

DEVELOPMENT OF A MODEL MARRIAGE AND FAMILY PROGRAM  
AT OLIVET NAZARENE UNIVERSITY

BY

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**ABSTRACT**

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DEVELOPMENT OF A MODEL MARRIAGE AND FAMILY PROGRAM AT

OLIVET NAZARENE UNIVERSITY

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This is not a scientific study with a specific population, data instrument, collection, analysis, and/or limitations. Rather it is descriptive in that this author has developed a model curriculum in Marriage and Family Therapy (MFT) for Olivet Nazarene University.

Olivet Nazarene University began in 1907 offering education with a Christian purpose. It is accredited by the North Central Association of Colleges and approved by the State Department of Education in Illinois for both their bachelors and masters programs. Using their "Lock-step" approach makes it

possible for 12-15 students to progress through ONU's masters programs together. Classes are offered in the evening to better serve their clientele's busy working schedules.

Olivet Nazarene University provides a Master of Arts in Professional Counseling Program and is in an excellent position to add a Marriage and Family Therapy curriculum/program to their Graduate and Adult Studies Program. A Marriage and Family Therapy Program would afford a unique cross-curriculum between religion and family therapy, pastoral counseling and family therapy, nursing and family therapy, medical studies and family therapy, and also education and family therapy.

A study of the fifty-year evolution of Marriage and Family Therapy revealed that pioneers in the field as well as those who followed brought with them a rich diversity in theory and practice. Specific standards to govern the Marriage and Family Therapy Programs began in 1959. These standards have been under constant review and revision since then.

The Commission On Accreditation for Marriage and Family Therapy Education (COAMFTE) Version 10.0 Standards (Appendix A) went into effect in January 2001 and have specific objectives based on the systemic relational view of life. It is with these objectives that this writer developed curriculum/courses for the Marriage and Family Training Program. Diversity, socio-economic status, gender, age, culture, diversity, ethnicity, and religion are among the objectives considered.

These new standards recognize that “Religiously affiliated institutions that have core beliefs directed toward conduct within their communities are entitled to protect those beliefs” (Preamble to Version 10.0 Standards, p. 1).

According to Standards 100-109 accredited programs must include specific marriage and family educational curriculum, it must be systems related and the whole program must be sensitive to and respect diversity.

Under the guidelines of Version 10.0 Standards provided by COAMFTE this writer has designed a Model Marriage and Family Therapy Curriculum proposal for Olivet Nazarene University.

Under supervision of faculty, student/interns learn the systemic/relational aspects of Marriage and Family Therapy while working with individuals, couples, marriage and family, groups, and community, as they become trained Marriage and Family Therapists. Graduates of this program will have knowledge in Marriage and Family theory, an understanding of individual and family relations, research in Marriage and Family Therapy, clinical knowledge and experience, and an understanding of ethics and professional identity.

## Dedication

Dedicated with love to my incredible husband Vernon, who

-has had unending patience during our three years' journey as husband, wife, and student.

-gives me emotional support, closeness, and nourishment.

-feels my heartache and pain, yet comforts me with his love and understanding.

-brings me joy and happiness.

-encourages me to dream and tells me dreams do come true.

I want to express my deepest gratitude and love to you. And now it is time to smell our roses and train the colts to be National Arabian Stallion Champions.

## **Acknowledgement**

Ralph Waldo Emerson once said, “Skill to do comes of doing”. As a non-traditional student 18 years ago, and thus far, this writer can claim these words for her own. As the oldest child of six children living in a very poor family, I dreamed of going to college and becoming a missionary in Africa.

College did not become a reality for me until I was 40 years old. As I look back, it has taken a lot of courage to continue from course to course and degree to degree. However, I cannot claim my success as my own because I have had so many wonderful instructors who believed in and mentored me along my journey.

### **My Advisors**

I would like to acknowledge Dr. Ed Biggerstaff for believing in me the day I walked into his office with the declaration that I wanted an Ed.S Degree and that I wanted to focus on marriage and family instruction and supervision.

James Beattie said, “The aim of education should be to teach us rather how to think, than what to think. In the classes I had with Ed, he appeared to have this as his goal. One of his famous comments during his lectures was to say “come on talk to me”. He was not telling us what to think, or what he had just lectured on, but rather he wanted to know how we were thinking. He has gone the extra mile to help me accomplish my goal and given me empathic understanding with my personal life on the journey to complete this Field Study.

I would like to acknowledge Dr. Chuck Barnard for the years of encouragement, instruction, and friendship. I’ve gone from an intimidation of his

size, stature, and position to a sensitive, caring working relationship/friendship with this fine educator in class, at the clinic, and with this field study the years have so quickly passed. Chuck encouraged me to play an active role in every aspect of the MFT Program/Clinic while working on my Ed.S Degree.

I often wonder if he ever thought about how successful the Marriage and Family Therapy Program he was instrumental in creating would, touch so many lives. “The final test of a leader is that he leaves behind him in other men (and women) the conviction and the will to carry on” (Walter Lippman). This leader is Chuck. Enjoy your lake home and fishing as only you can.

I would like to acknowledge John Williams not only for being an excellent instructor/advisor but also a dear trusted friend. He constantly challenged me in class and written work. He encouraged me to find answers to my own questions. He walked the journey with me when both of my parents and late husband Smitty died. He accepted the monumental task of my Master’s Plan A. He allowed and encouraged me to be a part of every aspect in the MFT Program fulfilling my Ed.S Degree.

John F. Kennedy said, “I am certain that after the dust of centuries has passed over our cities, we, too, will be remembered not for victories or defeats in battle or in politics, but for our contribution to the human spirit”. All one has to do is be in a group of MFT graduates to know that John has contributed to many a human spirits.

Amy Wancho I would like to acknowledge for her timely proofreading and editing ability. In our friendship Amy is a warm, thoughtful, loving and kind person. As a third grade teacher she is loved by all her students and will go the extra mile for all of them. When I read this quote by Anatole France I thought of Amy.

The whole art of teaching is only the art of awakening the natural curiosity of young minds for the purpose of satisfying it afterwards; and curiosity itself can be vivid and wholesome only in proportion as the mind is contented and happy.



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## Chapter One

### Introduction

The city of Kankakee is the county seat of Kankakee County. The neighboring cities are Bradley and Bourbonnais. The connecting borders of these three cities and the nearby city of Momence produce a population of 71,493 people. Residents of numerous other small towns and villages frequently obtain services from the above mentioned cities.

After consulting with personnel from sixteen mental health services/clinics in the area, this writer realized that there are approximately seventeen Certified Marriage and Family Therapists. This would suggest that there is one Certified Marriage and Family Therapist (CMFT) for every 4,205 people in the defined area. The above area is approximately 60 miles south of Chicago, thus indicating that there is an apparent value and need for Olivet Nazarene University (ONU) to add a Marriage and Family Therapy (MFT) Program or component to their already existing Master of Arts in Professional Counseling Program.

Olivet Nazarene University, a university that began in 1907, offers what the founders referred to as an education with a Christian purpose, and is considered to be “a conservative, evangelical, liberal arts university”. This quotation from the Olivet University Catalog of 1915 holds true today.

Olivet Nazarene University, a denominational university in the Wesleyan tradition, exists to provide a university level liberal arts **“Education With a Christian Purpose.”** Our mission is to provide high quality academic instruction for the purpose of personal development, career and professional readiness and the preparation of individuals for lives of service to God and humanity. We seek the strongest scholarship and the deepest piety, knowing that they are thoroughly

compatible (and) ...a Christian environment...where not only knowledge but character is sought.”

In its commitment to excellence, the North Central Association of Colleges accredits the university. Olivet Nazarene University is also approved by the State Department of Education of Illinois for both the bachelors and masters programs.

At the undergraduate level there are a number of fields that will prepare the student for graduate work. They include, as is cited in the 1998-2000 bulletin, “Clinical Laboratory Science, Nuclear Medicine Technology, Law, Medicine, Ministry, Pharmacy, Physician’s Assistant, Physical Therapy, and Psychology” (p. 25). The Graduate/Adult Studies program offers master degrees in:

- 1) Religion and Professional Counseling
- 2) Curriculum and Instruction
- 3) Teaching with, majors in Elementary and Secondary Education
- 4) Business Administration
- 5) Church Management
- 6) Pastoral Counseling
- 7) Practical Ministries

### **Statement of the Problem**

The Master of Arts with a major in Professional Counseling Program came into existence in 1996. Olivet Nazarene University is currently considering adding a Marriage and Family Therapy Program to their curriculum. A number of students at ONU have strongly expressed their professional interest in the university planning and implementing a Marriage and Family Therapy Program (MFT). Acting on that interest, the administration at ONU has approached this

writer and requested that such a model MFT Program be planned and recommended to the university.

### **Purpose of Study**

Because the greater Kankakee, Illinois area has approximately 72,000 people and a small group of seventeen Certified Marriage and Family Therapists, resulting in a ratio of one CMFT per 4,200 people, this writer concludes that there is a growing and potential need for the development of a program in Marriage and Family Therapy for ONU.

Olivet Nazarene University is known for Degree Programs that are available for working adults. It serves the needs of a busy, working clientele. For this reason classes are offered in the evening for approximately twenty-one months. The format is referred to as a “lock-step” approach. This means the class that enters, usually 12-15 students, stays together until graduation. Not only do students have weekly classes, but they are also required to participate in clinical and study groups during the duration of their course work. Olivet Nazarene University with its existing Graduate/Adult Studies Program has a unique atmosphere where spirituality would be encouraged and expected. ONU would afford cross-curriculum offerings between nursing and family therapy, pastoral counseling and family therapy, medical studies and family therapy, religion and professional counseling as well as education and family therapy.

The purpose of this study is to respond to these observations and develop a curriculum in Marriage and Family Therapy at the masters' degree level and to submit the finished project to the university administration.

### **Definition of Terms**

COAMFTE Standards. The Commission On Accreditation for Marriage and Family Therapy Education is that element of the American Association For Marriage and Family Therapy that is designed to develop standards for MFT training programs and implement the process of assessing and accrediting MFT training programs. The Standards are regulations that assure individuals that they will receive the best possible training from accredited programs at the doctoral and entry level. They were developed with a systemic/relational view and apply to marriage and family training.

Professional Ethical and Legal Issues addresses “the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice (Standard 340.04, p.12).

Standard Didactic Unit (SDU), according to the Standard 170.01, is the equivalent of three semester hours of credit. However, clinical practicum/internship cannot be counted for any of the mandated SDUs.

Supervised Clinical Practice, according to the Standards, “students will complete a minimum of 500 supervised, direct client contact hours. At least 400 of these hours must be direct client contact fitting the criteria specified in

**Standard 151.01.** Up to 100 hours may consist of alternative therapeutic contact that is systemic and interactional” (Standard 401.01, p. 12).

Supervision is a continuous relationship between the qualified supervisor and beginning therapist (supervisee) as he/she learns and develops specific skills while treating clients/families. The supervisor is responsible for the quality of work the supervisee is doing. For more specific information see Standard 410: Supervision.

Team Supervision may be comprised of faculty members, trainees/faculty, etc. Team Supervision is highly valuable in that it facilitates brainstorming, enhances learning, and offers support. It also provides opportunities to challenge each other, as well as the family, in therapy. Finally it serves to create camaraderie among trainees and/or supervisors.

### **Limitations**

There are few guidelines available to set up a new MFT program other than the Standards set up by the COAMFTE. While the standards are quite specific in detail, and extensive in their coverage of curriculum matters, the pragmatics and political barriers to developing a program are left to be discovered and addressed by the program developers.



## Chapter Two

### Review of Literature

In this chapter the author reviewed the literature on the background development of Marriage and Family Therapy, Family Therapy Programs, Guidelines for Setting Up a Marriage and Family Therapy Program, Supporting Services, The Training Clinic, and Graduate Training.

Systemic Family Therapy has been in evolution for over 50 years and is a combination of many theories and practices. Family therapy does not focus solely on one individual, but rather on the whole family, how it functions, and what dynamics are in action. Family therapy can be done with one individual, a combination of family members, or the whole family. It is the goal of the family therapist to help families change.

“Family”, according to Nichols and Everett (1986) includes “the nuclear family in to which one is born or adopted” and “the extended family of which the nuclear family is a part” (p. 2). This would include three generations or more on either side of the family and is recognized as a transgenerational family. However, family as a unit of treatment varies from individual family members to intergenerational groups. There are several different kinds of modalities used in family treatment. What distinguishes all of these is the family or “systems” point of view that is employed. It is the relationship among family members, not simply the persons within them that make up the target of treatment.

## **Background**

Family therapy developed over the years with medical and non-medical practitioners alike contributing to help people almost in isolation from each other. As the public demanded more help in given areas such as child/parent, marital, and familial, and with issues such as schizophrenia, clinicians needed to develop new and improved ways of helping their clients.

Theories and practice are highly related to the times in which they existed. This also applies to family therapy. Prior to actual family therapy as we know it today, Freud worked in psychoanalysis and Rogers worked with a client-centered focus. Both are individual client therapy modalities, which are done in the absence of other family members.

According to Nichols (1984), others such as Bateson, Haley, Jackson, and Weakland found that as patients who suffered schizophrenia began to improve, other family members “began to show pathological stress” (p. 7). However, “Fisher and Mendell (1958)”, according to Nichols, revealed that there were positive changes within the family. Either way, this would indicate there was a need for family therapy. “The fact is change in one person changes the system” (p. 7).

Family therapy has evolved from a series of developments. These include “hospital psychiatry, group dynamics, interpersonal psychiatry, the child guidance movement, research on schizophrenia, and marriage counseling” (Nichols 1984 p. 4).

The 1950s are recognized as the period when family therapy actually “was born in the United States” (Nichols and Everett, 1986, p. 5). Examples of early pioneers in the field were John Elderkin Bell, Don Jackson, Nathan Ackerman, and Murray Bowen.

Thus, according to Nichols, (1984) family therapy actually began in the 1950s

independently in four different places: John Bell began family group therapy at Clark University; Murray Bowen started treating families of schizophrenic at Menninger Clinic and later a NIMH; Nathan Ackerman began his psychoanalytic family therapy in New York; and Don Jackson and Jay Haley started communications family therapy in Palo Alto (p. 71).

According to Nichols, (1984) it is believed to be Jackson, Haley, Bowen, and Ackerman who had the greatest influence on the family therapy movement for the first ten years. However, the ones with the longest “lasting influence on the field of family therapy are Carl Whitaker, Salvador Minuchin, and John Bell” (p. 41). These early pioneers all had different backgrounds, as did others that followed, giving family therapy the distinct diversity it has today. Various authors/therapists have divided and re-emerged in their schools of thought. It appears there is no one theory that will work with an individual and/or family. However, an integration of various techniques often serves the consumer better.

According to Bill Northey in the office of Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), the Marriage and Family Therapy field was in its early adulthood stages through the 1990s.

Solution-focused, Narrative and Brief Therapy were key to that time period. The field continues to grow at a fairly rapid rate.

### **Family Therapy Programs**

Having explored the field of family therapy, one may ask what then is a family therapist? Nichols (1986) describes

A qualified family therapist' (as) an individual who has been substantively educated in the body of knowledge deemed essential for the understanding and practice of family therapy and adequately trained through supervised experience in the application of that knowledge and the use of appropriate techniques (p. 367).

An individual becomes a family therapist in one of two ways. A person may add it to an already existing profession such as social work, nursing, medicine, psychiatry or education. That person must be trained in both the systemic and relational areas, and be competent in working with individuals, as well as various combinations of family members, relationally.

There are two major types of training programs for educating family therapists: namely a degree granting and a freestanding program. The first is typically affiliated with a University; the second is typically connected with an agency or clinic. Some of these are accredited by the AAMFT, and others are not.

Beginnings of the MFT training program would include these two marker points: 1. The AAMFT originally American Association of Marriage Counselors (AAMC) began in 1942, however it did not publish standards until 1958. 2. In 1953 standards for marriage counseling centers were developed. 3. In 1959 degree-granting standards were published.

By 1959 various universities had developed specific graduate programs in MFT thus recognizing it as a professional field. However, it was not until the 60s, 70s, and 80s that a large growth in the field at the master's level occurred. In 1971 the master's degree was recognized as an entry-level field. Later the master's degree programs were bound by the 1974 standards, then revisions of standards in 1981, etc. These revisions are constantly changing to meet the demands of the MFT field and of society.

Now in 2001, accredited marriage and family therapy programs are held accountable to the Accreditation Standards – Version 10. To become accredited, a program must have been in “operation for at least two years” and “will have graduated at least one class of students” (p. 4). Accreditation is not mandatory but rather voluntary. This writer believes that accreditation is very essential to the university, program, students and clients who are involved.

Accreditation objectives are two-fold. First individuals must be thoroughly trained for becoming marriage and family therapists. Selecting appropriate individuals, course work, and clinical experience with quality supervision is also essential to the success of the program.

These standards which will be discussed in more detail later are from Version 10 of the AAMFT Model Curriculum and apply to all accredited programs, the clinical experience, coursework measurement, standard curriculum, didactic area requirements, standard curriculum experience requirements and supervision.

It is also the belief of the commission that accredited programs include “racial diversity” which needs to be evident not only in students but supervision and other faculty as well. They also recommend diversity in the MFT Program

In terms of age, culture, ethnicity, gender, physical ability, religion, sexual orientation, and socio-economic status, without disregarding the rights of religiously affiliated institutions and institutions outside of the United States. Religiously affiliated institutions that have core beliefs directed toward conduct within their communities are entitled to protect those beliefs. All institutions are exempt from those standards that would require them to violate the laws of their states or provinces (Standards 10, p.1).

### **Guidelines for Setting up A Marriage and Family Program**

Graduates from such an accredited program are trained “clinical mental health practitioners” (p. 2). These MFTs' according to “the Standard Occupational Classification of the Bureau of Labor and Statistics are qualified to “[d]iagnose and treat mental and emotional disorders...within the context of marriage and family systems”(p. 2).

The marriage and family therapists are trained in relational teaching whether they work with one individual or more. In their training they are required to have a specific amount of client contact hours with individuals, couples, and families.

As an Accredited Program, according to Standards 100-199, the professional identity must include specific marriage and family educational curriculum. This education must be systems related, and the program as a whole must be sensitive to and respect diversity.

Leadership in the marriage and family training program will include at least three faculty members who are trained in marriage and family. Two must be “AAMFT Approved Supervisors” and the third an “Approved Supervisor, Supervisor-in-training, or the equivalent” (p. 3).

The program’s responsibilities can be held by one individual, the Program Director, or shared with someone else. If it is a shared position there needs to be clearly defined responsibilities for those involved. These responsibilities include maintaining, as well as enhancing, the quality of the training program and all that it entails. This program is based on a 12-month period. These individuals must be AAMFT Approved Supervisors.

Organizationally (Standard 120:) it must be a stable organization, in operation for two years or more, and “have strong administrative support” (p. 4). The program must follow policy and procedures as they relate to “organizational, financial, and personnel matters” (p. 4). No discrimination is allowed.

Program curriculum, course content, method of teaching, i.e. syllabi and evaluation of performance, must be on file. Catalogs, calendars, advertising for program, and grading policies are also kept on file.

It is the regional accrediting body that accredits the institution and where applicable it is the state authority that licenses or charters the institution. All agreements with clinical sites are to be in writing to maintain clarity between organizations.

What this writer sees as an absolute is, “All clinical records and interviews will be kept confidential, in compliance with ethical standards of the profession, except when in conflict with applicable law and judicial interpretation” (p. 4).

Selecting program personnel (standard 130:) is crucial to the success of the marriage and family program. These faculty members have a lot of responsibility that would include selecting students for the program, as well as actively interacting and teaching their students. The personnel must also remain active in their own contributions at various levels where it applies to their profession.

Where the program is a degree granting program the faculty are primarily “full-time marriage and family therapy faculty” (p. 5). However, several “adjunct” faculty may also provide course or curriculum support. These personnel members will have the experience and ability to demonstrate course content, techniques etc. as they teach their students. The students are to be “mentored, supervised, and taught by a racially diverse group of individuals” (p. 5). Standard 130.10,

The program will have a faculty diverse in culture, ethnicity, and gender. Compliance will be judged in the context of program size and location. The program will be exempted from the diversity requirement of one or more of the items listed if it can demonstrate that while the faculty itself is not diverse, it contributes by its lack of diversity, to the diversity of the marriage and family therapy field as a whole. (p. 5).

Lastly, faculties as well as supervisors are to conduct themselves with integrity both personally and professionally.



Mentioned before in the accreditation objectives was the selection of appropriate individuals to enter a marriage and family training program. Students according to Standards 140: will be admitted to the program based on their “qualifications and readiness.” Most apply after they have had life experience in some other field, i.e. social work, nursing, ministry, crisis centers, etc. There needs to be “clearly defined and published policies and procedures for assessing recruitment of prospective students, applicants...”(p. 5).

Students will then be informed as to their admittance according to specific policies. It is also the responsibility of the program to inform the students what they will gain from the program to enhance their professional life, i.e. licensure/certification, employment prospective, AAMFT Clinical Membership, etc.

The program at all times will keep a file on each student for all important information such as course transcripts, students progress, i.e. course work, supervision, on and off clinic site information, etc. The program supplies support services and liability insurance.

Standard 140:6 states that,

The program will have published policies and procedures in keeping with generally accepted practices, for refunding fees to student who withdraw, and for dealing with students grievances. Programs will maintain records of student grievances received (p. 6).

A number of other responsibilities the program has for the student would include an evaluation of students in accordance with pre-published policies and procedures. This also includes “verification of completing program

requirements” (p. 6). Further evaluation of the student is in areas of “strengths and weakness”, and knowledge as well as understanding of the marriage and family related work, literature, the AAMFT Code of Ethics and pertinent laws” as well as “evaluations of their clinical skills” (p. 6).

Students also have responsibilities to make their involvement a success in any given marriage and family therapy program. One of these responsibilities is “personal and professional integrity” which would include the AAMFT Code of Ethics” (p. 6). Additionally and importantly “students will be given the opportunity to evaluate the program, including course work; clinical practice; supervision (competency and availability); and faculty (competency and availability)” (p. 6). Standard 130:06 re: a non-degree granting program will not be discussed in this paper. Presently more interest lies in developing a degree-granting program.

As a means of tracking and maintaining a relationship the program will ask its students for follow up information two years after they graduate. Among some of the questions and statements the MFTs' might be asked about are: credentials, employment, satisfaction with education, possible thoughts for improvement, and just how prepared they felt going into the workplace.

The student’s clinical experience will include “face to face” contact with their clients. These clients will continue with the theme of marriage and family as it teaches relational concepts whether they are “individual, couples, families, and/or groups” (p. 7). Only face to face direct contact as clinical experience

counts as contact hours. Thus, contact hours do not include phone calls, consultation, observation, supervision, etc.

Supervision of the students in training is complex but essential to the success of the student. It is required of the faculty in Standard 110: in relationship to the “Leadership of the Program”. According to Standard 152.01, “if a student is simultaneously being supervised and having client contact, the time may be counted as both supervision time and direct client contact time”(p. 7).

The only means by which a program can use a non-AAMFT Approved Supervisor to supervise is when that individual is an AAMFT Supervisor-in-training. The program must document in their records and show this individual has experience in the MFT field in accordance with Standard 152.02.

During individual supervision the supervisor is with one or two student therapists. Individual supervision counts as such when there is live supervision of up to two therapists in a room with their client (standard 152.5).

Group supervision with one supervisor may include two to six students. Standard 152.08 states that,

Students observing someone else’s clinical work receive credit for group supervision provided that (1) at least one supervisor is present with the students, (2) there are no more than six students altogether, and (3) the supervisory experiences involve an interactional process between the therapist(s), the observing students, and the supervisor. If there are no more than two students, the observing student may receive credit for individual supervision under the same conditions (p. 8).

Standards 152.03 and 152.04 reveal that the program must have observable teaching tools and techniques such as audio/video-taping for students

or direct observation; i.e. one way mirrors/window for observation of client/therapist at all clinics. Since these are the forms of media the program “will have written policies and procedures governing the transportation, storage, and transmission of confidential media” (p. 8). This coincides with Standard 152.04 and 120.12 on confidentiality. The various types of supervision given to the students will be on file in the program materials (Standard 152.10).

As with students and faculty there needs to be diversity among supervisors. This diversity coincides with those of Standards 100.4,120.05, 130.10, 140.17 and 140.18 discussed earlier in the paper. Finally on supervision, Standard 152.13 states that,

Supervision of students by fellow students in the same department is permitted given all of the following conditions: (1) the supervised student is explicitly informed that it is permissible to decline, (2) the supervision is closely supervised by non-student Approved Supervisor or the equivalent, (3) the supervising student has completed or is presently in a graduate course in family therapy supervision, (4) the supervision time does not count toward COAMFTE supervision hour requirements of the supervised student, and (5) special attention is given to power and privilege in the supervisory relationships involved (p. 8). Since therapy carries with it a must for confidentiality as is stated in

Standard 120.12, 140.02, and 140.08 the

Clinical facilities will have policies and procedures concerning professional practice and informed consent of clients; including but not limited to such areas as client rights, limits of confidentiality, and the establishment and collection of fees (Standard 160.06).

These policies and procedures need to be reasonable, and concern “safety, privacy, and confidentiality”. The above as well as information about the clinical facilities and student therapist needs to be revealed to any one who wishes to view

them (p. 9). Standards from one area appear to also apply to other areas, making a more conclusive program as a whole. Some other standards that may apply/interact with the above would be 120.07, 120.08, 130.11, 140.07, 140.09, and 152.04.

### **Supporting Services and the Training Clinic**

The facility for a marriage and family program is as important to the success of the program as the guidelines. Part of this facility must have available to it a library or libraries with a sufficient amount and variety of resources to enhance the marriage and family curriculum, faculty, and student body. Some of these resources may be audio/video tapes of career marriage and family therapists at work with clients. Another valuable form would be journals and books relating to all aspects of marriage and family/systems work, as well as research materials to aide in the teaching, learning, and growth of those involved in the program whether student or faculty.

There needs to be at least one clinical site on campus from which program students can learn to be marriage and family therapists. This also includes proper supervision while the student works with individuals, couples, and/or families. This facility will be made available to all that seek services there. Although a teaching facility, this clinic will operate like public clinics in that it will offer services 12 months a year.

The clinic/facility should have state of the art, or at least adequate equipment, conducive to training students for marriage and family therapy. This

would include a variety of rooms and sizes to accommodate individuals, couples, and families/groups with one therapist or co-therapy team. These rooms would have one way mirrors that observing faculty, supervisors, and co-marriage and family students could have access to. The therapy room would have two or more video cameras and microphones mounted on the walls next to the ceiling. The video would be taping in a media center room for the therapist /supervisor to review later in supervision. Microphones would feed sound to the observing team behind the mirror.

## **Graduate Training**

After considering the guidelines in establishing an accredited Marriage and Family Therapy Program, there remain three areas to understand and cover. These areas are curriculum, practicum/internship, and supervision. Course work measurements are referred to as a “Standard Didactic Unit” or SDU. One SDU for a degree-granting program equals three-credits in a semester system and a four-credit course for a quarter system.

Standard 200.299: and 300.399: addresses the standard curriculum for the marriage and family training program. This includes documentation of all course work that students have or will complete. Each student will have on file within the program of the university system a documented transcript of completed courses. The importance of diversity in curriculum is expected. The curriculum will coincide with other professions such as social work, county social work, psychology, and physicians/medical community. These are generally addressed in the professional issue course.

Another area of requirement relates specifically to the types of courses that make up the curriculum and credits needed to fulfill these requirements. Standards 300.03 and 300.04 reveal that there are 12 SDUs required from areas one through six.

These areas include the following: Area I: Theoretical Knowledge, which reveals historical, theoretical, empirical, and contemporary aspects. The students

will learn critical issues and how they relate to MFT. This area of study is also where the major models of MFT are taught.

Area II: Clinical knowledge relates to everything systemically/relationally in considering a variety of clinical problems. Some of these issues would include violence and abuse, addictions, gender, sexual orientation/functioning, or therapy. All of the aforementioned are counseled from a systemic view and with sensitivity to diversity.

Area III: Individual Development and Family Relations involves both individual and family development throughout the life span.

Area IV: Professional Identity and Ethics covers the identity of the profession as a whole including certification and licensure. Ethical issues as they apply to the profession and therapist working with any combination of clients are essential to consider. Key to this area is that,

The AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice (Standards 10, p. 12).

Area V: Additional Learning gives the student the freedom to learn more in a specific interest area of family therapy. These courses may come from other disciplines such as social work, medical, psychology, etc.

With each area of study to complete an MFT degree there are a specific number of SDUs required. Twelve SDUs are equal to 36 credits and the student



needs a minimum of 36 credits in areas one through six. Nine of these 12 credits will come from Area I through Area III, and a minimum of seven SDUs from Areas II and III. This allows the student to take only two SDUs from Area I to complete this area.

Area II: Clinical Knowledge has a requirement of four SDUs and Area III requires one SDU. These are the minimum. There can be more than four SDUs from Area II and more than one SDU from Area III. Ultimately there must be seven SDUs total from Areas II and III. For example, five SDUs from Area II and two SDUs from Area III equal the total of seven from Areas II and III. It is up to the individual university program to decide which of the areas it increases to arrive at the minimum of seven total SDUs from Areas II and III. Areas IV, V, and VI each have a minimum requirement of one SDU.

Thus each program according to Standard 10 are required the basic minimum of 36 credits to address the 12 SDUs in Areas I through VI. In addition to these requirements the student/intern is also required to do an internship/practicum. This practicum may or may not have credits assigned to it. This is up to the university program if they wish to give credits for the practicum internship. However, this practicum does not use the credits attached to meet the requirements discussed earlier in Areas I through VI.

#### Standard 400-409: Standard Curriculum Clinical Experience

Requirements states that the student/intern must have a minimum of 500 hours

client contact time. These hours will be supervised and are specified in Standard 151.01. More specifically client contact hours include 250 hours in a clinical facility as sited in Standard 160.02. At least 250 of these hours must be couples and/or families coming from a wide array of problems, relationships, etc.

There is a criterion by which students must adhere to during the practicum/internship. This criteria along with other applicable materials for the success of the clinic and intern are published and maintained on file. Interruption of clinical work is not permissible if it will harm the clients. Again, diversity is key to the experience of the student/intern.

Supervision (Standard 410:) for the intern will include “100 hours of face-to-face supervision”. This supervision will be weekly and one hour for “five hours of direct client contact.” Student interns will also receive supervision based on audio and videotape with clients. Ideally students are given the opportunity of learning from their supervisors by means of observation, role-plays, and evaluation of their supervisors at work. “Group supervision is required” (p. 13).

### **Conclusion**

In conclusion, this author has reviewed a brief history of the MFT field to point out that systemic family therapy has a 50 plus year history and throughout these years, many theories and practices. Some of the earlier pioneers in the field were mentioned. It was not until the late 1950s that MFT really began as a field of its own.

In 1953, standards for marriage counseling centers were developed, and in 1959 degree granting standards were enacted. The field, which now had a stronger family therapy emphasis, had its largest growth in the university systems in the 60s, 70s, and 80s. In 1971, MFT was recognized as an entry-level field and later became bound by 1974 standards. These standards are continually being changed to meet new demands. They are designed in such a way that an individual obtaining a MFT degree has a higher standard of training.

At this point in time Standards 10.0 are the guidelines by which a beginning accredited program as well as an exiting program are governed. These standards have explicit directions that apply to the Professional Identity, Program Personnel, Leadership, Students, Standard Curriculum, Coursework, Clinical Experience, and Supervision.

## **Chapter Three**

### **Methodology**

This chapter is representative of the methods which this writer has used to explore the evolution of marriage and family therapy in order to gain a better understanding knowledge base for the development of a Marriage and Family Therapy curriculum for Olivet Nazerine University. Since this is not a scientific study there will be no specific population studied, no data gathering instrument, data collection, data analysis, and/or limitations as such.

It is a descriptive study prompted by a university's desire to develop a Marriage and Family Therapy program in the Kankakee area and ONU's accessibility and mission statement to the public as a whole. This study also consists of a review of literature with regard to the history and evolution of MFT as a field and an overview of its current curriculum standards. Besides readings', this review entailed phone interviews with staff members at the COAMFTE, personal experience within the COAMFTE accredited MFT program at the University of Wisconsin-Stout as a Masters' level student, the experience of supervising students as well as being supervised by clinical staff during my Ed.S degree training, and, finally an exhaustive research and study of the COAMFTE's Standards 10.0.

With this knowledge in mind this writer developed a Model Marriage and Family Therapy Program for Olivet Nazerene University. While developing this curriculum the author kept in mind the COAMFTE accreditation standards.

Should ONU decide to implement this MFT Program they could then proceed to accredited status, should they desire

## **Chapter Four**

### **Model Marriage and Family Therapy Curriculum**

Marriage and Family Therapy, according to the Preamble to Version 10.0 of the COAMFTE Standards, “applies to all living systems; not only to persons who are married or who have a conventional family” (p. 1). As a field for 50 plus years, Marriage and Family Therapy has experienced many changes. Thus, several revisions of the (COAMFTE) Standards for Accreditation have occurred.

The University of Wisconsin-Stout Marriage and Family Therapy Program is where this writer obtained her degree. Dr. Charles Barnard and Dr Ramon Corrales developed the MFT Program for UW-Stout in 1974, with accreditation from AAMFT coming in 1976. This program has enjoyed full accreditation for the longest period of any M.S. MFT degree program, and there are only 38 other programs similar to it in the United States. Forty-two of the 50 states have now developed some sort of licensure or certification standards to regulate the MFT profession.

It is the Version 10.0 Standards that will be used as a guideline to develop a model MFT curriculum for Olivet Nazarene University. These are the most recent Standards advanced by the COAMFTE being implemented as of January 1, 2001. Whether a MFT Program is accredited or not depends on the university offering the program. Accreditation procedures were discussed earlier in this paper. This writer developed a curriculum that meets accreditation standards if ONU should decide to apply after the necessary two years of being in existence as

a MFT Program. The new standards base their requirements on the fact that marriage and family therapists must be trained with “a systems/relational understanding of people’s lives” (p. 3). This Masters Degree in MFT will prepare the student/intern for entering fields of service such as schools, hospitals, mental health clinics, nursing homes, social service agencies, private practice, industry, etc.

Clear and concise objectives by which a MFT Program guides itself are crucial to the success of the program. With this type of a program the experiential learning both in the classroom and practicums are valuable. The student/intern would be expected to maintain a 3.0 grade point average or better. In consideration of these points and based on the COAMFTE Standards, this writer developed a curriculum to be presented to ONU. If this curriculum is contextually accepted by ONU, specific courses could be changed to meet administration requirements also.

### **Statement of Program Objectives**

Upon completion of the Marriage and Family Therapy Program the student/intern is expected to have developed the following:

1. an understanding and ability to apply theory, historical development, and experience in the systems approach to marriage and family issues.
2. an understanding and ability to work in a systems framework with couples and/or families as well as how they fit in the larger culture.
3. an understanding and ability to use a variety of the major models used with couples, marriage and/or families in theory.
4. an understanding and ability to work in the relational/systemic areas as they apply to mental and physical health issues and how to assess and treat the mental health concerns.
5. an understanding and ability to use therapeutic techniques that fit well with their own personal style of doing therapy with couples and families.
6. an understanding and ability to effectively diagnose and develop treatment based on the DSM IV for couples and/or families.
7. an understanding and ability to effectively write client contact case notes.
8. an understanding and ability to treat individuals, couples, and/or families in gender, violence, addiction, and abuse issues as they relate to the relational/systemic aspect.
9. an understanding and ability to give non-judgmental yet helpful feedback to colleagues.



10. an understanding and ability to work with a variety of agencies and more specifically other professionals in the same agency.
11. an understanding and ability to blend family, theory, class, race, ethnic, and gender issues in therapeutic situations.
12. an understanding and ability to work with legal and ethical issues as they relate to MFT.
13. an understanding and ability to work in the context of sexual function/ orientation, therapy, gender issues, diversity, and discrimination as they apply to couples and MFT practice and theory.
14. an understanding and ability to evaluate him/herself and family as it relates to development across the lifespan.
15. an understanding and ability to recognize ones professional identity, socialization, practice, licensure, and certification.
16. an understanding of MFT ethical issues as they relate to the profession and practice of MFT for individuals, couples, and families.
17. an understanding of all issues as they relate to AAMFT's code of ethics, legal responsibilities, liabilities, family law, records, reimbursements, as well as business aspects.

### **Program Curriculum**

Discussed in the literature review of this paper the Commission on Accreditation Marriage Family Therapy Education (COAMFTE) revealed very specific instructions regarding what is necessary to be an accredited Marriage and

Family Therapy Program. With these guidelines in mind, a number of courses have been designed to meet these recommendations.

It is of significant importance that a number of academic courses be completed prior to the student/interns clinical experience. This portion of their academic development will be of benefit as they encounter various clients and their clinical experience. For this reason the courses are offered in such a manner that they will be most beneficial for the development of the student/intern. Using guidelines from the COAMFTE and Accreditation Standards 10 the courses were developed. This writer has offered a few objectives with more to be developed later for each course.

The MFT Practicum was also discussed with regards to hours required to complete the program and whether or not the university also wished to add credits to the practicum.

There may be a number of electives that may also be developed and will be discussed with ONU at a later date.

## Multicultural Family Therapy

(2 Credits)

### I. Course Description:

This course will focus on a relational view of life with respect for diversity and non-discrimination. Areas to be covered include, but are not all-inclusive, race, gender, ethnicity, sexual orientation, and socioeconomic status as they relate to MFT.

### II. Objectives:

1. Understand and respect diversity and non-discrimination.
2. Respect diversity in all areas such as religion, culture, ethnicity, age, physical ability, sexual orientation, and socio-economic status.
3. Understand the relational aspect of MFT as applied to elements of cultural diversity.

## Individual and Family Development Across the Lifespan

(3 Credits)

“Life is a test and this world a place of trial. Always the problems---or it maybe the same problem---will be presented to every generation in different forms” (Winston Churchill).

### I. Course Description:

This graduate seminar will be a study of human development across the lifespan. It will have a systemic focus as it relates to family, family transitions, and the social context. This course will specifically address child development in the family and family development across the lifespan, i.e. birth to death. Other areas to be addressed are individuality, gender, class, religious orientation, diversity, and race.

### I. Objectives:

1. Define and describe the process of human development from birth until death.
2. Be able to describe influences on the developmental process such as biological, psychological, and socio-cultural, and how they diminish or meet human needs across the lifespan.
3. Explore consequences of socio-political inclination where ethnicity and gender, equality, human rights, religious orientation, socio-economic status, culture, physical ability, and sexual orientation affect the lives of human beings.

4. Identify key challenges for human survival and a quality of life for people from the cradle to the grave.

## Psychopathology: Assessment and Treatment Planning

(3 Credits)

### I. Course Description:

The purpose of this course is to assess behavioral and mental disorders using psychometric assessment procedure and the current Diagnostic and Statistical Manual (DSM) to develop treatment plans to be used with individuals, couples, marriage, and family.

### II. Objectives:

1. To obtain understanding of the DSM diagnostic system.
2. To gain understanding and ability to use the DSM with clients in areas of personality, anxiety, adjustment, and psychotic disorders.
3. To understand the Minnesota Multiphasic Personality Inventory applied to individuals, couples, and families.

## Marriage and Family Research Methods in Psychotherapy

(3 Credits)

### I. Course Description:

This course is designed to specifically focus on research applied to the couple and family therapy arena. The course will focus on quantitative and qualitative research, data analysis, research methodology, and program evaluation.

### II. Objectives:

1. Introduce basics of marriage and family research principles and procedures.
2. Understand and evaluate marriage and family research done by other researchers.
3. Understand and be able to apply research principles and procedures to the practice of Marriage and Family Therapy.

## Communication Training and Couples Therapy Theory

(3 Credits)

### I. Course Description:

Better known as Relationship Enhancement Therapy (RET) this course will be taught seminar style and be experiential in that students will learn communication theories and skills. Students will use text and role-plays to develop skills, and have experience teaching clients and receiving feedback from one another and the instructor. The primary goal is to teach and learn specific communication skills that will benefit peer groups, family members, parents and their children, married couples, dating couples, etc. This type of communication training will also be beneficial to the work place.

In addition to the two credits mentioned above and in accord with Standards 10, this course will include one credit presenting and comparing different theories of marital therapy that are current today.

### II. Objectives:

1. Understand the role of communication in various relationships i.e. intimate, teaching, and society.
2. Learn how, when, and where to use specific types of communication appropriate to the situation.
3. Demonstrate by modeling the ability to teach communication skills to others.



4. Be aware of diversity as well as various ethnic groups and their means of communication.
5. Examine various theories of couple therapy for their suitability in providing support for couples addressing issues and types of changes.

## Theory of Family Process

(2 Credits)

### I. Course Description:

This course will be a study that looks at theories of the family, and family strengths. Students will gain an understanding of various family processes and how they work for the family.

### II. Objective:

1. Describe major theories of couple, marriage, and family interaction.
2. Analyze and apply various theories to family development and interactions.
3. Be able to specify which ethnic populations each theory or process is most appropriate for.

## Sex Therapy Seminar

(2 Credits)

### I. Course Description:

Course pre-requisite: Human Sexuality should be taken prior to or at the time of this course.

This course is designed to help the student/intern gain a background understanding and the skills that will enable him/her to work with individuals, couples, marriage and families on sexual issues.

Area II of Standards 10.0, 310.06 states that the program “will include content on issue of gender and sexual functioning, sexual orientation, and sex therapy as they relate to couple, marriage and family therapy, theory, and practice” (p. 11).

### II. Objectives:

1. Gain an understanding of sexuality in a family context.
2. Discuss principles for developing responsible and healthy attitudes in sexual and intimate relationships with couples, peer groups, and family.
3. Analyze the meaning of sexual intimacy, romantic involvement/love, sexual abuse, and sexual addiction.

## Marriage and Family Therapy Systems

(3 Credits)

### I. Course Description:

This course will offer the student/intern a basic understanding for the evolution of family therapy and the opportunity to review, compare, and contrast various approaches to family therapy. The above will in turn allow the student a more complete view of families and their differences, as well as various approaches that may work with specific issues i.e. abuse, grief, addictions, etc.

### II. Objectives:

1. Expose students to a systems perspective of understanding families and family therapy.
2. Gain an understanding of family goals, views, and interaction and how their assumptions may or may not change.
3. Gain an understanding of several models of therapy and analyze one or more models more specifically.
4. Compare and contrast a number of well-known theories/models.
5. Participate in classroom discussion.

## Marriage and Family Professional Issues

(3 Credits)

### I. Course Description:

This is a study of issues such as professional identity, socialization, organizations, and certification/licensure. The course will focus on ethical issues according to the AAMFT Code of Ethics and how they relate to individuals, couples, and family therapy. These issues include confidentiality, “legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice” (Area IV, Standard 10.0, 340.04, p. 12).

### II. Objectives:

1. Focus on professional identity in the MFT field.
2. Focus on ethical issues, how these issues relate to individuals, couples, marriage and families and the MFT profession.
3. Focus on AAMFT Code of Ethics.
4. Focus on professional relationships between the therapist and community at large, i.e. clergy, social, political, educational, and legal.
5. Focus on diversity and ethical implications.

## Marriage and Family Therapy Seminar

(3 Credits)

Course Pre-requisite: Marriage and Family Systems.

### I. Course Description:

This course will build on the Marriage and Family Systems course with a more advanced study of methods, skills, and issues as they relate to MFT. The student/intern will be able to develop a treatment plan from a system prospective, yet be flexible enough to integrate a variety of intervention techniques. Another goal of this course is for the student/intern to develop a deeper awareness of gender, diversity, discrimination, and ethnicity.

Students are expected to participate in every class as a learning experience from colleagues.

### II. Objectives:

1. Demonstrate an increased understanding and ability to design a therapeutic treatment plan with a systems perspective.
2. Show an increased ability to use intervention techniques from major therapeutic models for couples, marriage and family therapy.
3. Exercise an increased awareness and ability to work with various gender, ethnic, and diversity, etc. issues within each of the major MFT Models.
4. Exercise the ability to integrate modalities of treatment that fit with one's own individual style and the client/consumer.

## Marriage and Family Therapy and Psychometric Aids

(2 Credits)

### I. Course Description:

Ethical considerations will be emphasized as students learn to use psychometric aids in various MFT situations. Students will become familiar with a variety of instruments and determine which will serve best any specific couple, marriage, or family issue. The student/interns are expected to administer at least two instruments to client(s) and work up the results, ultimately designing a treatment plan based on their findings.

### II. Objectives:

1. Have the understanding and ability to decide which instruments to use in specific situations i.e. abuse, addictions, drinking, eating disorders, life event changes, etc. with individuals, couples, marriage and family.
2. Understand and be able to interpret, write, and present a report in a concise understandable manner to the client/consumer and be able to suggest appropriate treatment.
3. Understand the implications of the AAMFT Code of Ethics when using instruments to gather data and design treatment.

## Substance Abuse, Addictions, and Family Systems Intervention

(2 Credits)

### I. Course Description:

This course will include an overview of substance abuse and addictions i.e. alcohol, drugs, food, sex, work, gambling, exercise, shopping, television, computers, the Internet, etc. Students/interns will discover the same commonality of powerlessness, unmanageability, tolerance, withdrawal, denial, hitting bottom, etc. and how they impact family.

An understanding of the roles, rules boundaries, etc. that maintain the status quo in families will be obtained through this course. Intervention techniques, concepts, and strategies for working with the whole family system will be part of this course.

### II. Objectives:

1. Describe substance abuse and addictions from a relational/systemic perspective.
2. Describe the rules and roles and what part they play in the family.
3. Describe intergenerational patterns in families.
4. Describe intervention techniques.
5. Describe treatment strategy.



## Anthropology and Family Systems

(3 Credits)

### I. Course Description:

This course will specifically study families from a cross-cultural perspective. In doing so the student/intern will gain a better understanding, historically and socioculturally, of interrelationships in families.

### II. Objectives:

1. Describe “diversity and discrimination as it relates to couples and family therapy theory and practice” (Standards 10, p. 11).
2. Describe ethnicity as it relates historically and socioculturally within a couple, marriage, and/or family.
3. Describe anthropology and how one integrates it with marriage and family therapy.
4. Describe researched materials regarding anthropological studies and family systems.
5. Describe the cross-cultural family and how it fits family systems therapy.

## Marriage and Family Therapy Practicum

(3 Credits)

### I. Course Description:

This course is a lecture/ lab preparation for the student/interns as they are preparing to enter the profession of MFT. It is conducted in a seminar style whereby the student/interns discuss varying aspects of MFT, observe colleagues and supervisors doing therapy, participate in clinical staffing and are supervised by clinic supervisors in the conduct of therapy and therapeutic experiences.

### Objectives:

1. Designed to develop competent professional Marriage and Family Therapists skills.
2. Designed to demonstrate ability to address various relational/systemic issues, assessment, and treatment capabilities.
3. Designed to work competently with issues such as individuals, couples, families, gender, abuse/violence and addictions from a relational /systemic perspective.
4. Designed to reveal the ability to work with presented clinical problems.

## **COAMFTE Version 10.0 Standards and Curriculum**

Each course developed for this model curriculum may have one or more areas of the COAMFTE Standards 10.0 as a part of it. The goal is to maximize the students'/interns' educational knowledge and experience preparing them for the challenging changing MFT field they are about to enter. Below are a few examples of how these courses address requirements of the Standards.

Multicultural Family Therapy meets requirements from Area II Clinical Knowledge, standard 320.04. Contemporary issues that affect same culture families also affect multicultural families. Likewise standards 320.06 and 320.07 address genders, sex, race, diversity, discrimination, etc. “relate to couples and family therapy theory and practice “(p. 11).

Individual and Family Development Across the Lifespan is specific to standard 330:, Area III. It addresses individual as well as family development across the lifespan.

Psychopathology: Assessment and Treatment Planning meets the requirements of Area II, Standard 320.02. “Content will address, from a relational/systemic perspective. Psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment and treatment of major mental health issues” (p. 11).

Marriage and Family Research Methods in Psychotherapy reveals specific use of guidelines in Area I Theoretical Knowledge standards 310.02 and 310.03.

These include history, theory, and understanding as well as learning how to do research while applying all of this to MFT.

Communication Training with Couples in Therapy uses Area IV, standard 360.02 stating that “additional learning will augment students’ specialized interest and background in individual, couple, and family therapy. Additional courses may be chosen from coursework offered in a variety of disciplines” (p. 12).

Theory of Family Development Focuses on standards 310.02 and 310.04 from Area I, of Theoretical Knowledge. The student not only is to learn the concepts of standard 310.02, mentioned earlier, but “will provide a comprehensive survey and substantive understanding of the major models of marriage, couple, and family therapy” (p. 1).

Sex Therapy Seminar is covered in Area II, standard 320.06, and was stated on the course description.

Marriage and Family Therapy Systems Fulfills all of Area I and Area II. This is a systems course; therefore Theory and Clinical Knowledge are essential. These guidelines are specific and can be found on page 10 and 11 of the COAMFTE Standards 10.0.

Marriage and Family Professional Issues guidelines are addressed in Area IV, standard 340.04 of Professional Identity and Ethics. All of these are very important to the profession, therapist, and client. The AAMFT has a specific Code of Ethics and those who do not exercise this code are disciplined appropriately.

Marriage and Family Therapy Seminar is a more advanced course than Marriage and Family Systems. Thus more emphasis is placed on Areas I and II that have been discussed earlier are applicable here also.

Marriage and Family Therapy and Psychometric Aides apply portions from Area I, II, and IV of the Standards. It is crucial to have a good understanding of theory and major models of therapy when working with couples, marriage and families. Area II, Clinical Knowledge is essential because one uses a systemic perspective as it relates to all aspects of therapy.

Other issues considered in this section are diversity, discrimination, gender, sexuality, addictions, abuse, etc. Professional Identity and Ethics are the guidelines by which the student/intern conduct themselves when working with MFT and Psychometric Aids.

Substance Abuse, Addictions, and Family Systems Intervention is a course that uses concepts from all five areas. These are situations that have or will affect almost everyone. Marriage and Family Therapists need to understand, test, and evaluate, design treatment plans/goals, and do therapy with any combination of family members.

Anthropology and Family Systems fulfills requirements from Areas I-IV. Anthropology is a study of families from a cross-cultural perspective. Since understanding the culture of same culture individuals, couples, and families are important to MFT, likewise an understanding of cross-cultural families is important. Each culture has its own history, tradition, belief and value system,

and developmental lifespan. The marriage and family therapist will be presented with a variety of clinical problems. Maintaining their own professional identity the MFT must work with their clients not only establishing goals, but to help them understand their differences and help them to combine and celebrate those differences.

Marriage and Family Therapy Practicum is a culmination of all Areas of the COAMFTE Standards. It is a time to put into practice what the student/interns have learned in their coursework.

## **Chapter 5**

### **Summary, Conclusions, and Recommendations**

#### **Summary**

Upon reviewing the 50-year historical aspects on the evolution of Marriage and Family Therapy (MFT) this writer recognized that in 1959 degree standards were published and various universities developed specific graduate programs in MFT. By 1974 the master's degree level of MFT was bound by specific standards that continue to change, as does the profession of MFT, to the challenge of today's society.

Accreditation for a Marriage and Family Therapy Program comes with specific guidelines designed by the Commission On Accreditation for Marriage and Family Therapy Education (COAMFTE). Research for the development of this proposed MFT Program and curriculum are based on Version 10.0 of the COAMFTE Standards.

In their development of the Standards, the COAMFTE has specific objectives that can be used to design courses and then be used to teach students/interns a systemic/relational view of life as it applies to marriage and family. Based on the relational view of life, the curriculum and MFT's training address issues such as diversity, culture, gender, religion, socio-economic status, age, and ethnicity and how they are applicable to individuals, couples, marriage and family, group, and community. The Commission also recognizes religiously affiliated institutions in that; "Religiously affiliated institutions that have core

beliefs directed toward conduct within their communities are entitled to protect those beliefs” (Preamble to Version 10.0 Standards, p. 1). Obviously this is a fact that will be of interest to the administration of ONU.

This paper includes MFT specific curriculum, however there are other aspects that need to be considered in making this an official MFT Program. Standards 10.0 address these as well. They include clearly defined policies and procedures that govern the program, some of which include specific educational objectives that meet the standards for marriage and family therapists. The program must be identified as one offering course work for and specifically training students/interns in preparation for MFT. The curriculum must be diversity and non-discriminate sensitive.

Organizationally the program must have been in existence for two years and have graduated one class, be stable, and have strong leadership. These leaders must be AAMFT Approved Supervisors or in training to become one. From this group of leaders there is one who is the designated Program Director and carries many responsibilities for the program. However, two individuals may share this position if roles are clearly defined.

Another responsibility of the organization is to create policies that prohibit discrimination as is cited in Version 10, standard 120.05. All records, course syllabi, grading policies, catalogs, advertising, etc. are kept on file. All clinical records on clients must be kept confidential unless otherwise stated by law. The



program is accredited by the AAMFT, chartered or licensed by the state and will maintain a relationship per specific written agreement with clinical sites.

The professional staff must remain active in professional organizations, continue their education, be available to students where MFT training is concerned, exhibit the ability to teach material that is their responsibility, mentor students/interns, be racially diverse where possible, and demonstrate professional and personal integrity.

Clinical facilities need access to a library with MFT specific materials. The facility must be available to the public and open 12 months of the year. Written policies and procedures that are related to the clinic, clients, and staff are essential. Because it is a training clinic the status of the student/therapist must be represented to the public.

The clinical experience is therapist and client face to face and addressed from a systems relational view. Student/interns experience individual and group supervision as well as have the availability of audio and videotape systems. Observation from colleagues via one-way-mirrors and general staffing meetings is another form of supervision.

Students who enter the MFT Program adhere to specific policies and procedures that guide the program. During recruitment specific qualifications and readiness for the program are considered. Student/interns are advised about clinical membership in American Association of Marriage and Family Therapy (AAMFT) certification, licensure, employment, salary etc. As student/interns

they are asked to evaluate various aspects about the program such as clinical experience, supervisors/supervision, course work, self-evaluation, clinical sites etc. Two years after graduating from the program they are again asked for information on themselves as well as the program and recommendations for future changes toward improvement.

### **Conclusions**

Olivet Nazarene University has a unique atmosphere for Graduate/Adult Studies in that classes are offered in the evening to meet the needs of a busy working clientele. The “Lock-step” approach of 12-15 students creates closeness amongst the students as they progress through their programs. Another asset belonging to ONU is the variety of other programs available to their student body.

Graduates completing a Marriage and Family Therapy Program will be trained mental health practitioners with the ability to provide services for individuals, couples, and marriages and families. They will have been trained both in theory and clinical knowledge and application. Graduates will also have an understanding of individual and family relations, professional identity and ethics, and research as it relates to MFT, as well as some elective courses of special interest. Key to all of this is that the graduate will have experienced guidance from supervisors and colleagues throughout their MFT training.

One of the most fulfilling and rewarding experiences in this author’s life was graduating from and interning at a COAMFTE accredited MFT Program with all that this involves. This author believes that the experience has done much to

inspire the design and emphasis in this study. Marriage and Family systems training does apply “to all living systems; not only to persons who are married or who have conventional family” (Preamble to Version 10.0, p. 10).

### **Recommendations**

With a Marriage and Family Therapy Program added to ONU’s curriculum, the program would integrate well with their other programs such as: nursing, pastoral counseling, medical studies, religion, and education. Thus the purpose of this study was to develop a curriculum in Marriage and Family Therapy at the Master’s degree level to fit this rich and diverse ONU context. This author recommends that these courses be taken into account in providing elective offerings for the proposed MFT program to be added to the curriculum that is proposed in the previous chapter.

The author further proposes that the committee composed to examine the suitability of courses for use as electives also investigate whether a block of courses would be suitable to offer from a given area e.g. pastoral counseling, as a elective minor concentration for MFT students interested.

Since accreditation is not required, this writer would encourage the program to apply for accreditation using the most recent version of Standards after it meets the two-year requirement of being in existence and having graduated at least one class. These requirements are regarded as minimal to a quality program. Because this program focuses on clinical training, the author

recommends that ONU adopt the recruitment of a strong supervisory staff as a key programmatic goal.

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Standards 10.0.

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### Preamble to Version 10.0 Standards

Accreditation is a voluntary process on the part of the program. The integrity of an institution and the program is fundamental and critical to the process of accreditation. Accreditation standards are usually regarded as minimal requirements for quality training. All accredited programs are free to include other requirements, which they deem necessary. Accreditation standards, like other aspects of accreditation, are part of a slowly evolving process. In the long view, there are continuous conversations among accreditors, training programs, trainees, trained professionals, employers, and consumers from which the standards and other aspects of accreditation evolve. The Commission has the ability to change standards as needed to meet the changing needs of the profession. This version includes some substantive changes from Version 9.0 and editing to eliminate redundancies and to clarify extant standards. The Commission is earnestly interested in, and actively seeks, all comments and suggestions for modification and improvement to these standards and the process. We all seek the same goal: the best training, the most competent professionals, and the best service to the public that is realistic and available.

The objective of these standards is to assure, as much as possible, that individuals trained in accredited programs are competently trained to become marriage and family therapists at the entry and doctoral levels. The standards are designed to be unique to the practice and supervision of marriage and family therapy. Some standards apply to training programs in general, including elements such as organizational stability, faculty accessibility, appropriate student selection processes, and fairness to students and employees. Some standards apply to all psychotherapy training, including elements such as adequate numbers of client contact hours and supervision hours.

The standards apply to the training of marriage and family therapists and are based on a relational view of life in which an understanding and respect for diversity and non-discrimination are fundamentally addressed, practiced, and valued. Based on this view, marriage and family therapy is a professional orientation toward life and is applicable to a wide variety of circumstances, including individual, couple, family, group, and community problems. It is not a modality of treatment or of diagnosis. It applies to all living systems; not only to persons who are married or who have a conventional family.

The Commission believes that a great area of concern for our profession and accredited programs is the inclusion of racial diversity in our training contexts and in the student body of our programs. The current version of the standards includes separate standards for racial diversity in faculty, supervisors, and students. In the United States, this race category includes African-Americans, Asian-Americans, Native Americans, Pacific Islanders, Afro-Caribbeans, Hispanic/Latinos, and Caucasian/Euro-Americans.

The Commission also seeks to enhance the diversity of our programs in terms of age, culture, ethnicity, gender, physical ability, religion, sexual orientation, and socio-economic status, without disregarding the rights of religiously affiliated institutions and institutions outside of the United States. Religiously affiliated institutions that have core beliefs directed toward conduct within their communities are entitled to protect those beliefs. All institutions are exempt from those standards that would require them to violate the laws of their states or provinces.

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Graduates from COAMFTE accredited marriage and family therapy programs are trained to be clinical mental health practitioners. COAMFTE adopts the Standard Occupational Classification of the Bureau of Labor and Statistics which states that MFTs are qualified to “[d]iagnose and treat mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. [They] Apply psychotherapeutic and family systems theories and techniques in the delivery of professional services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.”

As a marriage and family therapist, all training is relational, related to context, and culturally sensitive, whether contact hours are relational or individual, whether diagnostic procedure is traditional or relational, and whether a presenting problem is explicitly related to a marriage, a family, or to neither. The standards, for instance, require a minimum number of relational contact hours (direct client contact with more than one partner or family member in the therapy room), although all accredited programs also include a large number of contact hours that are not relational in this sense. All persons properly trained in marriage and family therapy are to be competent in working with individuals. The standards emphasize the relational hour requirement because this is the more exceptional aspect of the profession of marriage and family therapy.

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## Accreditation Standards-Version 10

## 100-199: All Accredited Programs

## Professional Identity

- 100.01 The program will have clearly specified educational objectives, consistent with the program's mission and appropriate to the profession of marriage and family therapy.
- 100.02 The program will be clearly identifiable as training students in the profession of marriage and family therapy.
- 100.03 Education in the profession of marriage and family therapy will be based on a systems/relational understanding of people's lives.
- 100.04 The program will demonstrate that it provides a learning context in which understanding and respect for diversity and non-discrimination are fundamentally addressed, practiced, and valued in the curriculum, program structure, and clinical training.

## Leadership

- 10.01 Programs will be operated by at least three marriage and family therapy faculty, consisting of a minimum of two AAMFT Approved Supervisors and a third individual who will be an Approved Supervisor, Supervisor-in-Training, or the equivalent.
- 110.02 The Program Director, or whoever has or shares ultimate program responsibilities, will be an AAMFT Approved Supervisor. Equivalency or Supervisor-in-Training status does not fulfill this standard.
- 10.03 Program Director responsibilities will include the clinical training program, facilities, and services, and the responsibility for maintenance and enhancement of program quality.
- 110.04 When director responsibilities are shared by more than one person, responsibilities will be clearly defined.
- 110.05 The program will be directed on a 12-month basis.



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**120: Organization**

- 120.01 The program will be in a stable organizational structure.
- 120.02 The program will have been in operation for at least two years.
- 120.03 The program will have strong administrative support.
- 120.04 The program will demonstrate responsible conduct in administrative, organizational, financial, and personnel matters, using generally accepted policies and procedures.
- 120.05 The program or the institution will publish and adhere to policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, nationality, race, religion, and sexual orientation.
- 120.06 The program will have graduated at least one class of students.
- 120.07 The program will maintain on file syllabi for all didactic courses taught that comprise the program curriculum, including documentation of appropriate and substantial course content, and methods for evaluating student performance.
- 120.08 The program will maintain on file records of academic calendars, catalogs, grading policies, and advertising.
- 120.09 The institution will be accredited by the appropriate regional accrediting body, if an academic degree is granted.
- 120.10 The institution will be chartered or licensed by the appropriate state authority, if applicable.
- 120.11 The program will maintain clear relationships and regular liaison with all sites of clinical work, which will be specified, in a written agreement.
- 120.12 All clinical records and interviews will be kept confidential, in compliance with ethical standards of the profession, except when in conflict with applicable law and judicial interpretation.

**130: Program Personnel**

- 130.01 Program faculty will be actively engaged in scholarship through contributions at the local, regional, national, or international level.

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- 30.02 All program faculty and supervisors will be engaged in direct client contact (as defined in **Standard 151.01**).
- 130.03 Program faculty will have the freedom and responsibility to conduct the program.
- 130.04 Program faculty will be available to students and will be active participants in their didactic and clinical training.
- 130.05 No student will be admitted to the program without the assent of the program faculty.
- 30.06 Responsibility for teaching couple and family therapy in degree-granting programs will be vested principally in a full-time marriage and family therapy faculty.
- 130.07 Program faculty will have training, experience, and a demonstrated ability in teaching the material that is their responsibility.
- 130.08 The program will demonstrate that students are mentored, supervised, and taught by a racially diverse group of individuals.
- 130.09 The program will recruit and retain a racially diverse faculty.
- 130.10 The program will have a faculty diverse in culture, ethnicity, and gender. Compliance will be judged in the context of program size and location. The program will be exempted from the diversity requirement of one or more of the items listed if it can demonstrate that while the faculty itself is not diverse, it contributes by its lack of diversity, to the diversity of the marriage and family therapy field as a whole.
- 30.1 Program faculty and supervisors are to demonstrate personal and professional integrity, including but not limited to compliance with the AAMFT Code of Ethics.

### 140: Students

- The program will have and adhere to clearly defined and published policies and procedures for assessing recruitment of prospective students, applicants' qualifications and readiness for admission into the program.
- 140.02 The program will have established policies for informing applicants and students regarding disclosure of their personal information.
- The program will inform students about how credentials earned in the program relate to eligibility for AAMFT Clinical Membership, state licensure and

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- certification, eligibility for employment, salary expectations, and post degree requirements for credentialing.
- 40.04 For each student, the program will maintain on file, and keep up to date, a transcript, documentation of the basis for admission, and documentation of the student's progress (including the number of client contact and supervision hours accrued).
- 40.05 The program will provide support services to students.
- 40.06 The program will have published policies and procedures in keeping with generally accepted practices, for refunding fees to students who withdraw, and for dealing with student grievances. Programs will maintain records of student grievances received.
- 140.07 The program will document that all students are covered by liability insurance.
- 140.08 Students are to demonstrate personal and professional integrity, including but not limited to compliance with the AAMFT Code of Ethics.
- 140.09 The program will have and adhere to published policies and procedures for evaluating students, which will include verification of completing program requirements.
- 140.10 Evaluation of the progress and performance of each student will give the student a clear representation of strengths and weaknesses.
140. 1 The program will provide students with evaluations of their conceptual knowledge and understanding of the couple, marriage, and family therapy literature.
- 140.12 The program will provide students with evaluations of their knowledge of and adherence to the AAMFT Code of Ethics and pertinent laws.
- 40.13 The program will provide students with evaluations of their clinical skills.
- 140.14 Students will be given the opportunity to evaluate the program, including course work; clinical practice; supervision (competency and availability); and faculty (competency and availability).
- 40.15 The program will solicit and review information from graduates two years after graduation that will include but not be limited to the following information: professional employment status, credentialing status, preparedness to function in the workplace, and student satisfaction with education.

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- 140.16 For entering a non-degree granting program, an applicant must already hold a degree comparable to a master's. The institution granting the prior degree must be appropriately accredited, in keeping with generally accepted customs and traditions for the degree discipline, in the country or region of the institution.
- 140.17 The program will recruit and retain a racially diverse student body.
- 140.18 In addition to race, the program will recruit and retain a student body diverse in age, culture, ethnicity, gender, physical ability, religion, sexual orientation, and socioeconomic status.

### Clinical Experience

#### Contact Hours

- 51.01 Direct client contact is defined as face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective. Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact. Assessments may be counted as direct client contact if they are face-to-face processes that are more than clerical in nature and focus. Psychoeducation may be counted as direct client contact.

### 152: Supervision

- Supervision of students, when conducted in fulfillment of clinical requirements of these standards, will be face-to-face or live supervision conducted by AAMFT Approved Supervisors, Supervisors-in-Training, or the equivalent. If a student is simultaneously being supervised and having direct client contact, the time may be counted as both supervision time and direct client contact time.
- 152.02 A program may designate a person who is not an AAMFT Approved Supervisor as equivalent to that status, for purposes of supervision if the person is an AAMFT Supervisor-in-Training. A program may designate a person who is not an AAMFT Approved Supervisor or Supervisor-in-Training as equivalent to an AAMFT Approved Supervisor for purposes of supervision, if (1) the program documents that the equivalent supervisor has demonstrated training, education and experience in marriage and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in marriage and family therapy, and (2) demonstrated training, education and experience in marriage and family therapy supervision. This may be demonstrated by state credential to provide MFT supervision, completing coursework or continuing education in MFT supervision, significant MFT supervised supervision experience, or more than 10 years experience

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supervising MFT students. (Equivalency criteria must include training in MFT supervision.)

The program will have access to videotape, audiotape, or direct observation of students' clinical work, at all sites of clinical work.

- 52.04 Programs will have and adhere to written policies and procedures governing the transportation, storage, and transmission of confidential media.
- 52.05 Individual supervision is defined as supervision of one or two individuals.
- 52.06 When a supervisor is conducting live supervision, only the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision.
- 52.07 Group supervision will not exceed six students per group.
- 152.08 Students observing someone else's clinical work may receive credit for group supervision provided that (1) at least one supervisor is present with the students, (2) there are no more than six students altogether, and (3) the supervisory experiences involve an interactional process between the therapist(s), the observing students, and the supervisor. If there are no more than two students, the observing student may receive credit for individual supervision under the same conditions.
- Supervision will be distinguishable from psychotherapy or teaching.
- 52.10 Published program materials will inform applicants that they will receive individual supervision, group supervision, and supervision based on direct observation, videotape, or audiotape.
- 152.1 The program will recruit and retain racially diverse supervisors.
- 52.12 The program will have diverse supervisors. Diversity may include age, culture, ethnicity, gender, physical ability, religion, sexual orientation, and socioeconomic status.
- 52.13 Supervision of students by fellow students in the same department is permitted given all of the following conditions: (1) the supervised student is explicitly informed that it is permissible to decline, (2) the supervision is closely supervised by a non-student Approved Supervisor or the equivalent, (3) the supervising student has completed or is presently in a graduate course in family therapy supervision, (4) the supervision time does not count toward COAMFTE supervision hour requirements of the supervised student, and (5) special attention is given to power and privilege in the supervisory relationships involved.

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**Facilities**

- 160.01 The program will have access to library facilities with sufficient quantities and kinds of relevant books, journals, and other educational and research media.
- 160.02 There will be one or more clinical sites for which the program has broad, but not necessarily sole, responsibility for supervision and clinical practice of individual, couple and family therapy as carried out by program students. The facilities will offer these services to the public.
- 160.03 Clinical facilities used for training purposes will operate on a 12-month calendar year basis.
- 160.04 Clinical facilities will be adequate and conducive to clinical practice.
- 160.05 Clinical facilities will have policies and procedures concerning professional practice and informed consent of clients; including but not limited to such areas as client rights, limits of confidentiality, and the establishment and collection of fees.
- 160.06 Clinical facilities will have reasonable policies and procedures concerning safety, privacy, and confidentiality.
- 160.07 The type of services rendered at clinical facilities and the training status of the therapist will be accurately and well represented to the public.

**170: Coursework Measurement**

A Standard Didactic Unit (SDU) is a group of instructional interactions that is equivalent, in a degree granting institution, to a customary three-credit course operated on a semester system and to a customary four-credit course in a quarter system. In non-degree granting institutions, an SDU is equivalent to a minimum of 30 instructional hours. One three-credit course cannot be counted as more than one SDU by any program. Programs are able to divide courses among SDUs and areas. A portion of one course could be used for one area while the other portion could be used for another area. As long as the sum of student experiences adds up to the required SDU minimum, programs can document SDUs in a variety of ways. Clinical experience requirements such as practicum or internship (as documented in Section 400) cannot be counted as SDUs.

**200-299: Standard Curriculum**

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- 200.01 The program will document that all students have completed, or will complete while in the program, all coursework and clinical requirements of the standard curriculum, or equivalents thereof. A transcript of completed requirements will be kept on file.
- 200.02 A master's degree program will offer to its students the entire standard curriculum as presented in this manual.
- 200.03 A non-degree-granting program will offer to its students at least four SDUs from Areas I and II. It will offer to its students at least one SDU from Area I and at least one SDU from Area II.

**300-399: Standard Curriculum Didactic Area Requirements**

- 300.01 Programs are expected to infuse their curriculum with content that addresses issues related to power and privilege as they relate to age, culture, environment, ethnicity, gender, health/ability, nationality, race, religion, sexual orientation, spirituality, and socioeconomic status.
- 300.02 The Standard Curriculum will address appropriate collaboration with other disciplines.
- 300.03 Either during the program or before it, students will complete 12 SDUs in the standard curriculum, Areas I-VI.
- 300.04 Either during the program or before it, students will complete 9 SDUs in Areas I, II, and III (see descriptions below). Students will take a minimum of seven SDUs in Areas II and III. Students will complete a minimum of four SDUs in Area II and one SDU in Area III. The program decides which of the areas it increases beyond the minimum to arrive at the seven SDUs.

**310: Area I: Theoretical Knowledge**

- 310.01 Either during the program or before it, students will complete a minimum of two SDUs in Area I.
- 310.02 Area I content will address the historical development, theoretical and empirical foundations, and contemporary conceptual directions of the field of marriage and family therapy.
- 310.03 Area I content will enable students to conceptualize and distinguish the critical epistemological issues in the profession of marriage and family therapy.

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- 310.04 Area I material will provide a comprehensive survey and substantive understanding of the major models of marriage, couple, and family therapy.
- 310.05 Area I content will be related conceptually to clinical concerns.
- 320: Area II: Clinical Knowledge**
- 320.01 During the program or before it, students will complete a minimum of four SDUs in Area II.
- 320.02 Area II content will address, from a relational/systemic perspective, psychopharmacology, physical health and illness, traditional psychodiagnostic categories, and the assessment and treatment of major mental health issues.
- 320.03 Area II material will address marriage couple and family therapy practice and be related conceptually to theory.
- 320.04 Area II content will address contemporary issues, which include but are not limited to gender, violence, addictions, and abuse, in the treatment of individuals, couples, and families from a relational/systemic perspective.
- 320.05 Area II material will address a wide variety of presenting clinical problems.
- 320.06 Area II will include content on issues of gender and sexual functioning, sexual orientation, and sex therapy as they relate to couple, marriage and family therapy theory and practice.
- 320.07 Area II content will include significant material on diversity and discrimination as it relates to couple and family therapy theory and practice.
- 330: Area III: Individual Development and Family Relations**
- 330.01 Students will take a minimum of two SDUs in Area III.
- 330.02 Area III content on individual development across the lifespan.
- 330.03 Area III will include content on family development across the lifespan.
- 340: Area IV: Professional Identity and Ethics**
- 340.01 Students will take a minimum of one SDU in Area IV.



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- 340.02 Area IV content will include professional identity, including professional socialization, scope of practice, professional organizations, licensure, and certification.
- 340.03 Area IV content will focus on ethical issues related to the profession of marriage and family therapy and the practice of individual, couple, and family therapy. A generic course in ethics does not meet this standard.
- 340.04 Area IV will address the AAMFT Code of Ethics, confidentiality issues, the legal responsibilities and liabilities of clinical practice and research, family law, record keeping, reimbursement, and the business aspects of practice.
- 340.05 Area IV content will inform students about the interface between therapist responsibility and the professional, social, and political context of treatment.

### 350: Area V: Research

- 350.01 Students will take a minimum of one SDU in Area V.
- 350.02 Area V content will include significant material on research in couple and family therapy.
- 350.03 Area V content will focus on research methodology, data analysis and the evaluation of research.
- 350.04 Area V content will include quantitative and qualitative research.

### 360: Area VI: Additional Learning

- 360.01 Students will take a minimum of one SDU in Area VI.
- 360.02 Additional learning will augment students' specialized interest and background in individual, couple, and family therapy. Additional courses may be chosen from coursework offered in a variety of disciplines.

### 400-499: Standard Curriculum Clinical Experience Requirements

#### 401: Contact Hours

- 401.01 Students will complete a minimum of 500 supervised, direct client contact hours. At least 400 of these hours must be direct client contact fitting the criteria specified in **Standard 151.01**. Up to 100 hours may consist of alternative therapeutic contact that is systemic and interactional.

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- 401.02 At least 250 hours (of the required 500 hours of client contact) will occur in clinical facilities fitting the criteria stated in **Standard 160.02**.
- 401.03 At least 250 (of the required 500 hours of client contact) will be with couples or families present in the therapy room.
- Students will work with a wide variety of people, relationships, and problems.
- 401.05 The program will publish and adhere to criteria for determining when students are prepared for clinical practice.
- 401.06 Published promotional materials will inform applicants that they must complete 500 direct client contact hours.
- 401.07 Clinical work will not be interrupted for arbitrary student, administrative, or didactic scheduling reasons, when interruption would be harmful to clients.
- 401.08 Programs will demonstrate that students have the opportunity to work with clients who are diverse in terms of age, culture, physical ability, ethnicity, family composition, gender, race, religion, sexual orientation and socioeconomic status.

### Supervision

- 410.01 Students will receive at least 100 hours of face-to-face supervision.
- 410.02 Students will receive at least one hour of supervision for every five hours of direct client contact.
- 410.03 Supervision will occur at least once every week in which students have direct client contact hours.
- 410.04 Individual supervision will occur at least once every other week in which students have direct client contact hours.
- 410.05 Students will receive at least 50 hours of supervision based on direct observation, videotape, or audiotape. At least 25 hours of this supervision will be based on direct observation or videotape.
- 410.06 Students should be given opportunities to observe their supervisors' clinical work. In this context, "clinical work" includes therapy in progress, clinical evaluation in progress, and role playing.
- 410.07 Group supervision is required.

