

Comparison of CACREP Standards, AAMFT Core Competencies and BBS Standards

Marriage and Family Therapy

Department of Educational Psychology and Counseling
California State University, Northridge

CACREP Standard 1	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
1. Professional Identity Studies that provide an understanding of all of the following aspect of professional functioning. MFT students can:	Professional Identity as MFT	
1a. Describe the history and philosophy of the counseling profession, including significant factors and events.	Not addressed	Not addressed
1b. Discuss professional roles, functions, and relationships with other human service providers.	1.5.2 Collaborate effectively with clients and allied professionals 3.3.7 Work collaboratively with other stake holders, including family members and professionals not present 1.3.3 Decide if, when, and how other professionals and significant others are needed to contribute to the clients' care	III.B.2. Determine the need for referral for adjunctive services to augment client's treatment III.B.2. Integrate medical information obtained from physician/psychiatrist to formulate treatment plan. III.B.2. Integrate information obtained from collateral consultations (e.g., educational, vocational) to formulate treatment plan. III.B.2. Develop a termination plan by assessing client needs within framework of third party specifications (e.g., managed care, court-mandated, EAP). III.B.2. Coordinate mental health services to formulate a multidisciplinary treatment plan.
1c. Demonstrate technological competence and computer literacy.	Not addressed	Not addressed
1d. Identify professional organizations, primarily ACA, its divisions, branches, and affiliates, including membership benefits, activities, services to members, and current emphases.	Not addressed	Not addressed
1e. Describe professional credentialing, including	5.3.10 Maintain license(s) and specialty credentials	Not addressed

certification, licensure, and accreditation practices and standards, and the effects of public policy.		
1f. Discuss public and private policy processes, including the role of the professional counselor in advocating on behalf of the profession.	3.5.4 Assess session process for compliance with policies and procedures	Not addressed
1g. Practice advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.	3.3.8 Assist clients in dealing with complex systems of care 3.5.1 Advocate for clients in obtaining quality care, appropriate resources, and services in their community 3.5.2 Engage in forensic and legal processes on behalf of clients when appropriate	Not addressed
1h. Describe ethical standards of ACA and related entities, and applications of ethical and legal consideration in professional counseling.	5.1.2 Know professional ethics and standards of practice that apply to the practice of marriage and family therapy 5.1.4 Understand the process of making an ethical decision 5.2.1 Recognize situations in which ethics, laws, professional liability, and standards of practice apply 5.2.2 Recognize ethical dilemmas in practice setting 5.2.3 Recognize when a legal consultation is necessary 5.3.1 Monitor issues related to ethics, laws, and professional standards	Not addressed
CACREP Standard 2	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
2. Social and Cultural Diversity Studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities including all of the following:		
2a. Describe multicultural and pluralistic trends, including characteristics and concerns between and within diverse groups nationally and internationally.	1.2.1 Recognize contextual and systemic issues (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context)	I.B.5. Impact of the sociopolitical climate on the therapeutic process
2b. Demonstrate attitudes, beliefs, understandings, and	4.3.2 Deliver interventions in a way that is sensitive to unique	Not addressed

acculturative experiences, including specific experiential learning activities.	situations and dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, larger systems issues of the client)	
2c. Utilize individual, couple, family, group, and community strategies for working with diverse populations and ethnic groups.	4.3.1 Match treatment to clients' needs, goals, and values 4.4.4 Evaluate clients' reactions or responses to interventions	I.A. Identify human diversity factors to determine how to proceed with client's treatment. I.A. Effects of human diversity factors on the therapeutic process I.A. Cultural beliefs regarding therapy and mental health I.B.4. Explore human diversity issues to determine impact on client functioning and client relationships I.B.4. Impact of cultural context on family structure and values III.B.2. Develop a treatment plan within context of client's culture to provide therapy consistent with client's values and beliefs. III.B.2. Techniques for establishing a therapeutic framework within diverse populations III.B.2. Adjunctive services within community/culture to augment therapy
2d. Describe counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behavior that are detrimental to the growth of the human spirit, mind, or body.	3.5.1 Advocate for clients in obtaining quality care, appropriate resources, and services in their community 4.4.5 Evaluate self as therapist (e.g., transference, family of origin, current stress level, current life situation) as enhancing or inhibiting effective interventions 5.4.2 Monitor personal issues and problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct	IV.A. Impact of value differences between therapist and client on the therapeutic process
2e. Utilize theories of multicultural counseling, theories of identity development, and multicultural competencies.	1.2.1 Recognize contextual and systemic issues (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context)	I.B.4. Transitional stages of acculturation
2f. Discuss ethical and legal considerations.	5.3.11 Implement a personal program to maintain professional competence 5.3.12 Consult with peers and/or supervisors if personal issues threaten to adversely impact clinical work	V.A. Cultural differences which may affect the therapeutic alliance

CACREP Standard 3	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
3. Human Growth and Development Studies that provide an understanding of the nature and needs of individual at all developmental levels, including all of the follow:		
3a. Identify individual and family development and transitions across the lifespan.	2.1.2 Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); issues related to health and illness; and diversity	I.B.1. Developmental processes of individual growth and change I.B.1. Stages of family life-cycle development
3b. Utilize theories of learning and personality development.	2.1.2 Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); issues related to health and illness; and diversity.	I.B.1. Gather information regarding developmental history to determine impact on client's functioning. IV.B.2. Develop strategies consistent with developmental theories to facilitate client's treatment.
3c. Describe human behavior, including an understanding of developmental crises, disability, exceptional behavior, addictive behavior, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.	1.2.2 Consider health status, mental status, other therapy, and systems involved in the clients' lives (e.g., courts, social services)	I.B.1. Behavioral and psychological indicators of developmental disorders
3d. Utilize strategies for facilitating optimum development over the life span.	2.1.2 Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); issues related to health and illness; and diversity	IV.B.2. Use of interventions associated with developmental processes (e.g., cognitive, moral, psychosocial) IV.B.2. Techniques to assist client to adjust to cognitive, emotional, and physical changes associated with the life cycle (e.g., children, adolescents, elders)
3e. Identify ethical and legal considerations.	1.1.4 Understand the risks and benefits of individual, couple, family, and group psychotherapy	

CACREP Standard 4	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
4. Career Development Studies that provide an understanding of career development and related life factors, including all of the following:	Not under MFT Scope of Practice	Not under MFT Scope of Practice
4a. Describe career development theories and decision-making models		
4b. Utilize career, avocational, educational, occupational, and labor market information resources, visual and print media, computer-based career information systems, and other electronic career information systems.		
4c. Describe a career development program planning, organization, implementation, administration, and evaluation.		
4d. Identify interrelationships among and between work, family, and other life roles and factors including the role of diversity and gender in career development.		
4e. Discuss career and educational planning, placement, follow-up, and evaluation.		
4f. Identify assessment instruments and techniques that are relevant to career planning and decision making.		
4g. Utilize technology-based career development applications and strategies, including computer-based career guidance and information systems and appropriate world wide web sites.		
4h. Discuss career counseling processes, techniques, and resources, including those applicable to specific populations.		
4i. Identify ethical and legal considerations.		
CACREP Standard 5	AAMFT Core Competencies	BBS Standards Requirements for Written Exam

<p>5. Helping Relationships Studies that provide an understanding of counseling and consultation processes, including all of the following</p>		
<p>5a. Describe counselor and consultant characteristics and behaviors that influence helping processes including age, gender, and ethnic differences, verbal and nonverbal behavior and personal characteristics, orientations, and skills.</p>	<p>3.4.5 Assess self in terms of therapeutic behavior, relationship with clients, process for explaining procedures and outcomes 4.4.5 Evaluate self as therapist (e.g., transference, family of origin, current stress level, current life situation) as enhancing or inhibiting effective interventions 4.5.1 Respect multiple perspectives (e.g., clients, team, supervisor)</p>	<p>Not addressed</p>
<p>5b. Demonstrate an understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome, and successfully terminate the counselor-client relationship. Studies will also facilitate student awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries.</p>	<p>3.1.1 Know which models, modalities, and/or techniques are most effective for the presenting problem 3.2.1 Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan 3.3.2 Prioritize treatment goals 3.3.3 Develop a clear plan of how sessions will be conducted 3.3.5 Manage progression of therapy toward treatment goals 3.4.1 Evaluate progress of sessions toward treatment goals 3.4.2 Recognize when treatment goals and plan require modification 4.5.2 Set appropriate boundaries and manage issues of triangulation</p>	<p>I.A. Active listening techniques I.A. Techniques to facilitate engagement of the therapeutic process with involuntary clients I.A. Therapeutic questioning methods IV.A. Establish a therapeutic relationship with client to facilitate treatment. IV.A. Provide feedback to client throughout the therapeutic process to demonstrate treatment progress. IV.A. Components (e.g., safety, rapport) needed to develop the therapeutic relationship III. A. Assess client's perspective of presenting problems to determine consistency of therapist and client treatment goals. III. A. Prioritize treatment goals to determine client's course of treatment. III. A. Means to integrate client and therapist understanding of the goals in treatment planning III. A. Factors influencing the frequency of therapy sessions III. A. Stages of treatment III. A. Strategies to prioritize treatment goals III. A. Methods to formulate short and long-term treatment goals III. A. Criteria to monitor therapeutic progress</p>

		<p>III.B.1 Formulate a treatment plan within a theoretical orientation to provide a framework for client's therapy.</p> <p>III.B.1 Theoretical modalities to formulate a treatment plan</p>
<p>5c. Apply counseling theories that provide the student with a consistent model(s) to conceptualize client presentation and select appropriate counseling interventions. Student experiences should include an examination of the historical development of counseling theories, and exploration of affective, behavioral, and cognitive theories, and an opportunity to apply the theoretical material to case studies. Students will also be exposed to models of counseling that are consistent with current professional research and practice in the field so that they can begin to develop a personal mode of counseling.</p>	<p>4.1.1 Comprehend a variety of individual and systemic therapeutic models and their application, including evidence based therapies</p> <p>4.1.2 Recognize strengths, limitations, and contraindications of specific therapy models</p> <p>4.5.3 Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics</p>	<p>III.B.1 Assumptions, concepts, and methodology associated with a cognitive-behavior approach</p> <p>III.B.1 Assumptions, concepts, and methodology associated with a humanistic-existential approach</p> <p>III.B.1 Assumptions, concepts, and methodology associated with a psychodynamic approach</p> <p>IV.B.1. Theory of change and the role of therapist from a cognitive-behavioral approach</p> <p>IV.B.1. Use of interventions associated with cognitive-behavioral theories</p> <p>IV.B.1. Impact of transference and counter-transference dynamics</p> <p>IV.B.1. Theory of change and the role of therapist from a psychodynamic approach</p> <p>IV.B.1. Use of interventions associated with psychodynamic theories</p> <p>IV.B.1. Theory of change and the role of therapist from a humanistic-existential approach</p> <p>IV.B.1. Use of interventions associated with humanistic-existential theories</p>
<p>5d. Apply a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions. Students will be exposed to a rationale for selecting family and other systems theories as appropriate modalities</p>	<p>1.1.1 Understand systems concepts and theories and techniques that are foundational to the practice of marriage and family therapy</p> <p>3.3.1 Develop measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective</p> <p>3.3.4 Structure treatment to meet clients' needs and facilitate systemic change.</p> <p>4.1.3 Understand the risk of harm associated with models that incorporate assumptions of family dysfunction or pathogenesis</p>	<p>III.B.1 Assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused)</p> <p>III.B.1 Assumptions, concepts, and methodology associated with a systems approach</p> <p>IV.B.1. Develop strategies consistent with systems theories to facilitate client's treatment.</p> <p>IV.B.1. Theory of change and the role of therapist from a systems approach</p> <p>IV.B.1. Use of interventions associated with systems theories</p>
<p>5e. A general framework for understanding and practicing</p>	<p>Not addressed</p>	<p>Not addressed</p>

consultation. Student experiences should include an examination of the historical development of consultation, a exploration of the stages of consultation and the major models of consultation, and an opportunity to apply the theoretical material to case presentations. Students will begin to develop a personal model of consultation.		
5F. Integrate of technological strategies and applications within counseling and consultation processes.	Not addressed	Not addressed
5g. Discuss and practice ethical and legal considerations and behavior.	1.1.4 Understand the risks and benefits of individual, couple, family, and group psychotherapy	Not addressed
CACREP Standard 6	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
6. Identify Group Work Studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, counseling theories, group counseling methods and skills, and other group approaches, including all of the follow:		
6a. Identify principles of group dynamics, including group process components, developmental stage theories, group members' roles and behaviors, and therapeutic factors of group work;	Not addressed	Not addressed
6b. Discuss group leadership styles and approaches, including characteristics of various types of group leaders and leadership styles;	Not addressed	Not addressed
6c. Describe theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;	1.1.1 Understand theories and techniques of individual, marital, family, and group psychotherapy	III.B.1 Assumptions, concepts, and methodology associated with group therapy
6d. Practice group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness;	1.1.1 Understand theories and techniques of individual, marital, family, and group psychotherapy	III.B.1 Assumptions, concepts, and methodology associated with group therapy
6e. Describe approaches used for other types of group work, including task groups, psycho-educational groups,	1.1.1 Understand theories and techniques of individual, marital, family, and group psychotherapy	III.B.1 Assumptions, concepts, and methodology associated with group therapy

and therapy groups;		
6f. Identify professional preparation standards for group leaders;	Not addressed	Not addressed
6g. Describe and practice ethical and legal considerations and behavior.	1.1.4 Understand the risks and benefits of individual, couple, family, and group psychotherapy	Not addressed
CACREP Standard 7	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
7. Assessment Studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following:		
7a. Historical perspectives concerning the nature and meaning of assessment.	2.1.5 Understand the theoretical concepts related to individual and systemic assessment and diagnostic instruments that pertain to mental health and relational functioning	Not addressed
7b. Basic concepts of standardized and nonstandardized testing and other assessment techniques including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, behavioral observations, and computer-managed and computer assisted methods.	2.1.6 Comprehend individual, couple, and family assessment instruments appropriate to presenting problem and practice setting 2.1.7 Understand the extant models used for assessment and diagnosis of mental health 2.1.8 Understand the extant models used for assessment and diagnosis of relational functioning	Not addressed
7c. Statistical concepts, including scales of measurement, measure of central tendency, indices of variability, shapes and types of distributions, and correlations.	2.1.5 Understand the theoretical concepts related to individual and systemic assessment and diagnostic instruments that pertain to mental health and relational functioning	Not addressed
7d. Reliability (i.e., theory of measurement error, models of reliability, and the use of reliability information).	2.1.10 Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making	Not addressed
7e. Validity (i.e., evidence of validity, types of validity, and the relationship between reliability and validity).	2.1.10 Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making	Not addressed
7f. Age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups, and specific populations.	2.1.9 Understand the limitations of the extant models of assessment and diagnosis, especially as they relate to different cultural and ethnic groups 2.4.1 Evaluate assessment methods for relevance to clients'	Not addressed

	needs	
7g. Strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling.	<p>2.3.3 <u>Provide assessments and deliver services to children that are developmentally appropriate</u></p> <p>2.2.6 Connect assessment to interventions and expected outcomes</p> <p>2.1.3 Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, and interactions with client to guide the assessment process</p>	Not addressed
7h. An understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status.	<p>2.1.3 Comprehend the major mental health disorders, including the epidemiology, etiology, the phenomenology, effective treatments, course, and prognosis</p> <p>2.1.4 Understand the clinical needs and implications of persons who suffer from co-occurring disorders (i.e., substance abuse and mental health)</p> <p>2.3.1 Diagnose and assess client problems systemically and contextually</p> <p>2.3.7 Screen for physical/organic problems that can cause emotional/interpersonal symptoms</p> <p>2.3.9 Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems</p> <p>2.3.10 Make appropriate differential diagnoses</p> <p>2.3.14 Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes</p> <p>2.4.3 Evaluate the accuracy of differential and relational diagnoses</p> <p>2.4.4 Assess clients' acceptance of therapeutic goals and diagnosis</p> <p>3.1.2 Understand the liabilities incurred when billing third parties and the codes necessary for reimbursement</p>	<p>I.A. Procedures to gather initial intake information</p> <p>I.A. Identify presenting problems by assessing client's initial concerns to determine purpose for seeking therapy.</p> <p>I.A. Identify unit of treatment (e.g., individual, couple, family) to determine a strategy for therapy.</p> <p>I.A. Assess client's motivation for and commitment to therapy by discussing client's expectations of therapeutic process.</p> <p>I.A. Evaluate client's previous therapy experience to determine impact on current therapeutic process.</p> <p>I.B.2. Gather information regarding physical conditions or symptoms to determine impact on client's presenting problems.</p> <p>I.B.2. Evaluate client's medical history and current complaints to determine need for medical referral.</p> <p>I.B.2. Effects of physical condition on psychosocial functioning</p> <p>I.B.2. Relationship between medical conditions and psychosocial functioning</p> <p>I.B.2. Effects of physical condition on psychosocial functioning</p> <p>I.B.2. Psychological features or symptoms that indicate need for a medical evaluation</p> <p>I.B.3. Administer mental status exam to identify client's mood and levels of affective and cognitive functioning.</p> <p>I.B.3. Identify client's thought processes and</p>

		<p>behaviors that indicate a need for psychiatric referral.</p> <p>I.B.3. Identify client's affective, behavioral, Gather information regarding client's educational history to determine how patterns of behavior manifest in educational settings. • Assess primary caregiver's willingness and ability to support dependent client's therapy. and cognitive functioning that indicates a need for referral for testing.</p> <p>I.B.3. Administration and application of informal mental status examinations</p> <p>I.B.3. Psychological features or behaviors that indicate need for a psychiatric evaluation</p> <p>I.B.3. Affective, behavioral, and cognitive factors that indicate need for further testing</p> <p>I.B. 5. Gather information regarding client's employment history to determine how patterns of behavior manifest in occupational settings.</p> <p>I.B.5. Gather information regarding social relationships to identify client's support systems</p> <p>I.B.5. Impact of economic factors and stressors on presenting problems and treatment</p> <p>IC. Formulate a diagnostic impression based on assessment information to use as a basis for treatment planning.</p> <p>IC. Identify precipitating events related to client's presenting problems to determine contributing factors.</p> <p>IC. Assess impact of medication on client's current functioning to develop a diagnostic impression.</p> <p>IC. Compare clinical information with diagnostic criteria to differentiate between closely related disorders.</p> <p>IC. Diagnostic and Statistical Manual criteria for determining diagnoses</p> <p>IC. Procedures to integrate assessment information with diagnostic categories</p>
--	--	--

		<p>IC. The impact of psychosocial stressors on presenting problems and current functioning</p> <p>IC. The impact associated with onset, intensity, and duration of symptoms for developing a diagnostic impression</p> <p>IC. The impact of medication on physical and psychological functioning</p> <p>IC. Procedures to develop a differential diagnosis</p>
CACREP Standard 8	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
8. Research and Program Evaluation Studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following		
8a. Describe the importance of research and opportunities and difficulties in conducting research in the counseling profession.	6.1.1 Know the extant MFT literature, research, and evidence based practice	Not addressed
8b. Define research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research.	6.1.3 Understand the application of quantitative and qualitative methods of inquiry in the practice of MFT	III.A. Procedures to measure qualitative and quantitative therapeutic changes
8c. Use technology and statistical methods in conducting research and program evaluation, assuming basic computer literacy.	6.5.1 Contribute to the development of new knowledge	Not addressed
8d. Identify principles, models, and applications of needs assessment, program evaluation, and use of findings to effect program modifications.	6.1.2 Understand research and program evaluation methodologies relevant to MFT and mental health services 6.3.3 Critique professional research and assess the quality of research studies and program evaluation in the literature	III. A. Identify evaluation criteria to monitor client's progress toward treatment goals and objectives.
8e. Review research to improve counseling effectiveness.	2.4.2 Assess ability to view issues and therapeutic processes systemically 4.2.1 Identify treatment most appropriate for presenting clinical problem or diagnosis based on current research and empirical findings 5.4.1 Evaluate activities related to ethics, legal issues, and practice standards 6.3.1 Read current MFT and other professional literature	Not addressed

	6.3.2 Use current MFT and other research to inform clinical practice 6.3.4 Determine the effectiveness of clinical practice and techniques	
8f. Describe ethical and legal considerations.	6.1.4 Understand the ethical issues involved in the conduct of clinical research and program evaluation 6.4.1 Systematically evaluate self in terms of currency with literature and application	Not addressed
MFT Specialization	AAMFT Core Competencies	BBS Standards Requirements for Written Exam
A.FOUNDATIONS OF MARITAL, COUPLE, AND FAMILY COUNSELING/THERAPY		
1. History of marital, couple, and family counseling/therapy including philosophical and etiological premises that define the practice of marital, couple, and family counseling/therapy;	1.1.1 Understand systems concepts and theories and techniques that are foundational to the practice of marriage and family therapy	Not addressed
2. Structure and operations of professional organizations, preparation standards, and credentialing bodies pertaining to the practice of marital, couple, and family counseling/therapy (e.g., the International Association of Marriage and Family Counselors);	Not addressed	Not addressed
3. Ethical and legal considerations specifically related to the practice of marital, couple, and family counseling/therapy (e.g., the <i>ACA and IAMFC Code of Ethics</i>);	1.5.1 Understand the legal requirements and limitations for working with minors and vulnerable populations 1.5.3 Complete case documentation in a timely manner and in accordance with relevant laws and policies 2.5.1 Utilize peer consultation and supervision effectively 5.1.1 Know state, federal, and provincial laws that apply to the practice of marriage and family therapy 5.3.1 Develop policies, procedures, and forms to protect client confidentiality and to comply with relevant laws	V.A. Address client's expectations about therapy to promote understanding of the therapeutic process. V.A. Discuss management of fees and office policies to promote client's understanding of treatment process. V.A. Inform client of parameters of confidentiality to facilitate client's understanding of therapist's responsibility. V.A. Inform parent/legal guardian and minor client

	<p>5.3.2 Inform clients of limitations to confidentiality and parameters of mandatory reporting</p> <p>5.3.3 Maintain client records with timely, appropriate, and accurate notes</p> <p>5.3.8 Practice within defined scope of practice and competence</p> <p>5.3.9 Stay current with MFT literature and advances in the field</p> <p>5.5.1 Pursue professional development through self supervision, collegial consultation, professional reading, and continuing educational activities</p>	<p>about confidentiality issues and exceptions.</p> <p>V.A. Minor client's right to confidentiality and associated limitations</p> <p>V.A. Methods to explain mandated reporting</p> <p>V.B. Manage countertransference to maintain integrity of the therapeutic relationship.</p> <p>V.B. Manage potential dual relationship to avoid loss of therapist objectivity or exploitation of client.</p> <p>V.B. Manage client's overt/covert sexual feelings toward the therapist to maintain integrity of the therapeutic relationship.</p> <p>V.B. Impact of gift giving and receiving on the therapeutic relationship</p> <p>V.B. Business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship</p> <p>V.B. Strategies to maintain therapeutic boundaries</p> <p>V.C. Manage confidentiality issues to maintain integrity of the therapeutic contract.</p> <p>V.C. Manage client's concurrent relationships with other therapists to evaluate impact on treatment.</p> <p>V.C. Manage clinical issues outside therapist's scope of competence in order to meet client needs.</p> <p>V.C. Assist client to obtain alternate treatment when therapist is unable to continue therapeutic relationship.</p> <p>V.C. Determine competency to provide professional services by identifying therapist's cognitive, emotional, or physical impairments.</p> <p>V.C. Areas of practice requiring specialized training</p> <p>V.C. Ethical considerations for interrupting or terminating therapy</p> <p>V.C. Alternative referrals to provide continuity of treatment</p> <p>VI.A. Maintain client confidentiality within limitations as defined by mandated reporting requirements.</p> <p>VI.A. Obtain client's authorization for release to</p>
--	--	--

		<p>disclose or obtain confidential information.</p> <p>VI.A. Comply with client's requests for records as mandated by law.</p> <p>VI.A. Assert client privilege regarding requests for confidential information within legal parameters.</p> <p>VI.A. Exceptions to confidentiality pertaining to mandated reporting requirements</p> <p>VI.A. Custody issues of minor client to determine source of consent</p> <p>VI.A. Laws regarding privileged communication and holder of privilege</p> <p>VI.A. Laws regarding therapist response to subpoenas</p> <p>VI.B. Report to authorities cases of abuse as defined by mandated reporting requirements (e.g., child, dependent adult, elder).</p> <p>VI.B. Report expressions of intent to harm by client to others as defined by mandated reporting requirements.</p> <p>VI.B. Assess client's level of danger to self or others to determine need for involuntary hospitalization.</p> <p>VI.B. Laws pertaining to mandated reporting of suspected or known abuse (e.g., child, dependent adult, elder)</p> <p>VI.B. Laws pertaining to mandated reporting of client's intent to harm others</p> <p>VI.B. Techniques to evaluate client's plan, means, and intent for dangerous behavior</p> <p>VI.B. Legal criteria for determining involuntary hospitalization</p> <p>VI.C. Provide information associated with provision of therapeutic services to client as mandated by law.</p> <p>VI.C. Maintain security of client's records as mandated by law.</p> <p>VI.C. Maintain documentation of clinical services as mandated by law.</p> <p>VI.C. Comply with legal standards regarding sexual</p>
--	--	--

		<p>contact, conduct, and relations with client.</p> <p>VI.C. Comply with legal standards regarding scope of practice in the provision of services.</p> <p>VI.C. Comply with legal standards regarding advertising to inform public of therapist's qualifications and services provided.</p> <p>VI.C. Laws regarding disclosing fees for professional services</p> <p>VI.C. Situations requiring distribution of the State of California, Department of Consumer Affairs' pamphlet entitled, "Professional Therapy Never Includes Sex"</p> <p>VI.C. Laws regarding documentation of clinical services</p>
4. Implications of professional issues unique to marital, couple, and family counseling/therapy including recognition, reimbursement, and right to practice;	<p>1.5.4 Develop, establish, and maintain policies for setting and collecting fees</p> <p>1.5.5 Explain and discuss payment policies and other business procedures with clients, the appropriate subsystem in the family (e.g., parents), and/or payers</p> <p>1.3.5 Explain practice setting rules, fees, rights and responsibilities of each party, including privacy and confidentiality policies, and duty to care</p>	See above
5. The role of marital, couple, and family counselors/therapists in a variety of practice settings and in relation to other helping professionals; and	<p>1.1.3. Understand the mental health care delivery system</p> <p>2.1.5 Develop systemic hypotheses about the influence of treatment on extra-therapeutic relationships and other client systems</p> <p>1.2.3 Recognize issues that might suggest referral for evaluation, assessment, or specialized care beyond clinical competence</p>	I.B.4. Gather information from other involved parties to contribute to development of a clinical impression of client.
6. The role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, physical and mental status, and equity issues in marital, couple, and family counseling/therapy.	3.3.5 Structure treatment to meet clients' needs and to facilitate systemic change (also see Standard 2 above)	III.A. Techniques for establishing a therapeutic framework within diverse populations (also see Standard 2 above)

<p>B.CONTEXTUAL DIMENSIONS OF MARITAL, COUPLE, AND FAMILY COUNSELING/THERAPY</p>		
<p>1.Marital, couple, and family life cycle dynamics, healthy family functioning, family structures, and development in a multicultural society, family of origin and intergenerational influences, cultural heritage, socioeconomic status, and belief systems;</p>	<p>2.1.1 Know a systemic framework for assessment and diagnosis 2.1.2 Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); issues related to health and illness; and diversity</p>	<p>I.A. Impact of cultural context on family structure and values</p>
<p>2. Human sexuality issues and their impact on family and couple functioning, and strategies for their resolution; and</p>	<p>2.1.2 Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); issues related to health and illness; and diversity</p>	<p>IV.B.2. Approaches to address issues associated with variations in lifestyles (e.g., gay, lesbian, bisexual, transgender)</p>
<p>3. Societal trends and treatment issues related to working with diverse family systems (e.g., families in transition, dual-career couples, and blended families).</p>	<p>2.1.2 Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); issues related to health and illness; and diversity</p>	<p>IV.B.2. Techniques to address variations in the life cycle process (e.g., divorce, blended families, grief/loss)</p>
<p>C.KNOWLEDGE AND SKILL REQUIREMENTS FOR MARITAL, COUPLE, AND FAMILY COUNSELOR/THERAPISTS</p>		
<p>1.Family systems theories and other relevant theories and their application in working with couples and families, and other systems (e.g., legal, legislative, school and community systems) and with individuals;</p>	<p>1.1.1 Understand theories and techniques of individual, marital, family, and group psychotherapy 1.1.2 Understand theories and techniques of individual, marital, family, and group psychotherapy</p>	<p>III.B.1 Assumptions, concepts, and methodology associated with a postmodern approach (e.g., narrative, solution-focused) III.B.1 Assumptions, concepts, and methodology associated with a systems approach IV.B.1. Develop strategies consistent with systems theories to facilitate client's treatment. IV.B.1. Theory of change and the role of therapist from a systems approach IV.B.1. Use of interventions associated with systems theories</p>

<p>2. Interviewing, assessment, and case management skills for working with individuals, couples, families, and other systems; and implementing appropriate skill in systemic interventions;</p>	<p>1.3.1 Gather and review intake information 1.3.2 Determine who should attend therapy and in what configuration (i.e., individual, couple, family) 1.3.4 Facilitate involvement of all necessary participants in treatment 1.3.6 Establish and maintain appropriate and productive therapeutic alliances with the clients 1.3.7 Solicit and use client feedback throughout the therapeutic process 1.3.8 Develop and maintain collaborative working relationships with clients, referral resources, and payers 1.3.9 Manage session dynamics with multiple persons 1.3.10 Develop a workable therapeutic contract 2.1.1 Determine who is the client 2.1.2 Assess each client's engagement in the change process 2.1.4 Develop systemic hypotheses regarding relationship patterns and their bearing on the presenting problem 2.3.2 Engage with multiple persons and manage multiple levels of information during the therapeutic process 2.3.8 Assess family history using genogram 2.3.13 Elucidate presenting problem from the perspective of each member of the therapeutic system 3.5.3 Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws 3.5.4 Utilize time management skills in therapy sessions and other professional meetings 4.2.2 Recognize how different techniques impact the treatment process 4.2.3 Distinguish differences between content and process issues and their impact on therapy 4.3.3 Reframe problems and recursive interaction patterns 4.3.4 Generate relational questions and reflexive comments in the therapy room 4.3.5 Engage each family member in the treatment process as appropriate 4.3.6 Facilitate clients developing and integrating solutions to</p>	<p>I.B.4. Gather information regarding family history to assess impact of significant relationships and events on client's presenting problems. I.B.4. Gather information about family structure by evaluating impact of significant relationships and events I.B.4. Techniques to collect family history I.B.4. Methods to assess impact of family history on family relationships I.B.4. Effects of family structure and dynamics on development of identity IV.C. Determine client's readiness for termination by evaluating whether treatment goals have been met. IV.C. Develop a termination plan with client to maintain gains after treatment has ended. IV.C. Integrate community resources to provide ongoing support to the client following termination of treatment. IV.C. Changes in functioning that indicates readiness to terminate therapy IV.C. Issues related to the process of termination IV.C. Techniques to maintain therapeutic gains outside therapy IV.C. Relapse prevention techniques IV.C. Methods to integrate available community resources into treatment planning</p>
--	---	---

	<p>problems</p> <p>4.3.7 Defuse intense and chaotic situations appropriately</p> <p>4.3.10 Modify interventions that are not working to better fit treatment goals</p> <p>4.3.11 Move to constructive termination when treatment goals have been accomplished</p> <p>4.3.12 Integrate supervisor/team communications into treatment</p> <p>5.1.3 Know policies and procedures of practice setting</p>	
3.Preventive approaches for working with individuals, couples, families, and other systems such as pre-marital counseling, parenting skills training, and relationship enhancement;	<p>2.3.11 Identify clients' strengths, resilience, and resources</p> <p>4.3.8 Empower clients to establish effective familial organization, familial structures, and relationships with larger systems</p>	Not addressed
4. Specific problems that impede family functioning, including issues related to socioeconomic disadvantage, discrimination and bias, addictive behaviors, person abuse, and interventions for their resolution; and	<p>1.2.1 Recognize contextual and systemic issues (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context)</p> <p>4.3.9 Provide psychoeducation to families with serious mental illness and other disorders</p>	<p>I.A. Assess the impact of client's substance use, abuse, and dependency on family members and significant others to determine how to proceed with treatment.</p> <p>I.A. Criteria for classifying substance use, abuse, and dependency</p> <p>I.A. Effects of substance use, abuse, and dependency on psychosocial functioning and family relationships</p> <p>I.A. Impact of substance use, abuse, and dependency on affective, behavioral, cognitive, and physical functioning</p>
5. Research and technology applications in marital, couple, and family counseling/therapy.	<p>1.4.1 Evaluate case for appropriateness for treatment within professional competence</p> <p>1.4.2 Evaluate intake policies and procedures for completeness and contextual relevance</p> <p>4.4.1 Evaluate interventions for consistency and congruency with model of therapy and theory of change</p> <p>4.4.2 Evaluate ability to deliver interventions effectively</p> <p>4.4.3 Evaluate treatment outcomes as treatment progresses</p>	Not addressed
No specific requirement for crisis counseling	<p>2.3.6 Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self</p>	<p>II2. Identify nature of client's crises to determine what immediate intervention is needed.</p> <p>II2.Evaluate severity of crisis situation by assessing</p>

	<p>and others.</p> <p>3.4.3 Evaluate management of risks, crises, and emergencies</p> <p>3.3.6 Manage risks, crises, and emergencies</p> <p>5.3.5 Develop safety plan for clients who present with potential abuse or violence</p> <p>5.3.6 Take appropriate action when ethical and legal dilemmas emerge</p> <p>5.3.7 Report information to appropriate authorities as required by law</p>	<p>the level of impairment in client's life.</p> <p>II2. Identify type of abuse by assessing client to determine level of intervention.</p> <p>II2. Assess trauma history to determine impact on client's current crisis.</p> <p>II2. Assess for suicide potential by evaluating client's lethality to determine need for and level of intervention.</p> <p>II2. Evaluate potential for self-destructive and/or selfinjurious behavior to determine level of intervention.</p> <p>II2. Evaluate level of danger client presents to others to determine need for immediate intervention (e.g., 5150).</p> <p>II2. Techniques to identify crisis situations</p> <p>II2. Principles of crisis management</p> <p>II2. Methods to assess strengths and coping skills</p> <p>II2. Methods to evaluate severity of symptoms</p> <p>II2. Techniques to assess for grave disability of client</p> <p>II2. Criteria to determine situations that constitute high risk for abuse</p> <p>II2. Indicators of abuse, neglect, endangerment, domestic violence</p> <p>II2. Effects of prior trauma on current functioning</p> <p>II2. Risk factors that indicate potential for suicide within age, gender, and cultural groups</p> <p>II2. Physical and psychological indicators of suicidality</p> <p>II2. Effects of precipitating events on suicide potential</p> <p>II2. Physical and psychological indicators of self-destructive and/or self-injurious behavior</p> <p>II2. Risk factors that indicate potential for self-destructive behavior</p> <p>II2. Risk factors that indicate client's potential for causing harm to others</p> <p>IV.B.2. Develop strategies to include the impact of</p>
--	--	---

		<p>crisis issues on client's treatment.</p> <p>IV.B.2. Intervention methods for treating substance abuse</p> <p>IV.B.2. Intervention methods for treating abuse (e.g., child, elder) within families</p> <p>IV.B.2. Intervention methods for treating the impact of violence (e.g., rape, terrorism, Tarasoff)</p> <p>IV.B.2. Interventions for treating situational crises (e.g., loss of job, natural disasters, poverty)</p>
		<p>III.A. Third party specifications (e.g., managed care, court mandated, EAP) impacting treatment planning</p>
D.CLINICAL INSTRUCTION		
<p>For the Marital, Couple, and Family Counseling/Therapy Program, the 600 clock hour internship (Standard III.H) occurs in a counseling setting, under the clinical supervision of a site supervisor as defined by Section III, Standard C.1- 2. The requirement includes a minimum of 240 direct service clock hours, defined as work with couples, families, and individuals from a systems perspective, with the majority of the direct service clock hours occurring with couples and family units.</p> <p>The program must clearly define and measure the outcomes expected of interns, using appropriate professional resources that address standards A, B, and C (Marital, Couple, and Family Counseling/Therapy Programs).</p>		