Doctor of Marriage &
Family Therapy

School of Family Sciences
CEPHD
Chaminade University of Honolulu

Handbook: DMFT Supervisor training

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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. <u>Educate for Formation in Faith</u>
   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. <u>Provide an Integral Quality Education</u>

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 Doctor of Marriage and Family Therapy (DMFT) program at Chaminade University of Honolulu prepares advanced practitioners and leaders in marriage and family therapy to serve individuals, families, and communities with competence, compassion, and a systemic vision for justice, health, and peace. Grounded in Chaminade's Marianist educational tradition and its values of service, justice and peace, quality education, family spirit, and adaptation and change,

the program develops doctoral-level clinicians who are simultaneously rigorous scholars, culturally humble practitioners, skilled supervisors, and engaged leaders.

The DMFT follows a practitioner-scholar model and is committed to the development of the whole person — professionally, intellectually, ethically, and relationally. Students are prepared to apply and advance evidence-informed couple and family therapy, conduct and disseminate original research, provide relational/systemic supervision, and lead in clinical, academic, and community settings. Special attention is given to cultural humility, equity, and the ethical honoring of Native Hawaiian, Pacific Islander, and other diverse and indigenous communities — reflecting both Chaminade's identity as a Native Hawaiian-Serving Institution and Hawai‘i's unique multicultural context.

The DMFT program equips graduates to address mental health disparities at family and community levels, to transfer knowledge to policy and practice, and to contribute actively to the ongoing advancement of the marriage and family therapy profession — guided always by a commitment to peace, health, justice, and the common good.

Non-Discrimination Policy

The Doctor of Marriage and Family Therapy (DMFT) Program at Chaminade University of Honolulu is committed to fostering an inclusive, respectful, and safe learning environment for all students, faculty, staff, supervisors, and community members. In alignment with Chaminade University’s broader Nondiscrimination/Anti-Harassment Policy and Grievance Procedures, the DMFT Program affirms that discrimination, harassment, sexual misconduct, and any form of physical or psychological abuse will not be tolerated.

Chaminade University does not discriminate on the basis of race, color, ethnicity, national origin, ancestry, religion or religious/spiritual affiliation, sex, gender, gender identity or expression, sexual orientation, age, disability (mental or physical), health status, genetic information, socioeconomic status, pregnancy or pregnancy-related conditions, marital or parenting status, arrest or court record status, National Guard participation, victim of domestic or sexual violence status, breastfeeding, or any other status protected by applicable local, state, or federal law.

The DMFT Program recognizes the inherent dignity and worth of all individuals and promotes respect, equity, and inclusion in all academic, clinical, supervisory, and community-based activities. Students, faculty, supervisors, and professional staff are expected to uphold the highest standards of professionalism, ethical conduct, and cultural sensitivity consistent with the values of the marriage and family therapy profession and the mission of Chaminade University.

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 cultivating a community where all students, faculty, and staff feel welcomed, respected, and empowered to fully participate and thrive. We honor and embrace the full range of human diversity, including but not limited to race, ethnicity, culture, national origin, language, faith and spiritual traditions, gender identity and expression, sexual orientation, age, ability and disability status, socioeconomic background, family structure, veteran status, and immigration experience. We also recognize the importance of lived experiences, perspectives, and ways of knowing that shape how individuals engage, learn, and contribute within our community.

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

Program Goal 1 ***(ACA 2 → PLO 1)***

The DMFT program prepares graduates to develop a doctoral-level professional identity as marriage and family therapists — grounded in research, attentive to diverse populations across the lifespan, and oriented toward the well-being of individuals, families, and communities.

Program Goal 2 ***(ACA 2 + ACA 3 → PLO 2)***

The DMFT program prepares graduates to synthesize advanced couple and family therapy models, including empirically-supported interventions, and apply them responsively across societal, cultural, cross-cultural, spiritual, policy, and legal contexts — contributing to the health and wholeness of diverse families.

Program Goal 3 ***(ACA 3 → PLO 3)***

The DMFT program prepares graduates to integrate ethics, peace, health, and justice frameworks into MFT practice — demonstrating advanced ethical reasoning, attention to multiple domains of diversity, and a commitment to equity and the well-being of marginalized families and communities.

Program Goal 4 ***(ACA 1 → PLO 4)***

The DMFT program prepares graduates to design, conduct, and evaluate MFT research — bringing scholarly rigor, sensitivity to diversity, and a commitment to dissemination in ways that advance the profession and serve families and communities.

Program Goal 5 ***(ACA 4 → PLO 5)***
The DMFT program prepares graduates to demonstrate competence in MFT relational/systemic supervision and foundational teaching practice — integrating multicultural content, professional ethics, and a developed personal supervisory philosophy in service of the next generation of clinicians.

Program Goal 6 ***(ACA 4 → PLO 6)***
The DMFT program prepares graduates to apply systemic leadership and consultation skills — demonstrating competence in program development, organizational assessment, and advocacy that advances the well-being of families, communities, and the MFT profession.

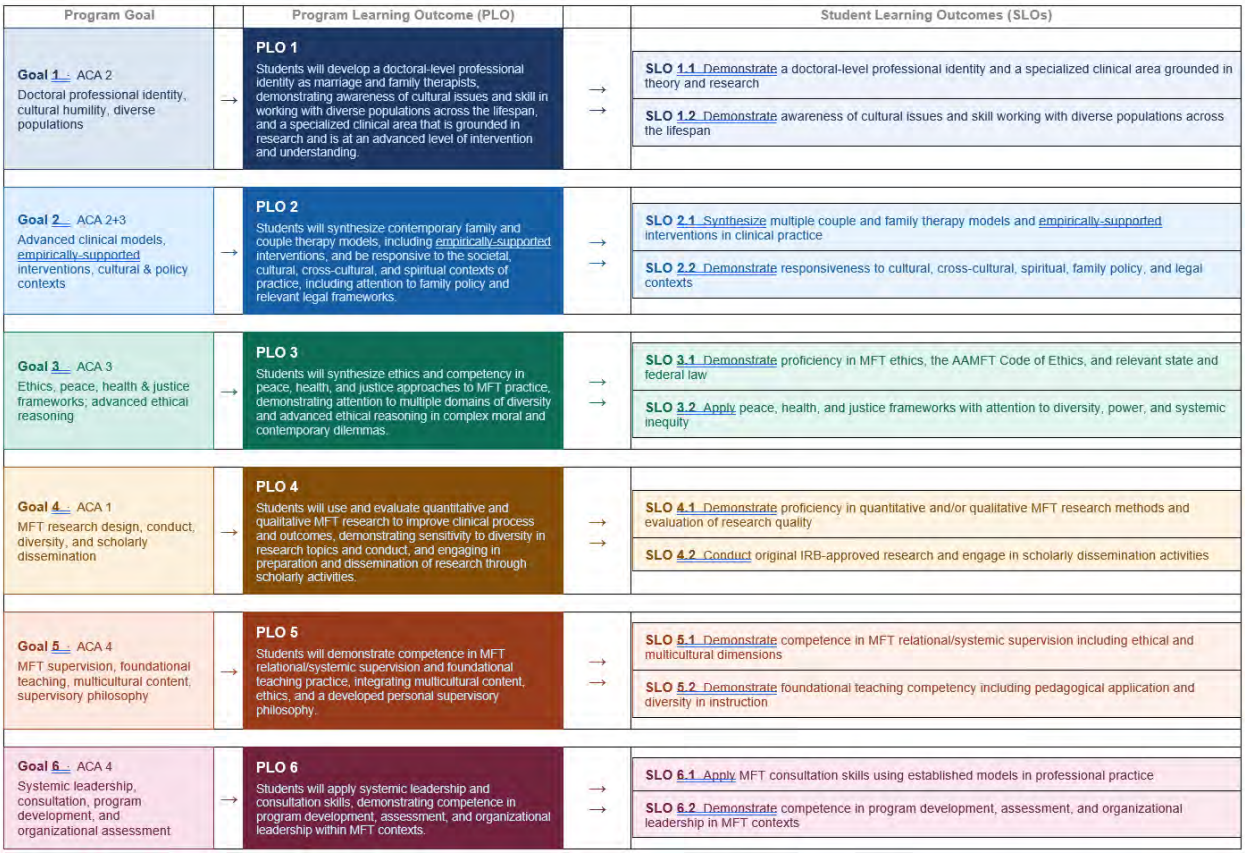
Program Learning Outcomes

Competency	**COAMFTE Advanced Curricular Area**	**DMFT Program Learning Outcomes**
Professional Identity & Clinical Specialization	ACA 2: Advanced Relational/Systemic Clinical Theory	PLO 1: Students will develop a doctoral-level professional identity as marriage and family therapists, demonstrating awareness of cultural issues and skill in working with diverse populations across the lifespan, and a specialized clinical area that is grounded in research and is at an advanced level of intervention and understanding.
Advanced Clinical Models & Contextual Practice	ACA 2: Advanced Relational/Systemic Clinical Theory & ACA 3: Advanced Relational/Systemic Applications to Contemporary Challenges	PLO 2: Students will synthesize contemporary family and couple therapy models, including empirically-supported interventions, and be responsive to the societal, cultural, cross-cultural, and spiritual contexts of practice, including attention to family policy and relevant legal frameworks.
Ethics, Peace, Health & Justice	ACA 3: Advanced Relational/Systemic Applications to Contemporary Challenges	PLO 3: Students will synthesize ethics and competency in peace, health, and justice approaches to MFT practice, demonstrating attention to multiple domains of diversity and advanced ethical reasoning in complex moral and contemporary dilemmas.
Research & Scholarly Dissemination	ACA 1: Advanced Research	PLO 4: Students will use and evaluate quantitative and qualitative MFT research to improve clinical process and outcomes, demonstrating sensitivity to diversity in research topics and conduct, and engaging in preparation and dissemination of research through scholarly activities.
Supervision & Teaching	ACA 4: Foundations of Relational/Systemic Teaching, MFT Supervision, Consultation, and/or Leadership	PLO 5: Students will demonstrate competence in MFT relational/systemic supervision and foundational teaching practice, integrating multicultural content, ethics, and a developed personal supervisory philosophy.
Leadership, Consultation & Program Development	ACA 4: Foundations of Relational/Systemic Teaching,	PLO 6: Students will apply systemic leadership and consultation skills, demonstrating competence in program

	MFT Supervision, Consultation, and/or Leadership	development, assessment, and organizational leadership within MFT contexts.

Student Learning Outcomes

PLO	SLO
PLO 1	SLO 1.1: Students will demonstrate a doctoral-level professional identity as a marriage and family therapist, including the articulation of a coherent clinical specialization grounded in theory and research.
	SLO 1.2: Students will demonstrate awareness of cultural issues, personal blind spots, and skill in working with diverse populations across the lifespan in clinical practice and supervision.
PLO 2	SLO 2.1: Students will synthesize multiple couple and family therapy models, including empirically-supported interventions, demonstrating advanced application in clinical practice.
	SLO 2.2: Students will demonstrate responsiveness to societal, cross-cultural, spiritual, family policy, and legal contexts in clinical reasoning and professional practice.
PLO 3	SLO 3.1: Students will demonstrate proficiency in MFT ethics, including application of the AAMFT Code of Ethics and relevant state and federal law to advanced clinical, supervisory, and research contexts.
	SLO 3.2: Students will apply peace, health, and justice frameworks to MFT practice, demonstrating advanced ethical reasoning and attention to diversity, power, and systemic inequity in complex clinical and contemporary dilemmas.
PLO 4	SLO 4.1: Students will demonstrate proficiency in quantitative and/or qualitative MFT research methods, including research design, data analysis, and evaluation of research quality.
	SLO 4.2: Students will conduct an original, IRB-approved research project that advances systemic understanding of MFT issues, demonstrates sensitivity to diversity, and contributes to the scientific community through dissemination.
PLO 5	SLO 5.1: Students will demonstrate the skills required to fulfill the role of a relational/systemic MFT supervisor, including ethical and multicultural dimensions of supervisory practice.
	SLO 5.2: Students will demonstrate foundational teaching competency, including application of pedagogical principles and sensitivity to diversity in instructional contexts.
PLO 6	SLO 6.1: Students will demonstrate competence in MFT consultation by applying consultation models and conducting supervised consultation activities.
	SLO 6.2: Students will demonstrate competence in program development and organizational leadership, including design, assessment, and evaluation of systemic programs serving families and communities.



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.

1. The DMFT student is responsible for
    - their progress through the program as set forth in the Doctor of Marriage and Family Therapy Program Handbook
    - meeting all the requirements for graduation including successfully passing the Qualifying Examinations and successfully defending their Dissertation
    - new information presented to them by the Doctor of Marriage and Family

Therapy Program (i.e., via mail, or email)
- new information given to them by the Doctor of Marriage and Family Therapy Program Director

a. The DMFT student is responsible under the one (1) year criterion for meeting any requirement or policy changes.
b. The DMFT student is responsible for contacting their faculty advisor once every term regarding registration, policy, requirements, and change in policy and/or requirements.
c. 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*:*
   (1) Satisfactory performance on the Qualifying Examination 1: Formal Case Presentation (See Qualifying Examinations & Dissertation section below)
   (2) Satisfactory performance on the Qualifying Examination 2: Supervisor, Educator & Leader Portfolio (See Qualifying Examinations & Dissertation section below)
   (3) Successful completion and defense of the Dissertation. (See Qualifying Examinations & Dissertation section below)

2. *The University graduate policy requires:*
   (1) 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 "B-" 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 "B-" 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.

(2) Continuous registration (for at least one credit hour).

(3) All curriculum requirements must be completed within SEVEN years of matriculation into the program.

(4) 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:

a 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.

b 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.

c 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 "B-" 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 "B-" 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.

Student performance is evaluated according to the following doctoral-level grading standards:
Doctoral Grading Scale
A (4.00): 93–100 – Exemplary, doctoral-level mastery of course content
A- (3.67): 90–92 – High level of advanced competency
B+ (3.33): 87–89 – Strong performance with minor areas for development
B (3.00): 83–86 – Satisfactory doctoral-level performance (minimum passing standard)
B- (2.67): 80–82 – Below expected doctoral standards
C (2.00): 70–79 – Failing; no credit awarded
F (0.00): ≤69 – Failing; no credit awarded
Additional grade designations include:
W – Withdrawal prior to published deadline
I – Incomplete; assigned at faculty discretion when a majority of coursework is completed and extenuating circumstances prevent timely completion
CR – Credit awarded upon successful completion
PR – Progressing; used for courses requiring ongoing completion (e.g., practicum, internship, dissertation)
NC – No Credit; course not successfully completed

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.

How Your Learning is Measured

You will be assessed in two main ways:

1. **Course-Based Assessment**

Each course includes assignments and evaluations that measure specific skills and knowledge. These are tied to course learning outcomes (CLOs), which connect directly to the program's broader learning goals.
This means that your regular coursework is not just about completing assignments, it is part of a larger process of developing the competencies expected of doctoral-level professionals.

2. **Program Milestones**

In addition to coursework, you will complete three major assessments that evaluate your development across the program:

- Formal Case Presentation (FCP):
  Demonstrates your ability to integrate clinical theory, apply systemic thinking, and respond to ethical and cultural considerations in practice.
- Supervisor, Educator, and Leader Portfolio (SELP):
  Demonstrates your growth in supervision, teaching, and leadership through applied work and reflection.
- Dissertation:
  Demonstrates your ability to design, conduct, and communicate original research that contributes to the field.

These milestones allow you to bring together what you have learned across courses and apply it in meaningful, real-world ways.

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.

Telehealth Policy

Teletherapy is the process of delivering synchronous therapeutic services using a secure video platform according to relevant state, federal, and provincial regulatory requirements, or guidelines. Telesupervision is the process of delivering synchronous supervision services using a secure video platform. The CUH DMFT program recognizes the growing need and use of teletherapy and telesupervision by MFTs and has integrated basic information regarding the ethics and use of teletherapy into the curriculum. We also recognize that licensure boards, legislative bodies, and the field are making efforts to determine how and when this modality can be used in a manner that protects both the client and therapist. The 2015 AAMFT Code of Ethics added language addressing the ethics and expectation of using this modality (Standard

VI)*. In addition, state regulatory boards require therapists to be licensed in both the state that the therapist resides and the state that the client resides in when teletherapy crosses state lines. CUH requires all faculty, students, and local supervisors to be compliant with current state regulatory requirements and practices regarding teletherapy. If students provide teletherapy to clients in another state, they are expected to conform to the licensure-related requirements of that state. The local clinical supervisor/mentor must be licensed and qualified to provide supervision in the state in which the therapy is being provided and received.

*AAMFT Code of Ethics (2015), Standard VI: Technology-Assisted Professional Services Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. Standard VI addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

Procedure

Under guidance provided by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) version 12.5 Accreditation Standards, the program permits students to engage in telesupervision to meet graduation requirements. Students will need to coordinate with their local clinical supervisor/mentor to determine how the local supervision will be compliant with relevant federal, state, or provincial regulatory requirements. This includes the secure HIPAA-compliant platform that will be used for telesupervision. Students must abide by confidentiality and all other standards/policies indicated in the CUH DMFT Handbook version 2.1. Placement sites and local clinical supervisors/mentors are responsible to be aware of and comply with any state/regional and/or clinical setting limitation, laws, and regulations regarding the use of telehealth which involves CUH students. Any state regulations that supersede these standards must be followed. CUH encourages students to have conversations with their site representative and local clinical supervisor/ mentor around the following questions:

- Does my state allow interns/trainees (i.e., pre-degree student therapists) to participate in teletherapy sessions?
- AAMFT Code of Ethics requires training before doing teletherapy. Does my state have minimum requirements for distance-based or technology assisted training before providing teletherapy?
- Are there any ethical considerations to be mindful of, such as client abandonment and confidentiality, if I engage or NOT in teletherapy sessions?
- Do I have the necessary training, liability insurance, supervision support, and resources to conduct teletherapy sessions? CUH does not provide the technology platform resources to see clients via teletherapy.

It is recommended that students review the report published by AAMFT entitled Best Practices in the Online Practice of Couple and Family Therapy (https://www.aamft.org/online_education/online_therapy_ guidelines_2.aspx).

Ethics Protocol with regards to Supervision

The AAMFT Code of Ethics serves as the guiding framework for the field of Marriage and Family Therapy, emphasizing the importance of maintaining the confidentiality, privacy, and dignity of our clients. When discussing client cases amongst ourselves, it is paramount that we uphold these principles with unwavering dedication. We are entrusted with sensitive information and the well-being of individuals and families, and it is our ethical duty to ensure that all conversations and exchanges related to client matters are conducted with the utmost discretion and respect.

As DMFT students in concurrent roles of providing supervision to MFT interns and receiving supervision mentorship, one must always remain cognizant of the ethical imperatives governing our profession, with our actions and discussions consistently reflecting the ethical principles set forth in the AAMFT Code of Ethics. By adhering to these guidelines, we demonstrate our commitment to maintaining the highest standards of ethical practice, safeguarding the trust and well-being of our clients, and upholding the integrity of our profession.

Discussing cases. Discussing cases with a supervisor is the norm in our profession, and all states require supervision of clinical work as part of their license requirements. You should remember that discussing cases with your supervisor mentor, your supervision group members, and with your MFT interns, is for the good of the client. However, discussing your cases outside of these tightly constricted exceptions is strictly prohibited. You should always be aware of the possibility of your conversations being intercepted or overheard. To guard client privacy and confidentiality, you should only use the minimum necessary identifying information about your client so that even if the conversation should be intercepted, electronically or any other way, or overheard, the client's confidentiality is still protected. Outside of the secure location of your local supervisor's physical office, you should never use the first and last name of your client.

Security of video recordings. Video recordings are a major tool for MFT therapy training. Video is the only tool that allows you, the trainee, to observe your own work and grow in your ability to "self-supervise," a critical skill for Marriage and Family Therapists. However, video does present some unique risks to client confidentiality. There are some steps you should take to be sure you are properly protecting your client confidentiality, especially in a digital environment.

- If you have the option, set the video camera to record you, not the client. This protects the client's identity and allows you to see yourself as the client does. If you use this setup, be sure to use an off-camera microphone placed so that all voices are clearly audible.
- Download the video from your camera and store it in a secure location. Alternatively, keep the camera itself under lock and key. Adequate security requires a double lock, such as a locked file cabinet inside a locked closet. The digital equivalent is storing the video file in a password-protected folder within an encrypted folder on an external hard drive, with unique passwords for each layer. If you use a thumb drive or other portable media, apply the physical double-lock standard. Ensure the device is secured during transport, such as in a lock box within a locked trunk, to prevent loss or theft.

- For group supervision, CUH meets virtually using a HIPAA-compliant platform with a business associate agreement (BAA) in place. You will share your screen, and the class will view your video through synchronous streaming. Never post these recordings on public platforms such as YouTube, social media sites like Facebook, or media-sharing sites such as Flickr or Photobucket. Do not email or upload your video to any media-sharing site or to the learning management system.
- Client recordings are for training purposes only and are not part of the permanent client record. Consult your local supervisor regarding applicable state laws and agency policies. Maintain recordings only as long as necessary, typically until you have presented the case to your local supervisor or CUH supervisor mentor. If you plan to use the recording for your final case presentation, ensure it is stored using the security standards outlined above. When deleting the video, use a secure deletion method. Do not rely on the standard delete function. If your system does not include secure deletion, use a commercially available tool to ensure the file is permanently unrecoverable.

Security of client records. Most states have requirements for how long client records must be maintained. Your site will most probably have procedures for secure, proper storage of client records. Follow your site's protocols for client records exactly. For any notes you make for your own use (e.g., for the final case presentation or getting ready for a case presentation to your practicum or internship class) follow the same security protocols as for the video files. You will delete your text records using the secure delete process just as you will for video files.

Summary. This protocol is not intended to be exhaustive. Follow the AAMFT Code of Ethics, plus your state and federal laws. Where there appears to be a conflict, always follow the most restrictive or the most stringent guidelines or rules. This is a way you build for yourself a narrative of success.

Personal Therapy for DMFT Students

• We encourage all students to seek personal therapy. Sitting in the client's chair can help us be more sensitive to the therapy process when we are in the therapist's role.

• If a DMFT student's local clinical supervisor/mentor decides to make personal therapy a requirement for the student who is receiving supervision, the program supports the supervisor in making that recommendation. Supervisors and Supervisor Mentors do not provide therapy to students.

INTRODUCTION TO SUPERVISION TRAINING

Purpose of Handbook

This handbook is designed to assist you, the student, to be successful in your training for clinical supervision within the DMFT program here at Chaminade University The DMFT Supervisor Training Handbook was created to serve as a supplement to the DMFT program handbook and

the Graduate Catalog. It is your responsibility to be familiar with the contents of this DMFTSupervisor Training Handbook.

Supervision Training Process: At-a-glance

Supervision is an integral part of the practice of Marriage and Family Therapy, and is part and parcel of all MFT training. Supervision concepts will be a part of all of the courses in the DMFT curriculum. DMFT students will gather knowledge and training to become supervisors and gain in vivo supervisory experience as a part of the second year of the DMFT program. All DMFT students will enroll in DMFT 8070 Fundamentals of Supervision, and those choosing the Hawaii Board-Approved Supervisor track will also enroll in three consecutive semesters of a 1-credit hour course of Advanced Supervision, for a total of 4 terms or one calendar year of specific and specialized supervision training.

Terms for the levels of supervision and supervisory experience can be ambiguous for those unfamiliar with the process. Students should familiarize themselves with the following terms to help their understanding of the process.

Supervision Mentor: A fully-licensed LMFT with a supervisor designation that has agreed to provide supervision and mentorship to a supervisor candidate. *(DMFT core faculty are Supervision Mentors)*

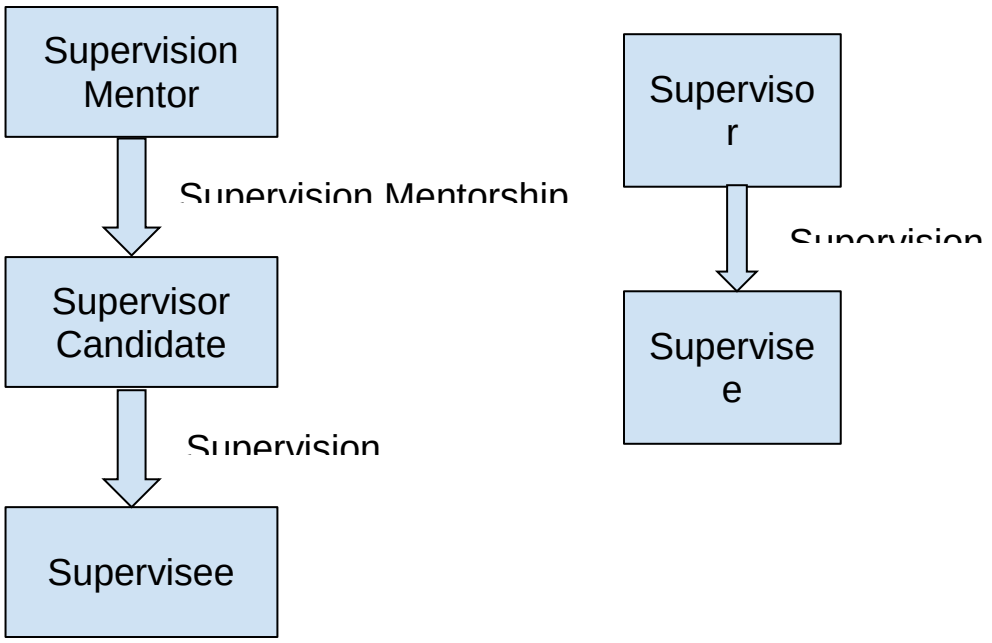
Supervisor Candidate: A fully-licensed LMFT undergoing training to be able to provide supervision to other LMFTs or pre-licensed LMFTs is considered a supervisor candidate. DMFT students enrolled in any of the Advanced Supervision courses (DMFT 8080, 8081, and 8082) will be considered supervisor candidates. *(2nd Year DMFT Students are Supervisor Candidates).*

Supervisee: A clinician-in-training that is gathering direct client contact hours for their program's requirement for graduation ***or*** a provisionally licensed post-graduate gathering direct client contact hours for licensure. *(MFT Student Interns are Supervisees)*

Supervision*:* The process of providing guidance to a supervisee regarding clinical practice. *(2nd Year DMFT students provide supervision to MFT Student Interns)*

Supervision mentorship*:* The process of providing guidance to a supervisor candidate regarding clinical supervision (previously often referred to as supervision of supervision).
(DMFT Faculty provide supervision mentorship to 2nd DMFT Students).

Doctoral-Level Training: Master's Level Training:



Pre-licensed DMFT Students

Occasionally, there may be an instance in which a 2nd year DMFT student–while clinically active–isn't fully licensed as a LMFT in their state. In these circumstances, it is important to note that DMFT faculty cannot serve as your clinical supervisor for licensure. Thus, pre-licensed DMFT students will need to have a clinical supervisor for their hours toward licensures. This supervisor will attend to the DMFT student's clinical work outside of the program. The clinical supervisor's responsibilities are akin to the Master's level training illustration above, and the clinical supervisor has no responsibilities to provide supervision or consultation regardings the DMFT student's supervisory or academic training. Put plainly: Pre-licensed DMFT students need to have a clinical supervisor for their own clinical work ONLY. Pre-licensed DMFT students can still go through the supervision training courses (Fundamentals of Supervision and Advanced Supervision 1, 2, and 3) and will have a supervision mentor that is a DMFT faculty member. It is beyond the scope of practice for clinical supervisors to provide supervision mentorship to DMFT students. It is also beyond the scope of practice for DMFT faculty that are Supervisor Mentors to provide clinical supervision for DMFT student's clinical caseload.

HAWAI'I APPROVED MFT SUPERVISOR PROGRAM AND DESIGNATION

Overview of HI-AMFT Supervisor Designation

The Hawai'i Approved MFT Supervisor Designation (HI-AMFT SD) identifies supervisors who have completed HI-AMFT-approved level of training to expand their repertoire of skills and

understanding to provide an enhanced level of supervision to supervisees. The additional training provided to individuals pursuing the designation is intended to raise the standard of supervision and improve the level of services rendered in Hawaii. To provide supervision in the state of Hawai'i, clinicians are required to have been licensed and in good standing for two years (in any state), and to remain actively licensed the entire time they provide supervision.

Supervisors with the HI-AMFT SD have completed specific training above and beyond these requirements. This training provides them to work from a relational and systemic orientation, using MFT theoretical and contextual approaches in their practice with an understanding of legal, ethical, and cultural considerations to promote culturally responsive and competent care, contributing to the well-being of clients from diverse communities especially in Hawaii.

Requirements for HI-AMFT Supervisor Designation

To apply for the designation, applicants must have the following:

- Licensed as a marriage and family therapist in Hawai'i;
- Clinically active for at least two years as a licensed marriage and family therapist
- Evidence of training in supervision shown through completion of the HI-AMFT SD supervisor training or AAMFT-approved supervisor training

The Requirements for a HI-AMFT SD requirement are as follows:

1. Training should last for a minimum of six (6) months
2. Candidate must provide a minimum of 30 hours supervision to Hawai'i-based marriage and family therapy students and/or interns
3. Candidate must complete 10 hours of supervision mentorship from an Approved Supervisor
4. Candidate must complete the 20-hour/20 CEU HIAMFT-Approved didactic course
5. Candidate must write a theory of supervision paper;
6. Candidate must complete an application and pay application fees*

*Application and application fees have to be submitted to the Hawaii association.

The training requirements to become a HI-AMFT SD (1-5) are embedded within the DMFT program and students who complete the four supervision courses will be eligible to submit their application to receive the designation of HI-AMFT SD.

SUPERVISION FRAMEWORK WITHIN THE DMFT

Relevant Courses

Clinical supervision is an important part of the field of Marriage and Family Therapy and is likely to be integrated into all of the courses in the DMFT program. However, the following courses are considered our foundational supervision courses:

DMFT 8070	Fundamentals of Supervision
DMFT 8080-2	Advanced Supervision

The following topics are covered in the Fundamentals of Supervision course in line with best practices within the MFT field and industry standards:

- Competencies necessary for new supervisors including requirements necessary to become a HI-AMFT SD, and definitions of supervision;
- Goal setting and evaluation including, but not limited to the supervisory contract/agreement, goal setting for supervisors and supervisees, and the evaluation process;
- Models of supervision, supervision philosophy, theories and supervision literature;
- The supervisor-supervisee relationship and responsibilities within their roles, including, but not limited supervisee development stage, building alliances, and dealing with fractures;
- Hawaii legal and ethical issues related to supervision including AAMFT Code of Ethics;
- Cultural variables specific to supervising clinicians working with families in Hawaii, and other diversity considerations such as race, gender, sexual orientation, social class, disability, religious beliefs, nationality, and more;
- Contextual variables, such as treatment modalities, work settings, use of technology, and other relevant topics;
- Documentation and record keeping of the supervisees' client files, as well as documentation of supervision.

In the Advanced Supervision courses, students will partake in the experiential practice of providing supervision to clinicians-in-training under the guidance of a supervision mentor. A supervision mentor is defined by AAMFT as someone who currently holds an AAMFT Approved Supervisor designation and has agreed to provide supervision and mentorship to a supervisor candidate who wishes to become an AAMFT Approved Supervisor. (Note: the process of supervision mentorship has previously been referred to as *"supervision of supervision*).

Clinical Activity and Malpractice Insurance Requirement

All DMFT students are required to be clinically active for the duration of the time they are enrolled in the DMFT program, consistent with Hawaii Chapter 451J (see Appendix D and also DMFT student Handbook version 1.2). In addition, all DMFT students are required to have malpractice insurance that covers, at a minimum insurance coverage for $1,000,000.00 for each individual occurrence, and $3,000,000.00 aggregate.

MFT Student Interns

DMFT program students that chose the Hawaii Supervisor Track will enroll in three consecutive (1) one hour credit courses of Advanced Supervision. DMFT students will be provided a supervision mentor, and will provide supervision to MSMFT/MSCP MFT Track student clinicians-in-training (also referred to as MFT interns or student interns). Student interns will be enrolled in Practicum, Internship A or Internship B. DMFT supervision mentors will concurrently be the

instructor-of-record for both the DMFT Advanced Supervision course and the MS-level practicum/internship course. DMFT students will be assigned student interns at the discretion of the supervision mentor.

Records/Documentation of Clinical Hours

DMFT students are responsible to track and keep record of all supervision hours, differentiating the hours that they are providing supervision to MFT interns, and the hours where they are receiving supervision mentorship.

In addition, DMFT students should familiarize themselves with MFT intern requirements for CUH students in regards to tracking hours, as DMFT students enrolled in Advanced Supervision will need to provide guidance to MFT interns about "what counts" as a direct clinical hour. DMFT Students should familiarize themselves with the MSCP-MFT Practicum Handbook which will be made accessible to DMFT Supervisor Candidates at the start of their Advanced Supervision 1 course.

Direct Observation Hours (Video/Audio/Live)

• *Individual Supervision***:** If MFT interns shows a video or plays an audio recording of their client during individual supervision, the entire hour counts as direct supervision

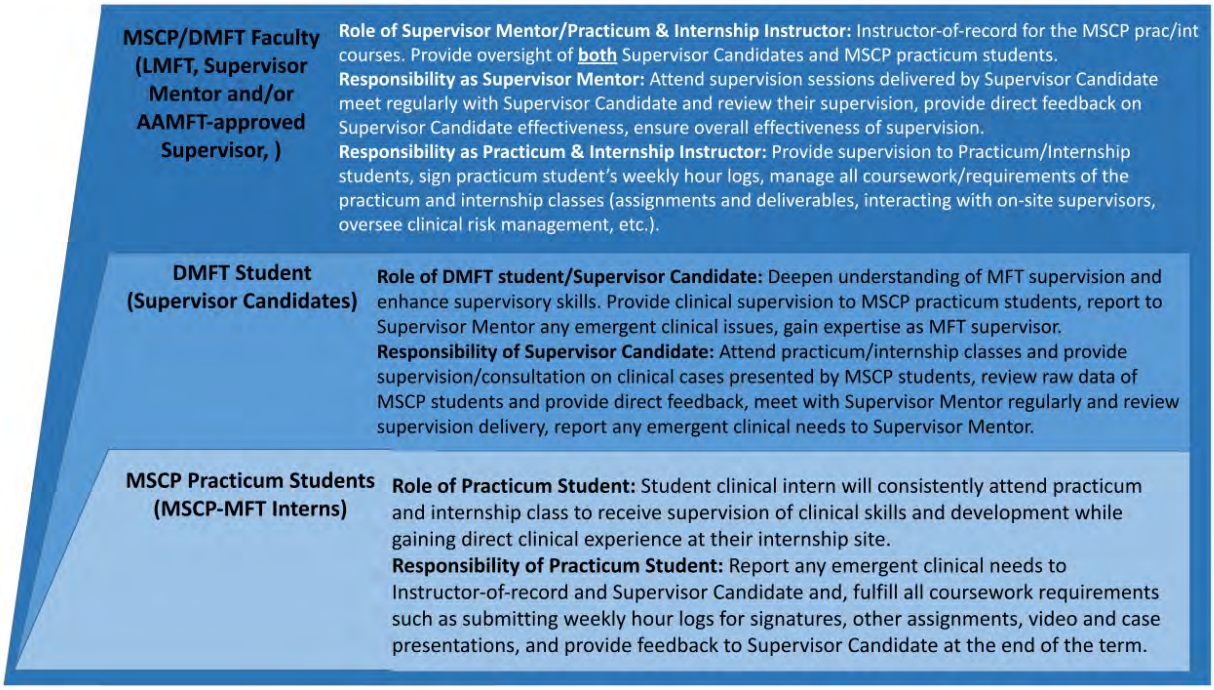
• *Group Supervision:* When MFT interns shows a video or plays an audio recording of their client and discusses that particular case during an CUH clinical class, they will count it as group supervision for the direct observation of raw data for the time spent only.

• *Role Play***:** If MFT interns engage in or show a role-play (when allowed) instead of a video of their therapy with a client, that time does not count for direct observation hours.

• Some states explicitly prohibit counting web-cam based supervision toward licensure. Students in those states may count the weekly CUH clinical training classes toward the CUH graduation requirement but may NOT count those hours toward their state's requirements for licensure. *It is the student's responsibility to verify whether the CUH clinical classes can count as "group supervision" for state licensure or not.*

Chain of Command and Relationship Structure

The chain of command is as follows:



Evaluation of Supervisor Training Experience

Evaluation of supervision experiences will happen on multiple levels. From a top-down perspective, Supervisor Mentors will provide DMFT students with both formative and summative feedback throughout the duration of time they are enrolled in the advanced supervision curriculum. The DMFT students will also be providing MFT interns with similar formative and summative feedback regarding their performance as therapists. However, the evaluation will also move up the chain of command, and MFT interns will be asked to provide formal summative feedback regarding their experiences with their DMFT supervisor-in-training.

Evaluation of DMFT Students

DMFT students on the supervisor track will have regular evaluation of their performance, including both formal and informal assessments. At the beginning of the Advanced Supervision 1 course, the assigned supervisor mentor will conduct a baseline assessment of the student's current clinical supervision goals. At the conclusion of each term (Advanced Supervision 1, 2, and 3) the supervision mentor will complete a summative assessment of the student's performance as a supervisor as well as their participation in the supervision mentorship group. Students should show an improvement in skills and comprehension over time, as well as movement toward their stated goals. These assessments will be considered in determining the students grade for the Advanced Supervision courses.

Evaluation by DMFT students

DMFT students will conduct (in conjunction with their supervisor mentor) an initial assessment of contextual understanding for each MFT intern under their supervision.

This assessment is to be used as a baseline for assessing the MFT intern's growth as a clinician and show an improvement over time in clinical skill and comprehension. DMFT students will be provided with guidance on how to conduct the initial assessment of contextual understanding by their supervision mentor. DMFT students can access the Supervision Observation Form, adapted from the AAMFT Approved Supervision Designation: Standards Handbook, p. 63 in Appendix G. The form should be used during each supervision meeting with DMFT interns.

Completion of Supervisor Training Experience

At the completion of the Supervision Training experience, DMFT students on the supervisor track will have concurrently met the requirements for 1.) a portion of SELP academic requirements for successful completion of the DMFT program, and 2.) the state requirements for the Hawai'i Approved MFT Supervisor Designation (HI-AMFT SD).

State Requirements for Supervisor Designation

Requirements for Approved Supervisor status through designation or licensure varies by state. The American Association of Marriage and Family Therapy has a program to promote the highest level of proficiency for supervisors in the field of Marriage and Family Therapy, and is widely accepted across the US as meeting the requirements for state-level supervisor designation. The DMFT program at Chaminade University of Honolulu is modeled to meet the criteria for the Hawaii Board Approved Supervisor status. All students that practice, or would like to practice as a supervisor outside of the state of Hawaii are encouraged to take the impetus of responsibility for assessing their state(s) supervisory requirements.

Current Hawaii standards for LMFT Supervisor status can be found on the Department of Commerce and Consumer Affairs Professional and Vocational Licensing Division at https://www.hawaii.gov.

Failure to Meet Standards

We want all our students to succeed. However, research and experience both confirm that a certain percentage of students in clinical programs throughout the United States fail to satisfactorily complete their clinical training. This can be for a variety of reasons. Students should refer to the course syllabi and the DMFT Handbooks for a clear statement of what kinds of behavior might result in a student failing clinical training, and a statement of the procedures that will be followed should that happen. In essence, any serious violation of the CUH Code of Conduct or any serious violation of the AAMFT Code of Ethics can result in a failure in the program. Students are responsible for knowing and following the information in all of these documents.

ACADEMIC INFORMATION AND GUIDELINES

Course Registration

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

Grade Labels

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

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

C = Unsatisfactory (This is considered a failing grade)

F = Failure (This is considered a failing grade)

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

Writing Standards

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

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

Academic Honesty

Violations of the Honor Code are serious. They harm other students and the integrity of the University. Alleged violations will be referred to the Doctor of Marriage and Family Therapy

program Director for review. Depending on the offense, it may be referred to the Dean of the School of Education and Behavioral Sciences and the Office of Judicial Affairs. If found guilty of plagiarism, a student might receive a range of penalties, including failure of an assignment, failure of the course, dismissal from the program, and dismissal from the university.

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

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

Plagiarism includes, but is not limited to:

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

Professional Disposition

Reflexive Behavior

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

negatively impacts academic, professional/clinical performance, and poor judgment.

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

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

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

Appropriate Advocacy

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

Remediation

A need for remediation generally occurs when an DMFT student experiences challenges in one or more of the following areas: 1) conduct or behavior, 2) academic, and 3) legal/ethical.

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

other offenses listed in the university policies), and b) professional codes of ethics (e.g., NASP, APA, ACA) protecting client rights and the profession which indicate the DMFT student's problems with professional competence.

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

Grievance Procedures

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

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

Online Course Guidelines

To provide high-quality online course instruction that affords all participants the right to learn, candidates have the responsibility to conduct themselves in a manner appropriate to the

learning environment. Obstruction or disruption of the teaching process, or the online learning environment, could result in disciplinary proceedings that lead to dismissal from the course, program, or the university. Disruptive conduct will be referred to the Doctor of Marriage and Family Therapy program Director Programs for review. Depending on the issue, it may be referred to the Dean of the School of Education and Behavioral Sciences and the Office of Judicial Affairs.

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

Attendance Policy

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

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.

Graduation Requirements

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

Leave of Absence/Course Withdrawal

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

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

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

Academic Probation/Dismissal

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

Title IX Compliance

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

Disability Access

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

Technology Requirements

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

APPENDIX A. SUPERVISOR MENTOR EVALUATION OF SUPERVISOR CANDIDATE

The supervisor mentor uses this form to evaluate the supervisor candidate's knowledge and skill, and the candidate's readiness to receive the Hawaii-Approved Supervisor designation. Once complete, the mentor should return this rating sheet to the supervisor candidate for inclusion in the Hawaii-Approved Supervisor application packet that will be sent to HIAMFT.

Supervisor candidate:

_____

Approved Supervisor/Mentor:

_____

The evaluation is broken into three sections:

i. The Approved Supervisor mentor's assessment of how well the supervisor candidate has integrated the nine learning objectives during his/her training process;
ii. The supervision candidate's philosophy of supervision, as described in his/her Philosophy of Supervision paper written during the MFT supervision fundamentals course;
iii. The Approved Supervisor mentor's evaluation of the supervisor candidates' skill as a supervisor, based on the 36 hours of observation/supervision mentoring sessions.

In order to be considered for the Hawaii-Approved Supervisor designation, the candidate should achieve a score of at least "acceptable" (2) in every category listed, and an overall average of "excellent" (3) or better in each of the sections. For evaluation scores of "minimal" or
lower, the Approved Supervisor mentor and supervisor candidate should discuss the issue and develop a plan for remediation before the Approved Supervisor application packet is submitted to HIAMFT.

Scoring: Use the following scale to rate the Nine Learning Objectives and Evaluation of the Supervisor Candidate's Skill as a Supervisor using the evaluation forms:

Number	Rating	Definition
0	Insufficient	The candidate does not demonstrate an understanding of this concept or learning objective. With regard to the candidate's Philosophy of Supervision paper, he/she does not address the issue.
1	Minimal	The candidate can discuss the concept or issue but does not integrate it within his/her overall framework.

		In the candidate's Philosophy of Supervision paper, she/he names the concept or issue, but does not provide a basic definition of the concept or issue.
2	Acceptable	The candidate has an adequate grasp of the concept or issue and sometimes integrates it within his/her overall framework. Regarding the Philosophy of Supervision paper, he/she names and provides a basic definition of the concept or issue but does not provide an explanation of the concept or issue.
3	Excellent	The candidate is familiar with the concept or issue and often integrates it within his or her overall framework. Regarding the Philosophy of Supervision paper, the candidate names, defines and explains the concept or issue.
4	Exceptional	The candidate exhibits an excellent grasp of the concept, and consistently integrates it within his/her overall framework. Regarding the Philosophy of Supervision paper, the candidate names, defines, and explains and integrates the concept or issue as appropriate. Some areas may stand alone, e.g., supervisory modalities.

Please score each objective using the scoring chart above and place the average score for the section in the last box.

I. Integration of Eleven Learning Objectives for Prospective Approved Supervisors Scoring	**Scoring**
Is the supervisor candidate familiar with the major models of MFT supervision in terms of their philosophical assumptions and pragmatic implications?	0 1 2 3 4
Can the candidate articulate a personal model of supervision, drawn from existing models of supervision and from her/his preferred styles of therapy?	0 1 2 3 4
Does the candidate facilitate the co-evolving therapist-client and supervisor-therapist-client relationships?	0 1 2 3 4
Does the candidate evaluate and identify problems in therapist-client and supervisor-therapist-client relationships?	0 1 2 3 4
Can the candidate structure supervision, solve problems, and implement supervisory interventions within a range of supervisory modalities (for example, live and videotaped supervision)?	0 1 2 3 4
Is the candidate able to address distinctive issues that arise in supervision mentoring?	0 1 2 3 4
Is the candidate sensitive to power and privilege contextual variables such as culture, gender, ethnicity and economics?	0 1 2 3 4
Is the candidate knowledgeable of ethical and legal issues of supervision?	0 1 2 3 4
Is the candidate aware of the requirements and procedures for supervising applicants for AAMFT Early or Full Professional membership and Clinical Fellow Designation?	0 1 2 3 4
Average Score on Learning Objectives	

APPENDIX B: SUPERVISOR CANDIDATE EVALUATION OF MFT STUDENT INTERN

(For DMFT Student/Supervisor Candidate to fill out about each MFT Intern)

Please indicate intern's skill/performance levels in all areas using the following:

Rating Scale	
0	Does not meet criteria for student's stage in program
1	Skill level inconsistent with student's stage in program
2	Skill level consistent with student's stage in program
3	Skill level exceeds student's stage in program
4	Skill and conceptual understanding exceeds student's stage in program
N	No opportunity to observe

MFT Intern: _____ Supervisor Candidate: _____
Term and Year: _____ (Fall) (Winter) (Spring) (Summer)

1. Administrative (i.e., attendance, record-keeping, etc.)
   NA 1-5
2. Structuring (i.e., setting boundaries, focusing the interview, controlling interactions during session, etc.)
   NA 1-5
3. Conceptualization (i.e., hypothesizing, content v. process, use of theory, client context considered, etc.)
   NA 1-5
4. Therapeutic skills and abilities (i.e., creating a safe environment, active listening, assessment, joining, planning and implementing interventions, termination, etc.)
   NA 1-5
5. Use of supervision (i.e., seeking supervision when appropriate, ability to receive and utilize feedback, appropriate supervision goal-setting, etc.)
   NA 1-5
6. Use of self (i.e., understands self-of-therapist, is aware of his/her own belief systems and their impact on clinical work, can assess his/her part in the system, etc.)

NA 1-5

7. Personal and professional responsibility (i.e., operates consistent with AAMFT ethical principles, adheres to deadlines and policies, prompt and professional, etc.)
   NA 1-5
8. Competence (i.e., recognizing limits, recognizing and correcting deficiencies, demonstrating cultural competence, etc.)
   NA 1-5
9. Therapist characteristics (i.e., demonstrating self-control, being fair, honest, and respectful, refraining from engaging in triangulation to resolve issues, etc.)
   NA 1-5
10. Integrity (i.e., avoiding dual relationships, refraining from making deceptive claims, respects cultural, individual, and role differences, respecting individual rights, etc.)
    NA 1-5

Describe Intern's Strengths:

_____
_____
_____
_____
_____

Describe Intern's Areas for Improvment:

_____
_____
_____
_____
_____
_____

Supervisor Candidate Signature:

_____ _____

Name Date

APPENDIX C: MFT STUDENT INTERN EVALUATION OF SUPERVISOR CANDIDATE

To be completed by MFT Interns about their Supervision from DMFT Student Supervisor Candidate at the completion of Intern's foundational practical components (Practicum and Internship).

Name of practicum supervisor candidate:_____

Year and Terms covered:_____

Directions: Circle the number that best represents your thoughts concerning the clinical supervision you received. After completing the form please return it to the practicum instructor of record.

Strongly agree = 1 Agree = 2 Disagree = 3 Strongly disagree = 4

Personal and Professional Development

	Rating
1. Accepts and respects me as an individual.	1 2 3 4
2. Recognizes and encourages further development of my unique strengths and capabilities.	1 2 3 4
3. Helps me define and achieve specific concrete goals for myself during the practicum experience.	1 2 3 4
4. Allows me to discuss problems I encounter in my practicum setting.	1 2 3 4
5. Pays an appropriate amount of attention to both my clients and me.	1 2 3 4
6. Helps me define and maintain an ethical behavior	1 2 3 4
7. Guides me in developing professional behavior	1 2 3 4
8. Allows and encourages me to evaluate my clinical work.	1 2 3 4
9. Explains his/her criteria for evaluation clearly and in behavioral terms	1 2 3 4
10. Applies his/her criteria in a reasonable way in evaluating my counseling performance	1 2 3 4
11. Deals with Content Effectively in supervising my work.	1 2 3 4
12. Deals with process effectively in supervising my work	1 2 3 4
13. Discusses the implications, probably consequences, and contingencies of specific interventions and practices in supervision.	1 2 3 4
14. Helps me identify and organize relevant case data as I develop	1 2 3 4

treatment plans with my clients.from my audio/video tapes.	
15. Helps me increase my skill in critiquing and gaining insight	1 2 3 4
16. Gives input in a constructive and helpful manner.	1 2 3 4
17. Maintains clear professional boundaries.	1 2 3 4
18. Encouraged me to think relationally and systemically	1 2 3 4
19. Guided me in working with multiple members of systems.	1 2 3 4

Conceptual/Theoretical/Multisystemic/Multicultural Perspective

1. Helps me to formulate a theoretically sound rational for understanding individual, couple, and family behavior.	1 2 3 4
2. Offers resource information when I request or need it.	1 2 3 4
3. Is knowledgeable in the practice of MFT.	1 2 3 4
4. Encouraged me to think of clients within a broader context of extended kin/families communities, & society.	1 2 3 4
5. Helped me look at culture, context, and power in therapeutic relationships.	1 2 3 4
6. Helped me recognize systems of privilege and oppression in clients' lives.	1 2 3 4
7. Helped me develop multicultural competencies.	1 2 3 4
8. Guided me in integrating research into practice.	1 2 3 4

Administrative Issues

1. Was dependable (e.g., on time, made appointments).	1 2 3 4
2. Was available for emergencies and urgent matters.	1 2 3 4
3. Helped me to make good use of our time.	1 2 3 4
4. Helped me negotiate relationships with colleagues/co-therapists.	1 2 3 4
5. Guided me in administrative matters (e.g., paperwork).	1 2 3 4

Overall I would rate my supervisor as (please circle):

Highly Capable Capable Adequate Less Than Adequate

COAMFTE Competencies aligned with DMFT courses

These curricular areas are further operationalized through Program Learning Outcomes (PLOs) and Student Learning Outcomes (SLOs), which are assessed through course-based and program-level measures.

COAMFTE accreditation standards, version 12.5, Advanced Curriculum Areas (ACAs)	
Competency Area	**Course(s) Meeting Competencies**
ACA 1: Advanced Research	DMFT 8010 Introduction to clinical research, research writing and research ethics DMFT 8012 Quantitative Research Methods & Statistical Analyses DMFT 8013 Qualitative Research Methods & Analyses DMFT 8015 Psychotherapy Outcome and Process Research
ACA 2: Advanced Relational/Systemic Clinical Theory	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)
ACA 3: Advanced Relational/Systemic Applications to Contemporary Challenges	DMFT 8051 Legal, Ethical, and Professional Issues in Couple/Marriage and Family Therapy DMFT 8055 Trauma Theory and Models with Vulnerable Populations and Systemic Approaches to Substance Treatment DMFT 8059 MFT through a Decolonized Lens: Centering Indigenous Healing Practices in Families DMFT 8060 Sex Therapy DMFT 8062 Medical Family Therapy and Introduction to Psychopharmacology DMFT 8073 Program Development, Design, and Evaluation for Families and Communities DMFT 8075 Family Healthcare Policy & Advocacy
ACA 4: Foundations of Supervision, Teaching, Leadership, and Consultation	DMFT 8070 Fundamentals of Supervision in Marriage and Family Therapy DMFT 8080 Advanced Supervision I DMFT 8081 Advanced Supervision II DMFT 8082 Advanced Supervision III DMFT 8071 Introduction to Teaching, Consultation, and Leadership DMFT 8022 Portfolio Planning and Development

APPENDIX E. MFT Core Competencies

May 2004 *www.**aamft**ca.**org**/main/pdf/**corecompetencies**.pdf*

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

Creating competencies for CFTs 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 CFT.

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

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

6) **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

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

1. Admission to Treatment

1.1. Conceptual skills

1.1.1. Understand systems concepts, theories, and techniques that are foundational to the practice of couples and family therapy.
1.1.2. Understand theories and techniques of individual, marital, family, and group psychotherapy.
1.1.3. Understand the mental health care delivery system and its impact on the services provided.
1.1.4. Understand the risks and benefits of individual, couple, family, and group psychotherapy.

1.2. Perceptual skills

1.2.1. Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context).
1.2.2. Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).
1.2.3. Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
1.2.4. Consider cultural and socioeconomic factors in mental health service delivery.

1.3. Executive skills

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

1.4. Evaluative skills

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

1.5. *Professional skills*

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

2. Clinical Assessment and Diagnosis

2.1. Conceptual skills

2.1.1. Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); co-morbidities related to health and illness; substance use disorders and treatment; diversity; and power, privilege, and oppression.
2.1.2. Understand the major mental health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3. Understand the clinical needs and implications of persons who suffer from co-occurring disorders (e.g., substance abuse and mental health).
2.1.4. Comprehend individual, couple, and family assessment instruments appropriate to presenting problem and practice setting.
2.1.5. Understand the current models for assessment and diagnosis of mental health and substance use disorders.
2.1.6. Understand the current models for assessment and diagnosis of relational functioning.
2.1.7. Understand the limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
2.1.8. Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.

2.2. Perceptual skills

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

systems.

2.2.5. Consider the influence of treatment on extra-therapeutic relationships.

2.2.6. Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.

2.3. Executive skills

2.3.1. Diagnose and assess client problems systemically and contextually.

2.3.2. Engage with multiple persons and manage multiple levels of information throughout the therapeutic process.

2.3.3. Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.

2.3.4. Apply effective and systemic interviewing techniques and strategies.

2.3.5. Administer and interpret results of assessment instruments.

2.3.6. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.

2.3.7. Assess family history and dynamics using a genogram or other assessment instruments.

2.3.8. Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.

2.3.9. Make accurate behavioral and relational health diagnoses.

2.3.10. Identify clients' strengths, resilience, and resources.

2.3.11. Elucidate presenting problem from the perspective of each member of the therapeutic system.

2.3.12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes.

2.4. Evaluative skills

2.4.1. Evaluate assessment methods for relevance to clients' needs.

2.4.2. Assess ability to view issues and therapeutic processes systemically.

2.4.3. Evaluate the accuracy of behavioral health and relational diagnoses.

2.4.4. Assess the therapist-client agreement of therapeutic goals and diagnosis.

2.5. Professional skills

2.5.1. Utilize consultation and supervision effectively.

3. Treatment Planning and Case Management

3.1. Conceptual skills

3.1.1. Know which models, modalities, and/or techniques are most effective for the presenting problem.

3.1.2. Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.

3.2. Perceptual skills

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

3.3. Executive skills

3.3.1. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.

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

3.4. Evaluative skills

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

3.5. Professional skills

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

4. Therapeutic Interventions

4.1. Conceptual skills

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

4.2. Perceptual skills

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

4.3. Executive skills

4.3.1. Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis.
4.3.2. Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.3. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation,

disability, personal history, larger systems issues of the client).

4.3.4. Reframe problems and recursive interaction patterns.

4.3.5. Generate relational questions and reflexive comments in the therapy room.

4.3.6. Engage each family member in the treatment process as appropriate.

4.3.7. Facilitate clients developing and integrating solutions to problems.

4.3.8. Defuse intense and chaotic situations to enhance the safety of all participants.

4.3.9. Empower clients to establish effective familial organization, familial structures, and relationships with larger systems.

4.3.10. Provide psychoeducation to families whose members have serious mental illness or other disorders.

4.3.11. Modify interventions that are not working to better fit treatment goals.

4.3.12. Move to constructive termination when treatment goals have been accomplished.

4.3.13. Integrate supervisor/team communications into treatment.

4.4. Evaluative skills

4.4.1. Evaluate interventions for consistency, congruency with model of therapy and theory of change, and goals of the treatment plan.

4.4.2. Evaluate ability to deliver interventions effectively.

4.4.3. Evaluate treatment outcomes as treatment progresses.

4.4.4. Evaluate clients' reactions or responses to interventions.

4.4.5. Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.

4.4.6. Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation) and their impact on effective intervention and clinical outcomes.

4.5. Professional skills

4.5.1. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).

4.5.2. Set appropriate boundaries and manage issues of triangulation.

4.5.3. Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

5. Legal Issues, Ethics, and Standards

5.1. Conceptual skills

5.1.1. Know state, federal, and provincial laws and regulations that apply to the practice of couples and family therapy.

5.1.2. Know professional ethics and standards of practice that apply to the practice of couples and family therapy.

5.1.3. Know policies and procedures of the practice setting.

5.1.4. Understand the process of making an ethical decision.

5.2. Perceptual skills

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

5.2.2. Recognize ethical dilemmas in practice setting.

5.2.3. Recognize when a legal consultation is necessary.

5.2.4. Recognize when clinical supervision or consultation is necessary.

5.3. Executive skills

5.3.1. Monitor issues related to ethics, laws, regulations, and professional standards.

5.3.2. Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.

5.3.3. Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.

5.3.4. Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence.

5.3.5. Take appropriate action when ethical and legal dilemmas emerge.

5.3.6. Report information to appropriate authorities as required by law.

5.3.7. Practice within defined scope of practice and competence.

5.3.8. Obtain knowledge of advances and theory regarding effective clinical practice.

5.3.9. Obtain license(s) and specialty credentials.

5.3.10. Implement a personal program to maintain professional competence.

5.4. Evaluative skills

5.4.1. Evaluate activities related to ethics, legal issues, and practice standards.

5.4.2. Monitor personal issues and problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.

5.5. Professional skills

5.5.1. Maintain client records with timely and accurate notes.

5.5.2. Consult with peers and/or supervisors if personal issues threaten to adversely impact clinical work.

5.5.3. Pursue professional development through self supervision, collegial consultation, professional reading, and continuing educational activities.

5.5.4. Request third party reimbursement only for covered services.

6. Research and Program Evaluation

6.1. Conceptual skills

6.1.1. Know the extant CFT literature, research, and evidence-based practice.

6.1.2. Understand research and program evaluation methodologies relevant to CFT and mental health services.

6.1.3. Understand the application of quantitative and qualitative methods of inquiry in the practice of CFT.

6.1.4. Understand the legal and ethical issues involved in the conduct of clinical research and program evaluation.

6.2. *Perceptual skill*

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

6.3. Executive skills

6.3.1. Read current CFT and other professional literature.

6.3.2. Use current CFT and other research to inform clinical practice.

6.3.3. Critique professional research and assess the quality of research studies and program evaluation in the literature.

6.3.4. Determine the effectiveness of clinical practice and techniques.

6.4. Evaluative skills

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

6.5. Professional skills

6.5.1. Contribute to the development of new knowledge.

APPENDIX F. AAMFT Code of Ethics
Effective July 1, 2001

Preamble

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

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

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

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

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

Contents

Principle I
Responsibility to Clients

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

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

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

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

1.4 Sexual intimacy with clients is prohibited.

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

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

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

1.8 Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the

responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

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

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

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

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

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

Principle II
Confidentiality

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

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

2.2 Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

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

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

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

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

Principle III
Professional Competence and Integrity

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Principle IV
Responsibility to Students and Supervisees

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

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

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

4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

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

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

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

Principle V
Responsibility to Research Participants

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

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

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

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

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

Principle VI
Responsibility to the Profession

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

6.1 Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

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

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

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

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

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

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

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

Principle VII
Financial Arrangements

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

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

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

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

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

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

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

Principle VIII
Advertising

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

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

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

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

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

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

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

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

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

This Code is published by:
American Association for Marriage and Family Therapy
112 South Alfred Street, Alexandria, VA 22314
Phone: (703) 838-9808 - Fax: (703) 838-9805
www.aamft.org

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

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

Appendix G. CHAPTER 451J

LICENSED MARRIAGE AND FAMILY THERAPISTS

Section

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(5) 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;

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

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

(8) 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

(9) 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:

(4) 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;

(5) 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

(6) 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 H. Six Pillars of Counselor Fitness

(Developed by Dr. Blendine Hawkins, PhD., LMFT)

I. Humility & Openness

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

II. Reflexivity

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

III. Psychological Flexibility & Adaptability

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

IV. Emotional Stability & Self-Control

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

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

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

VI. Empathy

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

Appendix I. Supervision Observation Form

(Used when reviewing raw data presented by student intern)

Therapist/Student Intern: _____ Date: _____

Session #: _____ Supervisor Candidate: _____

1. **Raw Data and Client System/Context**

(Brief non-identifying summary of raw data presented. *E.g. Student presented a 20 min clip of the second session with a couple system presenting with communication concerns at their private practice internship site.*)

_____

_____

_____

_____

2. **Skills Observed from Session Recording**

   Please indicate intern's skill/performance levels in all areas using the following rating scale:

N = not observed, 1 = Limited use, 2 = Appropriate use, 3 = Competent use, 4 = Mastery

Skills Observed	**Rating and Comments**
1. Joining skills and attending behaviors of the therapist (posture, affective tone, body language, eye contact and mannerisms communicate warmth, able to attend to each client in the system)	N 1 2 3 4
2. Tracking skills (able to follow client's train of thought, keep on topic when needed, remember useful or important information, explore 'content' appropriately)	N 1 2 3 4

3. Thorough assessment (able to ask effective questions about the problems, goals, attempted solutions, and if appropriate conduct an effective clinical intake interview)	N 1 2 3 4
4. Accurate assessment of goals (ability to accurately understand client's needs, collaborative problem-solving and goal-making, ability to shift and adapt to client or mediate potential ruptures in the alliance)	N 1 2 3 4
5. Using appropriate Microskills and Interventions (using probing, flexible questions, clarification, and confrontation for the stage in therapy, the needs of the client, the agreed upon goals, and the theoretical approach used)	N 1 2 3 4
6. Using effective interventions (interventions were intentional, delivered deftly, adapted to the client's situation and needs, and theory-driven)	N 1 2 3 4
7. Use of Self (maintained ethical boundaries, no self-disclosure or intentional self-disclosure, measured and clinically appropriate responses to client)	N 1 2 3 4
8. Integration of theory/model (evidence of the use of systemic theories in conceptualization and work with client in session, theory(ies) used was appropriate)	N 1 2 3 4

3. Supervision Plan and Evaluation

(Describe how you approached supervision with the student intern, what you considered in providing feedback, any ethical considerations, any directives presented, and how effective your feedback was.)

_____

_____

_____

_____

_____

_____

Appendix J. Mentoring Preparation Form

(To be completed prior to every Advanced Supervision class)

Supervisor Candidate: Mentoring Date:

Supervisor Mentor:

1. Legal/ethical issues identified in supervision of MFT student interns in the past week (i.e. student reported ethical issues related to their clients/client load):

Issue			**Actions taken OR Recommendations provided**
Suicidal or pose a danger to others?	No	Yes	
Child or Elder Abuse (physical, sexual, emotional)?	No	Yes	
Any current or potential multiple relationships?	No	Yes	
Issues with sexual boundaries with a client?	No	Yes	
Issues with maintaining client confidentiality?	No	Yes	
Value conflicts between yourself and supervisee?	No	Yes	
Cases needing additional information for treatment?	No	Yes	
Any other legal or ethical concerns? Specify:	No	Yes	

2. Specific Questions/Requests for Supervision Mentoring:

3. What did you learn from supervision mentoring? (i.e. what recommendations or directives did you receive)

APPENDIX K. SAMPLE SUPERVISION CONTRACT

DMFT Supervisor Candidates and MFT Interns Supervision Contract

This contract is an agreement to enter into a supervision experience together and will provide a framework for that experience. The purpose of this contract is to outline supervision topics and issues, and to serve as a resource for our work together.

This is an Agreement between:

Therapist/MFT Student Intern	Supervisor Candidate/DMFT Student
Name: _____	Name:_____
Address:_____	Address:_____
Start Date: _____	End date: _____

We have agreed to commit _____ hour(s) per (week) (bi-monthly) (monthly) to supervision. The supervision modality will be: ___ individual, ____ group, ___both.

Supervision activities will include:

- MFT Interns's report of their management of specific cases and their caseload including such things as cases notes, diagnoses and treatment plans
- Discussion and consultation about specific cases using raw data such as audio/video recordings
- Discussion of issues related to supervisee's professional development as a Marriage and Family Therapist

Any client emergency, high risk, or crisis situation* requiring prompt response will be reported directly amd immediately to the practicum/internship instructor AND the MFT Intern's on-site supervisor, and within 24 hours regardless of if the information was shared with the Supervisor Candidate. If you think you, a client, or another individual is in imminent danger, first call the police department and then follow the procedure above.
_____MFT Intern Initials

Any MFT Intern's report of a client's emergency, high risk, or crisis situation* requiring prompt response will be reported directly and immediately to the DMFT instructor/Supervisor Mentor and within 24 hours. If you think you, a client, or another individual is in imminent danger, first call the police department and then follow the procedure above.
_____DMFT Supervisor Candidate Initials

**Emergent, high risk, or crisis situation include such things as:*

- *Client indicating or reporting suicidal thoughts or actions.*
- *Client indicating or reporting violence or the concern of violence emerging.*

- *Suspected physical abuse, sexual abuse, or neglect of a child under the age of 18 years.*
- *Suspected abuse or maltreatment to a vulnerable, disabled or elderly adult.*
- *Client(s) within a couple, family or group session becomes volatile to the point that there is a concern of violence emerging, either to self or another member.*
- *Client appears to be acutely reacting to drugs or alcohol, and presents a clear and immediate danger to life.*
- *Client exhibiting behavior which is bizarre, unstable, disoriented, or volatile and which by its nature suggest a reasonable risk to the safety of the client or others.*
- *There is evidence of diminished functionality of client (such as severe depressive behavior, etc.) which presents a clear and immediate risk to the health and welfare of the client or another person.*

In the case of disagreement or conflict between MFT Interns and Supervisor Candidates, we agree to:

1. Directly communicate with each other to discuss the disagreement and possible solutions
2. If the concerns of either party are not resolved, we will consult with the practicum/internship and DMFT instructor
3. If the concerns are not resolved, we will consult with the DMFT program director at blendine.hawkins@chaminade.edu or the DMFT program associate director at emily.fessler@chaminade.edu.

Supervisor Candidate's Responsibility & Expectations

My Supervision Style:

_____
_____
_____
_____

Confidentiality:

_____
_____
_____

Plans for providing feedback to MFT intern:

_____
_____
_____

Plans for handling stumbling blocks/disagreements/etc:

_____
_____
_____
_____

Identification of Goals

1.Purpose, Goals And Objectives Of Supervision:

a. To fulfill requirements for training supervision for the CUH MSMFT program;
b. To promote development of supervisee's professional identity and competence;
c. To provide supervisor candidate with opportunities for supervisory experience in the role of the supervisor

2. Context and Content of Supervision:

a. The content of supervision will focus on the acquisition of knowledge, conceptualization, and skill within the defined scope of practice.
b. The context will inclue the understanding of ethics, codes, rules, regulations, standards, guidelines (including consent, confidentiality/privacy) and all relevant legislation.
c. A supervisory record form will be used to document impressions of each supervisory session. Feedback may or may not be provided at the close of each session. Supervision notes may be shared with supervisee.

We agree, to the best of our ability, to uphold the guidelines specified in this supervision contract and to manage the supervisory relationship and supervisory process according to the ethical principles of the practice of Marriage and Family Therapy.

MFT Intern Name: _____	Supervisor Candidate Name: _____	
_____ Signature	_____ Signature	

APPENDIX L: Supervision Case Presentation Format

(Case presentations should be in the form of consultation discussions between the Supervisor Candidate and Supervision Mentor)

Supervision Case Presentation should include the following components:

1. Practicum/Internship meeting Summary
    a. *Provide a brief overview of the last MFT interns' class meeting*
    b. *Provide an overview of the group dynamics*

2. Internship Goals and Objectives
    a. *List relevant interns' goals and objectives, themes within the MFT interns'*

3. Clinical Competencies Assessment
    a. *Discuss the MFT interns' performance and progress towards their goals- Integrate the criteria in the Supervisor Candidate Evaluation of MFT Student Intern form (Appendix B) and the Supervision Observation form (Appendix I) in your assessment*
    b. *Highlight areas where the MFT intern could improve or further develop their clinical skills and knowledge.*

4. Summarize Supervision Strategies and Directives Used
    a. *Discuss your approach and how you worked to meet the supervision needs of the MFT Interns*
    b. *Discuss any emergent, crisis or high risk situations and your approach to managing these conversations*

5. Reflection
    a. *Discuss your learnings and self-assessment of your supervisory skills and effectiveness*
    b. *List a supervisory goal from your reflection*

DMFT Memorandum of Understanding (MOU) for Supervisor Track

Name:	
Student ID #:	
Starting Term:	

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 participate in the DMFT program Approved Supervisor Track 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 the DMFT Supervisor Training Handbook.

_____ I understand that as part of the Supervisor Track, I will enroll in Foundations of Supervision DMFT 8070 and three consecutive terms of Advanced Supervision, DMFT 8080, 8081, and 8082

_____ I understand that as part of my responsibilities as a student enrolled in Advanced Supervision 1, 2, or 3, I will be meeting with MFT Interns during their scheduled Practicum, Internship A or Internship B class meeting times to provide live synchronous supervision (in-person or virtually). This commitment is weekly or bi-weekly for the duration of the three terms.

_____ I understand that I am not to receive financial compensation for the supervision services provided.

_____ I understand that the CUH DMFT Supervisor Track is aligned with the HI-AMFT Hawaii Approved Supervisor Program and Designation and meets the criteria for the state of Hawaii LMFT Supervisor designations. Furthermore I understand that I am solely responsible for completing and submitting any licensure or designation applications to the appropriate entities.

_____ I understand that I am responsible for verifying other state requirements for licensure and supervisor designations. If I choose to pursue licensure or approved supervisor designations outside of the state of Hawaii, I am responsible for completing any potential additional requirements of my own accord and outside of the DMFT program's supervisor Track.

_____ I agree to maintain and adhere to practicing the standard of ethics in my role as a supervisor as is outlined by the AAMFT.

_____ I agree to adhere to the chain of command and oversight, and to my as a supervisor candidate/DMFT student role in the chain of command as outlined in the DMFT Supervisor Training Handbook.

_____ 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.

_____ _____

Signature Date

Handbook: DMFT Supervisor training

version 1.2 January 2026