional associations (e.g., HIAMFT), and alumni networks to encourage applicants from diverse backgrounds and professional experiences.

This recruitment policy ensures that the DMFT program attracts clinicians whose values and goals align with the mission of preparing advanced practitioners to lead systemic change in mental health.

### **Student Retention Policy – DMFT Program**

The DMFT program promotes student retention through intentional mentoring, rigorous but supportive academic structures, and professional development opportunities that prepare students for long-term success as supervisors, educators, and leaders.

Retention strategies include:

- Cohort Model: Students advance together, fostering peer support, accountability, and professional community.
- Mentorship: Faculty—all of whom are doctoral-level LMFTs and AAMFT Approved Supervisors—provide individualized mentorship in supervision, teaching, research, and leadership.
- High-Touch Engagement: All courses include synchronous interaction (via Zoom) every other week, supplemented with ongoing faculty accessibility and regular feedback. This maintains consistent connection in the online format.
- Professional Identity Formation: Students participate in layered supervision (mentoring MS-MFT supervisors), teaching practica (guest lecturing in graduate and undergraduate courses), and leadership training, ensuring skills are applied and reinforced.
- Early Support & Intervention: Students showing difficulty in coursework, supervision, research, or dissertation progress are identified through milestone assessments and faculty review. Remediation or tailored support plans—including structured dissertation support—are developed collaboratively to promote persistence and success.

- Holistic Supports: Distance students have equitable access to the Sullivan Family Library, Writing Center, counseling, disability services, financial aid, and diversity/international services.

By emphasizing mentorship, systemic leadership, and community, the DMFT program not only retains students but equips them to graduate as advanced professionals ready to meet the urgent behavioral health needs of Hawai‘i, the Pacific, and beyond.

### **Advanced Curriculum and Advanced Practical Experience**

The DMFT program integrates both an advanced curriculum and advanced practical experiences to ensure graduates are prepared for leadership roles in clinical practice, research, supervision, teaching, and policy. Together, these components foster the development of doctoral-level competencies and professional identity as marriage and family therapy scholars and leaders.

#### ***Advanced Curriculum***

The advanced curriculum is designed to deepen students’ knowledge and expertise across clinical practice, research, supervision, leadership, and policy. Courses are intentionally sequenced to scaffold the skills and competencies needed to build knowledge in clinical application, research, and leadership, culminating in the successful completion of the doctoral dissertation. The program faculty establish and maintain clear and consistent expectations in every class related to doctoral-level rigor, which is reinforced through advanced teaching practices. All courses emphasize engagement with current literature, including the reading and discussion of course-specific and relevant peer-reviewed research. Faculty provide ongoing, constructive, open, and honest feedback to support students in meeting doctoral-level expectations.

#### ***Advanced Practical Experiences***

In alignment with accreditation standards, all DMFT students also complete Advanced Practical Experiences (APE) that extend beyond the classroom and align with the program’s mission, goals, and learning outcomes. These experiences are designed to cultivate doctoral-level competence in multiple domains of professional practice and are supported by intensive mentoring to ensure growth.

Key components of the APE include:

- Teaching Experience: Students serve as guest lecturers in both undergraduate and graduate courses, where they deliver content, facilitate discussions, and model systemic thinking in the classroom. They receive feedback from both faculty instructors and students to refine pedagogy, classroom presence, and teaching effectiveness.
- Leadership Experience: Students are paired with less-seasoned clinicians and provide structured case consultation and professional guidance. Their consultation effectiveness, leadership style, and collaborative skills are assessed through structured evaluations, preparing them for future roles in administration, consultation, and clinical leadership.

- Supervision Experience: Each doctoral student provides nine months of formal supervision to master's-level MFT interns. Under the direct mentorship of AAMFT Approved Supervisors (or Approved Supervisor Candidates), students apply supervision models, monitor the quality of clinical care, and develop their own philosophy of supervision. This layered approach ensures that doctoral students build advanced competence as supervisors while enhancing their reflective practice.

Through these advanced practical experiences, students move beyond knowledge acquisition to active professional contribution. Faculty provide ongoing, constructive, and transparent feedback throughout the program, supporting students as they develop into advanced clinicians, supervisors, educators, researchers, leaders, and advocates in marriage and family therapy.

### **Full list of Doctoral-level courses in Marriage and Family Therapy offered at CUH**

#### Portfolio Courses (Courses Linked with Comprehensive Exams)

- DMFT 8000 Professional Development Seminar
- DMFT 8022 Portfolio Planning and Development
- DMFT 8900 Dissertation Seminar
- DMFT 8999 Dissertation credits (minimum 9 credits)

#### Advanced Research & Scholarship Courses

- 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

#### MFT Relational Supervision, Consultation, Teaching, Leadership, and Program Development Courses

- 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

#### Advanced Clinical Theory 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

#### Advanced Clinical Practice and Innovation Courses

- 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  
Prevention and Enrichment
- DMFT 8075 Family Healthcare Policy & Advocacy
- DMFT 8770 Entrepreneurship and Professional Development (optional elective)

**DMFT Course Sequencing Plan**

Fall	Winter	Spring	Summer
<b>Year 1</b>			
DMFT 8000 Prof Dev Sem DMFT 8050 Adv. Rel Theories DMFT 8051 Ethics, Legal	DMFT 8010 Intro Clinical Research DMFT 8052 Assmt. Diag	DMFT 8055 Trauma/Substance Treatment DMFT 8059 MFT through a Decolonized lens	DMFT 8060 Sex Therapy DMFT 8075 Family Healthcare Policy & Advocacy
<b>Year 2</b>			
DMFT 8015 Psychotherapy Outcome and Process Research DMFT 8062 MedFT012	DMFT 8071 Intro Teach/Consult/Lead DMFT 8013 Qualitative Research DMFT 8073 Program development	DMFT 8022 Portfolio Planning and Development DMFT 8012 Quantitative Research DMFT 8070 Fundamentals of Supervision	DMFT 8990 Dissertation 1 DMFT 8080 Adv. Sup 1
<b>Year 3</b>			
DMFT 8991 Dissertation 2 DMFT 8081 Adv. Sup 2	DMFT 8992 Dissertation 3 DMFT 8082 Adv. Sup 3	DMFT 8993 Dissertation 4	Dissertation Continuation Credit (1) if applicable

**Curriculum Map**

The curriculum map shows how the Doctor of Marriage and Family Therapy (DMFT) program is intentionally structured to help students build advanced professional competence step by step.

Each course is mapped to the program learning outcomes (PLOs) and course learning outcomes (CLOs), making clear how knowledge and skills progress across the three years of study.

Learning is tracked through three developmental stages:

- Emerging (E): Students are introduced to new knowledge and skills.
- Developing (D): Students strengthen and apply knowledge in increasingly complex ways.
- Mastery (M): Students demonstrate advanced, independent competence appropriate to the doctoral level.

By following the map, students can see how coursework, clinical training, supervision, teaching, leadership, and research experiences build upon each other. Early courses lay the foundation, mid-level experiences deepen integration, and advanced milestones (such as the Formal Case Presentation, Supervisor/Educator/Leader Portfolio, and Dissertation) demonstrate mastery.

This map also provides transparency for accreditation purposes, showing how the curriculum aligns program goals with learning outcomes and evaluation methods. For students, it serves as a guide to understand how their growth will be supported and assessed across the program.

PLOs	CLOs	Year 1								Year 2								Year 3							
		DMFT 8000 ProfDev	DMFT 8050 Adv/Rel Theory	DMFT 8051 Leg/Eth Prof	DMFT 8010 Int/Clin Res	DMFT 8052 Assn/D AMFT	DMFT 8012 Qualit	DMFT 813 Qual	DMFT 815 Trauma Subst	DMFT 815 Qual/ocles	DMFT 802 Mea/PFT Psychopharm	DMFT 801 Teach/Consul/ess	DMFT 802 Portfolio	DMFT 806 Sex/T	DMFT 809 Decall/ing	DMFT 807 ProgDev	DMFT 805 Famine/IMP/	DMFT 810 Funds/Sp	DMFT 808 Adv/Su p1	DMFT 809 Adv/Su p2	DMFT 811 Adv/Su p3	DMFT 812 Adv/Su p3	DMFT 813 Adv/Su p3	DMFT 814 Adv/Su p3	
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	CLO1: Students will develop expertise in an area of specialization related to the field of marriage and family therapy.	E	E	E		D	D		D		D	D						D		D					M
	CLO2: Students will cultivate evidence-informed relational/systemic innovations addressing contemporary issues in the field of marriage and family therapy.	E			E	E	D	D	D	D	D			D	D	D	D		D		D				M
	CLO3: Students will execute substantial steps towards gaining full MFT state licensure if not already fully licensed.				D						M	D													
PLO2: Students will synthesize contemporary family and couple therapy models and be responsive to the societal, cultural and spiritual contexts of practice	CLO4: Students will analyze and synthesize multiple family and couple therapy models culminating in their personal theory of change.		E			E					D				D	D		D		D					M
	CLO5: Students will assess the cultural responsibility of family and couple therapy models and interventions as applied to local and diverse communities.		E	E					D		D				D	D	D	D		D	D	D	D	D	M
PLO3: Students will synthesize the ethics and competency in peace, health, and justice approaches to M/CT research, supervision, and practice, demonstrating attention to multiple domains of diversity	CLO6: Students will evaluate clinical situations for ethical, legal, and professional issues related to working and conducting research with diverse families and underserved communities.		E	E	E	E		D	D	D	D			D	D	D		D		D					M
	CLO7: Students will understand and integrate Marital/relational values of service, justice, and peace into their practice as a MFT.	E	E										D			D		M							
	CLO8: Students will employ empathy and high tolerance for client's expressed emotions and a desire to understand client's experience of pain and injustice while creating an environment of cultural safety.				E				D		D				D	D		M							
PLO4: Students will use and evaluate quantitative and qualitative M/CT clinical to improve clinical process and outcomes	CLO9: Students will appraise the significance and applicability of research and distinguish process, outcome, quantitative, qualitative, and change research.	E			E	E	D	D	D	D	D				D	D	D			D					M
	CLO10: Students will apply research methods through publications and/or presentation.				E	E	E	E				D			D				D		D				M
	CLO11: Students will utilize methods of process/outcome clinical research to enhance their clinical efficacy.				E	E	E	E	E							D	D								M
PLO5: Students will cultivate a coherent and competent program of M/CT supervision	CLO12: Students will articulate a coherent supervision philosophy in preparation of the role of AAMFT approved supervisor.											D	D					D		D				M	
	CLO13: Students will define clarity of purpose, goals, process, and roles in the supervisory relationship.											D	D			D			D		D				M
PLO6: Students will utilize systemic leadership, demonstrating sophistication in program building, leadership, and/or consultation	CLO14: Students will interpret feedback with personal and interpersonal awareness and professionalism, and will incorporate feedback with reflexivity.	E		E								E		D				D		D		D	M	M	M
	CLO15: Students will be able to independently teach content related to MFT within clinical and community contexts.											D													M
	CLO16: Students will develop a robust professional program of leadership and partnership within the system, context, and community that they will serve.	E											D	D			D								M

## Course Descriptions

### 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. The course will focus on the development of the self-of-the-therapist and also address general developmentally appropriate issues for doctoral-level professionals. The course will also identify program, college, and university academic resources, as well as relevant professional

organizations. Students will be led in 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; PLO5; PLO6)*
2. *Develop a timeline with associated tasks for the first qualifying exam- FCP (PLO1; PLO2)*

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

This course focuses on research in marriage 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 differences in research design, sampling, instruments, and data collection. The course will focus on survey research design and data analysis and include research idea development, relational hypothesis 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. The course will prepare doctoral students to conduct a qualitative research study or program evaluation relevant to family processes and/or clinical practice. Students will learn qualitative research foundations

and gather practical experience with qualitative research methods. Furthermore, the course 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)*

### **DMFT 8015 Psychotherapy Outcome and Process Research (3.0 credit)\***

This course examines the methodological foundations of psychotherapy outcome and process research, specifically related to family based interventions. The course will define and demonstrate methods pertaining to efficacy, effectiveness, and dissemination/implementation science. This course provides an overview of seminal and current couple and family therapy clinical research. This course will review debates around the value, training and dissemination of empirically supported treatments and philosophical underpinnings of the scientific enterprise. Students will also examine research from the perspective of culture, race and gender and how these sociopolitical issues impact the interpretation of science. The significance of the research process and empirical evidence to couple and family therapy practice will be explored, with reference to “common factors” and evidence-based research.

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

1. *Define and differentiate process and outcome research in the MFT and Psychotherapy field (PLO1; PLO2; PLO3; PLO4)*
2. *Identify therapeutic variables involved in client change in process research (PLO4)*
3. *Identify actual therapeutic change in outcome research (PLO4)*

### **DMFT 8022 Portfolio Planning and Development (taken with your advisor; 1.0 credit)**

The Portfolio Planning and Development course is intended to prepare students for their Supervisor, Educator & Leader Portfolio and ensure the student has support in 1) developing a feasible plan to meet the portfolio requirements of the second Qualifying Exam and 2) making progress on portfolio tasks that require long-term development across the final years of the program and, 3) tailoring their portfolio to represent their professional goals. The capstone portfolio will represent professional development across four professional domains: 1) Scholarship, 2) Teaching/Supervision, 3) Clinical Practice, and 4) Citizenship, Leadership, and Service.

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

1. *Develop the primary components of their Supervisor, Educator & Leader Portfolio (PLO5; PLO6)*
2. *Accumulate and present the evidence and artifacts related to their portfolio (PLO5; PLO6)*
3. *Evaluate their professional development across the four domains of scholarship, teaching/supervision, clinical practice, and leadership (PLO5; PLO6)*

**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. The course examines the conceptualization and deconstruction of philosophical, religious, political, sociological, and ecosystemic values as it pertains to one's theory of change. Students will prepare 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)*

**DMFT 8055 Trauma Theory and Models with Vulnerable Populations and Systemic Approaches to Substance Treatment (3.0 credit)**

This course will provide an assessment of the impact of both acute and chronic trauma, including systemic trauma on family members and the response of the family system.

In addition the course will provide students with an in-depth exploration of the effects and consequences of addiction across multiple systems including: family, community, and society. Its purpose in the program of study is to support the application and advancement of family therapy theory and practice in the prevention, treatment, and recovery support for families impacted by substance use and addiction. This course reviews models of trauma and the various ways that trauma may intersect with various aspects of social location and identity, as well therapeutic models for the provision of trauma-informed and socially-just mental healthcare services. This course will also consider a community and public health perspective of vulnerable families, health disparities, and oppressive systems in the transmission of trauma.

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

1. *Describe the impact of both acute and chronic trauma on family members and the response of the family system (PLO2; PLO3)*
2. *Explain community and public health perspectives of vulnerable families, health disparities, and oppressive systems as it relates to the transmission of trauma (PLO3)*
3. *Examine evidence-based practices in the field of psychological trauma as well as vicarious trauma, posttraumatic growth, and clinician self-care (PLO1; PLO2; PLO4)*
4. *Apply and integrate specific Family Therapy approaches with the Trauma Informed Care Systems framework (PLO1; PLO2; PLO3)*
5. *Explain the family systems conceptualization of substance use with addiction and recovery implications (PLO1; PLO2)*
6. *Describe multiple evidence-based family approaches to the treatment of substance use disorders (PLO2; PLO3)*
7. *Analyze models of interventions in substance use treatment for applicability in diverse and low-resourced populations (PLO1; PLO3)*
8. *Demonstrate skills required to involve family and systems in the treatment of substance abuse (PLO1; PLO2; PLO3)*

**DMFT 8059 MFT through a Decolonized lens: Centering Indigenous healing practices in families (3.0 credit)**

This course will provide a critique of how the field of systemic family therapy has historically been driven by evidenced-based models and western family therapy concepts, which can marginalize indigenous cultural knowledge and emotional healing. This course will provide a framework for supporting decolonizing practices in family therapy and counseling that reflect values of human diversity, collaboration and participation, distributive justice, and self-determination.

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

- 1. Analyze how power, privilege, and oppression contribute to the intersectionality that affects mental health, family health, and community health (PLO1; PLO3)*
- 2. Explain the concepts of decolonization of therapeutic practices and trauma care (PLO1; PLO2; PLO3)*
- 3. Describe therapeutic interventions and approaches that align with cultural identities and reduce the impact that oppression has on families and communities (PLO3; PLO6)*

### **DMFT 8060 Sex Therapy (3.0 credit)**

This course covers many different aspects of sexuality including: biological, developmental, medical, cultural, historical, and interpersonal, with a review of the psychosocial development of sexuality and gender from childhood through aging. This course covers gender and sexual orientation with special attention given to the intersection of race, class, culture, ethnicity, religion, age, and ability. Diversity in sexual expression, sexual orientation, relational orientation, and gender identities are reviewed. This course explores the definition of "normal" sexual functioning, and the assessment and treatment of sexual dysfunction in couples therapy. Issues of diversity and a commitment to multicultural exploration are demonstrated and interwoven throughout all discussions as students explore the specific areas of sex therapy in adult relationships. Students will learn both theory and methods of sex-related psychotherapy, including several different models and techniques of sex-related assessment and diagnosis of the 'Psychosexual Disorders' described in the current edition of the DSM.

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

- 1. Describe the different aspects of sexuality as it relates to healthy sexual functioning (PLO1; PLO3)*
- 2. Analyze and critique normative models of sexual functioning in regards to the contexts of clinical practice and therapy (PLO1; PLO3; PLO4)*
- 3. Demonstrate the skills required to provide sex-related assessment and diagnosis for individuals within the context of couples therapy (PLO1; PLO2; PLO3)*

### **DMFT 8061 Medical Family Therapy and Introduction to Psychopharmacology (2.0 credit)**

This course is designed to prepare family therapists to work collaboratively in addressing the unique psychosocial problems of individuals, couples and families with acute and chronic medically related concerns, such as childhood diabetes and cancer, breast and prostate cancer, chronic progressive illness like M.S. and chronic pain. This course also presents a history and the most current trends in biological treatments in psychiatric disorders and systemic considerations for families. Competencies in interpersonal and communication skills, patient-centered and family-focused care, and collaborative practice will be addressed in this course. This course will present an overview of neurobiology and the mechanisms of action, side effects, and relevant issues associated with the major psychotropic medications and will explore the role of gender, race, culture, age, comorbid psychological and medical disorders, and other variables that impact the use of, and response to, various psychopharmacological interventions. Topics covered will include: understanding physician training, focus, and language, evidenced-based practice, outcome based practice, levels of collaboration, and an introduction to motivational interviewing framework and concepts.

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

1. *Describe components of the Medical Family Therapy modalities and the bio-psycho-socio-spiritual conceptualization (PLO1; PLO2)*
2. *Identify types of illness from a psychosocial perspective, family life cycle implications, and family structure implications (PLO1; PLO2; PLO3)*
3. *Demonstrate effective strategies for interacting with prescribing providers and their patients as a mental health care provider on the topic of medication (PLO1; PLO2; PLO6)*
4. *Describe the basic foundation of the neuromechanisms relevant to understanding the pharmacodynamics of psychotropic medications commonly prescribed in primary care settings (PLO1; PLO3; PLO4)*
5. *List current medications used for the treatment of mood disorders, childhood and aging diagnoses, and some mental illnesses with psychotic features as well as common side effects (PLO1; PLO3; PLO4)*
6. *Analyze the context and systemic variables as it relates to biological intervention and medication management in diverse populations (PLO1; PLO3; PLO4)*

**DMFT 8070 Fundamentals of Supervision in Marriage and Family Therapy (3.0 credit)**

The educational requirement for the AAMFT Approved Supervisor Designation entails completion of a fundamentals of supervision course. This course can be used toward the requirements for certification as an AAMFT-approved supervisor. This course will cover research and theory regarding the supervision of marriage and family therapy trainees and interns. This course prepares students for supervising trainees in marriage and family therapy, from a systemic perspective. This course also allows for exploration of supervision models and modalities as well as the development of a personal model of supervision. A philosophy of supervision paper must be completed.

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

1. *Describe the standards of practice of a systemic supervisor informed by systemic and MFT theories and frameworks (PLO2; PLO5)*
2. *Demonstrate the skills required to fulfill the role of systemic supervisor (PLO5)*
3. *Describe the ethical and legal responsibility of a supervisor to monitor the quality of care of supervisees (PLO2; PLO3; PLO5)*
4. *Develop and produce a coherent philosophy of supervision (PLO5; PLO6)*

**DMFT 8071 Introduction to Teaching/Consultation/Leadership (3.0 credit)**

This course will examine theories and techniques of cutting-edge leadership as applied to the field of marriage and family therapy. The course will review leadership models and help students identify an individualized plan for personal and professional development as an educator, mentor, consultant, and leader within the field of marriage and family therapy. Course content areas include: leadership styles and theories, instruction and teaching, navigating the job application process, licensure and certification, and key skills for leadership and administration in clinical organizations.

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

1. *Describe leadership models as it relates to professional development and identity (PLO1; PLO5; PLO6)*
2. *Develop an individual plan for personal and professional development as a consultant and leader (PLO5; PLO6)*

**DMFT 8073 Program Development for Families and Communities: Holistic Approaches to Prevention and Enrichment (3.0 credit)**

This course examines core components of systemic/relational programs designed to address mental health problems within the context of families and larger systems and also addresses formative and summative evaluations using quantitative, qualitative, and mixed-method designs. This course explains the elements of systemic programming that address clinical treatment problems/populations and areas of diversity impacting family and community systems. Using the systemic/relational paradigm of the field, students produce program design foundations, such as literature-based needs assessments, reflecting their areas of interest. Furthermore, this course emphasizes program evaluation and collaboration with stakeholders to ensure evaluation reports meet intended purposes and includes program methods for the development of a consistent program design and evaluation plan. The course utilizes assessment of program needs to address theory and adherence, process and performance, outcomes, impact, and efficiency in program design, evaluation, and monitoring.

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

- 1. Describe program development initiatives that are ethical, effective, and culturally sensitive (PLO1; PLO3)*
- 2. Explain elements of systemic programming that address clinical treatment problems/populations and areas of diversity impacting family and community systems (PLO3; PLO4; PLO6)*
- 3. Produce program design foundations for their own program development efforts within the communities (PLO1; PLO3; PLO6)*

**DMFT 8075 Family Healthcare Policy & Advocacy (3.0 credit)**

This course examines historical and contemporary trends in family healthcare policy, emphasizing healthcare disparities and the socio-political implications for families in different social positions while examining the intervening role of family therapy in larger eco-systemic issues. Furthermore, this course will explore individual and family health, specifically across the contexts of gender, race, and class. Factors influencing health policy will also be explored, along with health disparities and health equality in the American healthcare system. Economic, social and relationship, health and mental health, barriers and access to mental health, measures of child and family well-being, immigration and migration, and housing policies are a few of the key issues that might be examined through a lens of social justice.

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

- 1. Describe contemporary trends in family healthcare policy, emphasizing healthcare disparities and the socio-political implications for underserved and marginalized families (PLO1; PLO3)*
- 2. Interpret contexts and factors influencing health policy as it pertains to barriers and access to mental health (PLO3; PLO6)*
- 3. Explain possible solutions within their sphere of competency derived from evidence and founded in systemic frameworks (PLO6)*

**DMFT 8080 Advanced Supervision 1-3 (taken 3 terms to fulfill Hawaii-approved supervision requirements; 1.0 credit)**

Mentoring of supervision of master's level MFT clinicians-in-training. Hours earned apply toward certification as a Hawaii-approved supervisor. Must complete 30 hours of supervision and 10 hours of supervision mentoring.

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

1. *Provide supervision to MFTs/trainees while being supervised and guided by a mentor (PLO1; PLO5; PLO6)*
2. *Demonstrate the skills required to fulfill the responsibilities and duties of a systemic supervisor (PLO5; PLO6)*

### **DMFT 8900 Dissertation Seminar**

Students will enroll in the Dissertation Seminar course in their second summer in order to begin preparation of their dissertation proposals. Guidelines for the dissertation proposal will be disseminated during the Dissertation Seminar. Students may not propose their dissertation until they have successfully passed both qualifying examinations. 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 marriage and family therapy.

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

1. *Describe the primary components of the dissertation manuscript (PLO1)*
2. *Develop a research question(s) that is informed by relevant literature and based in systemic theory (PLO1; PLO4)*
3. *Develop a feasible research design with specific research strategies (PLO4)*
4. *Generate their Dissertation Proposal (PLO4)*

### **DMFT 8999 Dissertation credits (9 credits required after completion of qualifying exams)**

Each term of their third year, students will enroll in a 3-credit dissertation course, with the expectation that they will spend at least 10 hours/week working on your dissertation as a full-time student. The dissertation is intended to be the final demonstration of research competence, and may involve either (or both) qualitative or quantitative methodologies. The Dissertation must be proposed, defended and submitted as a manuscript ready for journal submission. Students who do not complete the dissertation within three semesters must enroll in dissertation continuation until the completion of the dissertation project.

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

1. *Identify and implement steps in data collection and management (PLO4)*
2. *Collect, organize and analyze data (PLO4)*
3. *Generate appropriate approaches to interpreting and displaying findings (PLO4)*
4. *Apply systemic and/or ecological framework to each step of the study (PLO2; PLO3)*
5. *Synthesize accumulated sections of the dissertation manuscript (PLO1; PLO4)*
6. *Present the research findings and the completed manuscript to their committee (PLO6)*

## **Qualifying Examinations and Dissertation**

### ***Qualifying Examination 1: Formal Case Presentation (FCP)***

DMFT students are expected to prepare and present a Formal Case Presentation at the conclusion of their first year in the Doctor of Marriage and Family Therapy program. This qualifying exam is a Formal Case 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. 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 DMFT program. The FCP paper and oral presentation will be reviewed by the DMFTFCP committee and must be passed in order to progress to the second year in the DMFT program. More information about the specifications of this Exam, in addition to the rubric, will be found within the Qualifying Examinations and Dissertation 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 dismissed from the program if they are not able to sufficiently remediate their deficiencies.

### ***Qualifying Examination 2: Supervisor, Educator & Leader Portfolio (SELP)***

DMFT students are expected to prepare and submit a Supervisor, Educator & Leader portfolio at the conclusion of their seventh term in the Doctor of Marriage and Family Therapy program. This qualifying exam is a Supervisor, Educator & Leader portfolio (SELP) where students will coalesce the different leadership roles and artifacts related to these roles into a portfolio. This portfolio will include evidence and artifacts accumulated by the student showcasing their development as a leader in the field. DMFT students are required to include specific content in the portfolio as noted in the provided rubric that delineates acceptable performance for each domain of this SELP. The SELP must be submitted 2 weeks before the end of their seventh term within their second year in the Doctor of Marriage and Family Therapy program. The SELP will be reviewed by the DMFT program SELP committee and must be passed in order to enroll in

Dissertation credits in the DMFT program. More information about the specifications of this Exam, in addition to the rubric will be found within the Qualifying Examinations and Dissertation 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 3 of the program. In some cases, DMFT students may be dismissed from the program if they are not able to sufficiently remediate their deficiencies.

### ***Qualifying Exam 3: Dissertation***

After successfully passing the two qualifying exams a student may enroll in Dissertation credits. 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. The Dissertation will be submitted as a manuscript ready for journal submission. The basic timeline will be:

1. Dissertation Preparation
  - a. students will work with their Dissertation Chair to narrow Dissertation topic
  - b. students will identify dissertation committee members
  - c. students will meet with Dissertation Committee for a Completion of Dissertation Prospectus Meeting
  - d. students will prepare a research proposal/prospectus for their dissertation
  - e. students will submit IRB application and get approval for their study design
  - f. students will commence their study, compile, analyze and construct their manuscript
2. Dissertation Ready to Defend
  - a. student will work with Dissertation Chair to determine when the manuscript is ready for other committee members to read
  - b. dissertation is given to the readers 5 weeks in advance
  - c. final oral defense is scheduled

More information about the specifications of the Dissertation, in addition to the rubric will be found within the Qualifying Examinations and Dissertation Handbook.

## **ACADEMIC INFORMATION AND GUIDELINES**

This handbook is intended to address information specific to the Doctor of Marriage and Family Therapy program. For additional information, please refer to the General Information section of the Chaminade Academic Course Catalog found on the Chaminade website under the Academics tab.

### **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 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 30 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. See policy on incompletes in academic information and guidelines section.

### **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 DMFT 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 can 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 & Conduct Expectation**

#### ***Authenticity of Student Work***

The DMFT program requires authenticity in all student work. Students must submit original work that accurately represents their own efforts and appropriately credits the contributions of others. Plagiarism, fabrication, misrepresentation, or unauthorized collaboration are violations of

program and university policies and may result in disciplinary action.

The use of artificial intelligence (AI) tools to generate, author, or substantially alter assignments, exams, dissertations, or other required work is considered a violation of authenticity, as such use does not reflect the student's own scholarly development. Submission of AI-generated or AI-assisted work may be considered a lack of authenticity and grounds for remediation, which could include required rewriting, additional supervision, or formal disciplinary measures.

For Dissertation specific requirements, please see Appendix F.

### ***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, 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—than 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 the DMFT program: being argumentative; being coercive; bullying in any form; harassment in any form; 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, a student may be referred to psychological 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 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.

#### Six (6) Pillars of Counselor Fitness

(Developed by Dr. Blendine Hawkins, PhD, Associate Professor of Psychology at Chaminade University of Honolulu)

##### 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 circumstances, 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.

## **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.

In addition to individual self-advocacy, DMFT cohorts have a designated Student Representative

who serves as an advocate for the collective needs and concerns of the cohort. The Student Representative acts as a liaison between students and faculty, communicates questions or feedback on behalf of the group, and works collaboratively with program leadership to ensure a positive and productive learning environment. This role is intended to foster open communication, strengthen the student voice, and model professional advocacy in alignment with the values of the program. A formal feedback loop is maintained to ensure student voices are heard and integrated into program decisions.

- **From Students to Faculty:** The representative gathers input, questions, and concerns from peers and brings them forward to program faculty during scheduled meetings.
- **Faculty Deliberation:** Faculty consider this feedback collectively, addressing themes, questions, or proposed changes.
- **From Faculty Back to Students:** After discussion, the representative receives updates or responses from faculty and shares these with the wider student body, ensuring that communication is transparent and consistent.

This cyclical process supports open dialogue, shared responsibility, and continuous program development while allowing all students to have their perspectives included. DMFT students having difficulty with 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: a 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 have 2 or more course incompletes 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, AAMFT) 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.

### **Student Complaints/Grievance Policy**

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 etiquette 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.

### Excused Absences

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.

### Unexcused Absences

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.

### **Parental Leave Policy for DMFT Students**

Becoming a parent is recognized as a profound life event, and the DMFT program is committed to providing support to DMFT students during this important transition. To accommodate students who require parental leave, the following policy is in place:

#### 1. Eligibility:

- All DMFT students are eligible to apply for parental leave, regardless of gender, in the event of childbirth or adoption.

#### 2. Duration of Leave:

- Parental leave will align with the program's existing Leave of Absence policies. Students may request a leave of absence for up to one year, consistent with the current guidelines.
- Students are not required to attend classes or participate in academic work during their leave. However, if they choose, they may remain engaged with their coursework if able.

#### 3. Communication with Faculty:

- Before taking parental leave, students must meet with their academic advisor and faculty members to discuss their leave and any necessary adjustments to their academic plan. This includes planning for coursework, clinical work, or research responsibilities.
- Together, the student and faculty will create a plan outlining any potential alterations to the specified plan of study.

#### 4. Return from Leave:

- Upon returning from leave, students will meet with their advisor to finalize any adjustments to their academic plan and ensure a smooth transition back into their studies.
- The program will make every effort to support a flexible and accommodating return, while acknowledging that there may be some limitations with course offerings and scheduling.

#### 5. Financial Aid and Enrollment Status:

- Students need to consult with the financial aid office to understand how parental leave may impact their financial aid or enrollment status. The program will work with students to minimize any disruptions.

We encourage any student considering parental leave to begin discussions with faculty as early as possible to ensure a well-supported and seamless process. If you have any questions or concerns, please reach out to the program coordinator or your academic advisor.

### **Graduation/Degree Completion Requirements**

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

### **Leave of Absence/Course Withdrawal**

We understand that sometimes life circumstances require students to take a break from their studies, and we are here to support students through that process. If you decide not to enroll in the prescribed course sequence with your designated cohort, please be aware that this may affect your progression in the program.

Because the DMFT courses are designed to build upon each other and are only offered once per calendar year, not enrolling in a course when scheduled may require a student to take a one-year leave of absence. This allows students to rejoin the program with the next cohort and continue courses in the correct sequence. This ensures that each student gets the most out of their learning experience and are fully prepared for the qualifying exams and dissertation work.

Students may take a leave of absence for up to a year or four terms but will need to resume classes in the term following their four-term leave of absence. If students do not submit a formal leave of absence, or are absent from the program for longer than a year/4 terms and wish to return to the program, they will need to reapply to the DMFT program and follow all standard application procedures.

Students are encouraged to follow the university's timetable for graduate courses regarding any course withdrawals and applicable tuition refunds. For any questions or guidance on taking a leave of absence, please reach out for support throughout this process to ensure success in the program. The DMFT faculty and staff are here to help students navigate this process and ensure they are supported in the journey through the program.

### **Incomplete Policy**

Students may apply for a grade assignment of "Incomplete" in courses where they have incomplete work from extenuating circumstances that prevent completion of the work assigned. DMFT students are not permitted to have more than one "incomplete" grade assignment per term, and are allowed a maximum of 4 "Incompletes." If a student requests an "incomplete" in

two consecutive terms, they must meet with their advisor before the beginning of the next term. The advisor may suggest that the student take a formal leave of absence, be dismissed from the DMFT program, or make alternative suggestions.

### **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 accommodations. If you would like to determine if you meet the criteria for accommodations, contact [ada@chaminade.edu](mailto: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 12.5, Advanced Curriculum Areas (ACAs).

<b>COAMFTE accreditation standards, version 12.5, Advanced Curriculum Areas (ACAs)</b>	
<b>Competency Area</b>	<b>Course(s) Meeting Competencies</b>
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
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)
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
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

<p>Couple and Family Therapy Supervision</p> <p>(Addresses ACA 4 COAMFTE)</p>	<p>DMFT 8070 Fundamentals of Supervision in Marriage and Family Therapy</p> <p>DMFT 8080 Advanced Supervision 1</p> <p>DMFT 8080 Advanced Supervision 2</p> <p>DMFT 8080 Advanced Supervision 3</p>
<p>Leadership/Consultation in Marriage/Couple and Family Therapy</p> <p>(Addresses ACA 4 COAMFTE)</p>	<p>DMFT 8071 Introduction to Teaching/ Consultation/ Leadership</p> <p>DMFT 8022 Portfolio Planning and Development</p> <p>DMFT 8075 Family Healthcare Policy &amp; Advocacy</p>

## **APPENDIX B**

### **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 marriage 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 MFTs.
- 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 “marriage 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 marriage 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 marriage and family therapy.
- 5.1.2. Know professional ethics and standards of practice that apply to the practice of marriage 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 MFT literature, research, and evidence-based practice.
- 6.1.2. Understand research and program evaluation methodologies relevant to MFT and mental health services.
- 6.1.3. Understand the application of quantitative and qualitative methods of inquiry in the practice of MFT.
- 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 MFT and other professional literature.
- 6.3.2. Use current MFT 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 C**  
**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.

<b>Contents</b>	
1. <u>Responsibility to clients</u>	5. <u>Responsibility to research participants</u>
2. <u>Confidentiality</u>	6. <u>Responsibility to the profession</u>
3. <u>Professional competence and integrity</u>	7. <u>Financial arrangements</u>
4. <u>Responsibility to students and supervisees</u>	8. <u>Advertising</u>

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**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

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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](mailto:ethics@aamft.org)

**CHAPTER 451J**  
**LICENSED MARRIAGE AND FAMILY THERAPISTS**

Section

451J-1	Definitions
451J-2	Marriage and family therapist licensing program
451J-3	Powers and duties of the director
451J-4	Fees; disposition
451J-5	Prohibited acts
451J-6	Exemptions
451J-7	Application for licensure
451J-7.5	Reciprocity
451J-8	Examination
451J-9	Licensure fees
451J-10	Renewal of license
451J-11	Denial, revocation, or suspension of license
451J-12	Confidentiality and privileged communications
451J-13	Therapist prohibited from testifying in alimony and divorce actions

**§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 E.

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	

Welcome to Chaminade’s community of learners and best wishes for an enriching experience as you prepare to be transformational as a leader within the field of Marriage and Family Therapy in roles such as clinician, supervisor, educator, scholar and researcher, and program developer.

Please confirm your intent to enroll in theDMFT program and your understanding of the terms, conditions and payment obligations.

Please initial 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 Handbook: Policies and Procedures.

\_\_\_\_\_ I understand that all University email communications will be to my Chaminade student email account and because some communications are time-sensitive, I will check my student email account regularly. (Email communications via personal or other business accounts are not acceptable and may be disregarded.)

\_\_\_\_\_ I understand that I must maintain a program GPA of at least 3.0. I understand that earning below a B in a course is not a passing grade and I will be placed on academic probation. I will have one opportunity to retake the course on its next offering. If the second attempt is below a B, this may lead to an academic dismissal.

\_\_\_\_\_ I understand that I must remain clinically active throughout the duration of the DMFT program, and should there be termination or transition within my clinical professional position, I will notify my advisor within 7 days and work to resume clinical activity within 30 days. If I remain clinically inactive for more than 2 months, this may lead to an academic dismissal.

\_\_\_\_\_ I understand that the Academic Course Catalog located on the Chaminade University website is in effect for the term identified in this MOU. I further understand that the catalog information is descriptive and that Chaminade University reserves the right to make any changes in catalog contents or the documented course of study.

\_\_\_\_\_ I understand that tuition payment is due by the first day of the term. Students who have an outstanding balance with the University after the first day of term are subject to being administratively dropped from all registered classes, and will not be reinstated during that same term.

\_\_\_\_\_ I understand the graduation requirements consist of passing all courses in the program, and successful completion of qualifying examinations, and successfully defending the dissertation.

\_\_\_\_\_ I understand that the Hawaii-approved Supervision track (consisting of a 3-credit Fundamentals of Supervision course and three 1-credit Advanced Supervision courses in the consecutive terms) which is embedded in the DMFT program, fulfills only the requirement to meet the approved supervisor designation for the state of Hawaii and does not necessarily meet other state's requirement for MFT supervision qualifications, and I am responsible for 1) acquiring information about supervision requirements in the state that I am in or would like to practice, and/or 2) applying and ensuring that the training within the DMFT program may be transferred or applied to the supervision requirements in the state that I am in or would like to practice.

\_\_\_\_\_ I understand that I will have to make a selection between the options of the Hawaii Supervisor Track or the Elective track by the end of my fourth term in the program, no later than September 1st.

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Signature

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Date



DOCTOR of MARRIAGE and FAMILY THERAPY  
School of Education & Behavioral Science  
at CHAMINADE UNIVERSITY of Honolulu

## Appendix F.

### AI Use and Academic Integrity Disclosure for Doctoral Dissertations

As a doctoral candidate in the Doctor of Marriage and Family Therapy (DMFT) program at Chaminade University of Honolulu, I affirm that the work presented in this dissertation represents my original scholarly effort and adheres to the highest standards of academic integrity, as outlined in the DMFT Student Handbook and the University's Honor Code.

I acknowledge that the use of generative artificial intelligence (AI) tools must be ethical, transparent, and aligned with principles of scholarly honesty. Generative AI tools refer to technologies capable of producing original content, including but not limited to text (e.g., ChatGPT), images (e.g., DALL·E), or data outputs (e.g., AI-assisted statistical analysis platforms). I recognize that this technology is evolving and that it remains my responsibility to ensure all AI use complies with institutional, academic, and professional ethical standards.

Accordingly, I affirm the following:

1. *Originality*: The intellectual work contained in this dissertation is my own. Any contributions made by generative AI tools were used only to support writing and editing tasks (e.g., grammar checking, rewording, formatting guidance), and did not generate or fabricate data, literature content, theoretical interpretations, or analyses.
2. *Disclosure and Attribution*: Where AI tools were utilized in a limited and ethical capacity (e.g., for paraphrasing or proofreading), such use has been transparently acknowledged in the methodology or acknowledgments section of the manuscript, as appropriate.
3. *Prohibited Use*: I affirm that AI tools were not used to:
  - Generate primary content, literature review material, or citations without verification;
  - Fabricate data or participant responses;
  - Bypass learning or intellectual effort expected of a doctoral candidate;
  - Misrepresent AI-generated work as my own intellectual contribution;

- Process or analyze confidential participant data in ways that violate IRB protocols or participant privacy.
4. *Accountability*: I understand that improper or undisclosed use of AI tools constitutes academic dishonesty. If found to have violated these principles, I acknowledge that I may be subject to consequences as outlined in the Student Handbook.
  5. *Indemnification*: I hereby release and indemnify the DMFT program, its faculty, and Chaminade University of Honolulu from any and all claims, disputes, or consequences resulting from the misuse or unethical application of AI tools in the preparation of this dissertation.
  6. *Responsibility of Compliance*: I understand that it is my responsibility, not that of my advisor, dissertation chair, or committee, to ensure full compliance with this agreement and all related university guidelines.

By signing below, I affirm my commitment to the responsible and ethical use of AI in accordance with the values of academic honesty and scholarly integrity upheld by Chaminade University.

**Student Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Chaminade  
University  
OF HONOLULU

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## Doctor of Marriage and Family Therapy

SCHOOL *of* EDUCATION  
*and* BEHAVIORAL SCIENCES

# Handbook: Policies & Procedures

version 1.3  
September, 2024