



Whitworth University School of Health Sciences

Marriage and Family Therapy Program Student Handbook 2025-2026



Note: The contents of this handbook, is subject to change. Check with your advisor for the most current information concerning your program.



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STATEMENT OF PURPOSE

The Student Handbook for Whitworth University's Marriage and Family Therapy (MFT) Program has been developed as a guide to assist graduate students in successfully completing coursework and program requirements for entry into the helping professions as Licensed Marriage and Family Therapists. Students are responsible for the information contained in the University's catalog and this student handbook which contains information pertaining to program procedures guided by the ethics of the MFT profession.

MFT GRADUATE ACHIEVEMENT

Though student/graduate achievements will vary from cohort to cohort, the most recent graduating classes have done very well in the field. We anticipate that ongoing cohorts will perform as well after graduation. To date the following data represents the most recent graduation results:

Completion Rate <i>Percent of matriculated students who graduated with a MA in MFT</i>	95 Percent
On-Time Graduation Rate <i>Percent of graduates who graduated in the term they intended</i>	93 Percent
Rate of Employment in the Profession <i>Percent of graduates who were employed after graduation in a position requiring licensure in one of the mental health professions</i>	97 Percent
Pass Rate for Students Attempting the National MFT Exam <i>Percent of graduates who passed the AMFTRB National MFT Exam</i>	100 Percent

ACCREDITATION STATUS

Whitworth University is accredited by the Northwest Commission on Colleges and Universities, the institutional accrediting body in the Northwest. Whitworth University has formal authority from the state of Washington to offer undergraduate and graduate education programs under Washington Student Achievement Council Approval Section 3675, Chapter 36, Title 38, U.S. Code (Eligibility Requirement 2).

The MFT program is fully accredited through the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).



OUR STUDENTS

Whitworth welcomes all applicants without regards to religious affiliation, ethnicity, or sexual orientation. Each cohort of students is unique. Our program recruits students from as far away as Pakistan and Tanzania, though most of our students originate in the Northwest. We also have a wide range of ages in our program, with students in their 20s, 30s, 40s, and 50s. Most of our students, however, are in their mid to late 20s and early 30s. Like most MFT programs, Whitworth has a predominance of women in the program (approximately 75 percent).

OUR FACULTY

Whitworth uses a combination of fulltime and adjunct faculty to teach the courses needed to meet the program mission, goals, and student learning. Core faculty are clinical practitioners specially trained in working with individuals, couples, and families from a systemic and relational perspective. Full time core faculty are licensed as marriage and family therapists with degrees in MFT. Full time faculty members are engaged in supervision, shared governance, and research in fields of study related to the field.

Adjunct faculty and other non-MFT faculty supplement the instruction given by core faculty. These faculty members are selected for their special expertise. Courses taught by non-core faculty are usually in the areas of human development, chemical dependency, adolescence, children, and cultural considerations.

PROGRAM MISSION AND OUTCOMES

Mission

To develop ethically competent Marriage and Family Therapists who work collaboratively from a systemic and relational perspective to meet the mental health and relational needs of individuals, couples, and families across multiple dimensions of diversity, addressing client needs from the perspective of both mind and heart.

Program Goals

G1: Equip students with the necessary systemic theoretical knowledge and therapeutic skills to work effectively with a broad spectrum of issues presented by individuals, couples, and families from diverse levels of the socioeconomic strata and with other marginalized groups (ethnic, cultural, religious, sexual orientation) from a systemic and relational perspective.

(Theory)

G2: Instruct students in the diagnosis and treatment of mental health issues from a systemic and relational perspective, and provide clinical experience in diagnosing, treating, and evaluating treatment effectiveness for individuals, couples, and families from diverse levels of the socioeconomic strata and with other marginalized groups (ethnic, cultural, religious, sexual orientation) from a systemic and relational perspective. *(Clinical)*

G3: Develop informed consumers of research and to expose students to a broad array of efficacious research-based practices and their application to common presenting issues.

(Research)

G4: Equip students with the ability to recognize the influence of social factors such as culture, ethnicity, religiosity, socio-economic status, and sexual orientation, and to incorporate those factors into diagnosis and treatment of individuals, couples, and families, from diverse levels of the socioeconomic strata and with other marginalized groups (ethnic, cultural, religious, sexual orientation) from a systemic and relational perspective. *(Diversity)*

G5: Enhance students' ability to assist in exploring spiritual issues as presented by clientele.

G6: Impart critical thinking skills and tools to assist students in recognizing and successfully negotiating ethically-based challenges. *(Ethics)*

G7: Upon graduation will apply MFT knowledge and skills to the professional workforce.

(Graduate Achievement)

Student Learning Outcomes

SL 1 (G1): Students have the basic core competencies to infuse systemic, relational, and biopsychosocial/spiritual perspectives into their academic work and clinical activities with individuals, couples, and families from diverse levels of the socioeconomic strata and with other marginalized groups (ethnic, cultural, religious, sexual orientation) as measured by 90 percent receiving a score of 3.0 or better on the diagnosis, treatment planning, a systemic conceptualizing components of the main case study component of the comprehensive exam.

SL 2 (G2): Students have the basic core competencies to provide systemic and relational clinical activities from multiple philosophical and theoretical frameworks as measured by 90 percent of students receiving a score of 3.0 average out of 5 on the grading rubric on the treatment case study components of the comprehensive exam.

SL 3A (G3): Students have the basic core competencies to be discerning consumers of empirical research and/or program evaluation in their scholastic work and/or clinical services as measured by 90 percent of students receiving a grade of A- or higher on journal article analysis assignments' and 90 percent receiving a grade of B+ or higher on their Action Research proposal assignment.

SL 3B (G3): Students have the basic core competencies to be designers of empirical research as measured by 90 percent of students receiving a grade of B+ or higher on their Action Research proposal assignment.

SL 4 (G4): Students have the basic core competencies to recognize, articulate, and account for influences of contextual factors on client systems when working with individuals, couples, and families from diverse levels of the socioeconomic strata and with other marginalized groups (ethnic, cultural, religious, sexual orientation) and can adjust scholarship and clinical activities as appropriate with 90 percent of students receiving an average score of 3.0 out of 5 on the grading rubric for the cultural case study component of the comprehensive exam.

SL 5 (G5): Students will be able to integrate a client's spirituality into the context of therapy as evidenced by 90 percent of students receiving a score of 3.0 out of a possible 5.0 on the grading rubric component related to spiritual reflection on their final comprehensive theory paper.

SL 6 (G6): Students have the basic core competencies to account for the influence of higher order moral principles (i.e., beneficence, non-maleficence, autonomy, justice, and fidelity) and moral reasoning schemas (e.g., duty-based, ends-based, care-based, and/or narrative based) on moral/ethical decisions faced by clients and therapists as indicated by 90 percent of students receiving an average score of 3.0 out a possible 5.0 on the grading rubric for the complex ethical case study component of the comprehensive exam.

SL 7 (G7): Students graduating from the MFT program will become professional practitioners as measured by: 70 percent of graduates either pursuing doctoral studies or possessing Washington State credential as a Licensed Marriage and Family Therapist Associate (or comparable credential in a state other than Washington).

DEGREE AND PROGRAM OPTIONS

Whitworth University offers two degree options for those seeking a graduate degree in the field of marriage and family therapy: Master of Arts in Marriage and Family Therapy/non-thesis option (a total of 64 semester credits) or Master of Arts in Marriage and Family Therapy/Thesis option (a total of 67 semester credits). Detailed descriptions of each of these options can be found in the university's general catalog or on the Whitworth website at the following address: <https://www.whitworth.edu/cms/academics/graduate-studies-in-education/counseling-and-therapy/marriage-and-family-therapy-ma>

REQUIRED PREREQUISITES

There are two prerequisites for the MFT program: Statistics and Abnormal Psychology. EDF 551 – Research Evaluation and Writing assumes an understanding of statistics used in social science research. Similarly, a basic understanding of abnormal psychology is assumed for EDF 504 Psychopathology & Assessment. See your academic advisor for a list of approved courses to satisfy these requirements.

CRITERIA FOR FULL ADMISSION INTO THE MARRIAGE AND FAMILY THERAPY PROGRAM

Admission into the therapy program is based on three areas:

Area One:

1. Grade Point Average
 - a. An undergraduate GPA of 3.0 or above is deemed adequate for consideration of acceptance to the MFT Program.
 - b. Students with a GPA of 2.7 to 2.99 may be considered for restricted admission by submitting GRE/MAT scores or an exam alternative essay.
 - Scores at or above the 25th percentile on the MAT or the GRE's Verbal, Quantitative, and Analytical subtests are considered adequate for consideration of acceptance into the MFT Program.
 - Students with scores between the 10th and 25th percentile may be granted restricted admission. To be considered for full admission, a student must successfully complete two graduate courses, each being three credits (for a total of six credits), with a "B" or better. These classes will be selected by the Admission Committee and must be taken at Whitworth University.
 - Students whose scores fall below the 10th percentile will not be considered for admission to the program and are encouraged to retake the GRE or MAT.

- Alternative to GRE/MAT: Submit a statement with documenting evidence from three or more sources that supports your ability for success in graduate school. (Note: Evidence should address general verbal and mathematical ability, written communication and critical thinking. The statement may include previous performances in graduate-level courses, copies of research papers, professional writing, a sample of a statistical report, professional evaluations, or evidence of high level of achievement in an undergraduate program, or other appropriate indicators.
- c. Students whose GPA is below 2.7 are generally not considered for admission to the MFT program. Prospective students may take additional courses to increase GPA for eligibility.

Technological Competency: Students should come into the program with basic technological skills in production software such as file management, Microsoft Word, Excel, PowerPoint, internet browsing, email, and library searches. Students will also need to gain the skills required to use Self-Service and Canvas.

Area Two:

1. **Recommendations:** Students are required to submit three recommendation forms. Appropriate sources for these recommendations include employers or professors who can comment on the student's academic, professional, and relational skills. The Graduate Studies in Education Admissions office will provide the appropriate forms along with instructions for their completion.
2. **Statement of Intent:** Students are required to submit a statement that reflects their rationale for pursuing a graduate degree in MFT at Whitworth University. The statement should include specific professional goals and philosophy, and also a commitment of time for practicum and internship.
3. **Professional Resume:** Students are required to submit a resume of their pertinent work experience.

Area Three:

1. Students who successfully meet the initial entrance requirements outlined in Areas one and two may be invited to participate in an admissions interview process.
 - a. An interview is required prior to admittance. Applicants will interview with current faculty and staff. Applicants will have an opportunity to ask current students questions.
 - b. Admissions decisions will be made following the interview process.
2. If admitted, students will enroll in the MFT Program's initial entry courses, EDF 502: Counseling Theories and EDF 501: Intro to Marriage and Family Therapy. To make satisfactory progress in the program, students must complete these courses with a B or better. Please note that a B- does not meet this standard.
3. Successful completion of all prerequisite course work.

STATEMENT OF PROFESSIONALISM

The MFT Program, along with its faculty, supports the highest level of professionalism as set forth by best practices in the field as well as the ethical standards of the American Association for Marriage and Family Therapy (AAMFT), and Whitworth University's standards for academic honesty. The program expects each student to know these standards and to act in accordance with them. Beyond written standards set forth by related professional organizations, professionalism embraces a high standard for dispositions and interpersonal interaction that includes respect for people, processes, and property. The faculty expects prospective therapists to engage in behavior that reflects a high level of health and integrity. Students should be stable and psychologically well adjusted, and should possess effective interpersonal skills, a genuine concern for others, and an active commitment to personal growth and professional development. If mental health issues are a concern, students are encouraged to receive therapy themselves.

STUDENT ADVISEMENT

Under the direction of your advisor, you will:

1. Receive preregistration advisement and develop a degree plan that may include directives from the GSE Counseling Team. This comprehensive degree plan, if followed, will lead to the degree sought.
2. Review progress toward professional goals and degree, revising your study plan accordingly.
3. Receive information with regard to program procedures.
4. Be informed of new state requirements made after the comprehensive degree plan that may result in modifications to that plan.

Please note: It is the student's responsibility to stay in close contact with their advisor, keeping them abreast of any changes in student record information (i.e., address, phone number) and updating alterations made to the study plan. This latter issue is especially important given that not all courses are taught each semester. Altering the study plan without assistance from the academic advisor may inadvertently result in scheduling difficulties that, in turn, will affect the student's proposed graduation date. Students are expected to track their progress by accessing Self-Service via PiratePort.

DEGREE PLAN

A degree plan should be reviewed with your advisor the first semester of enrollment in the program. The degree plan can be found in Self Service via PiratePort. Your advisor will train you on how to use these programs. The degree plan should be used to help students plan enrollment and subsequent semesters. The majority of students complete their degrees in 23 months. A slower option is available to students who request it. Students desiring an alternative timeline to graduate should meet with their advisor to develop an individually tailored degree plan. Students must complete their degrees in six years or less.

POLICY FOR PROGRAM CHANGE

School Counseling and MFT represent two distinct specialty areas within the field of professional therapy. For this reason, students who are interested in changing the emphasis of their education and training should complete the following steps:

1. Schedule a meeting with their advisor.
2. Schedule a meeting with the Program Director in the new program.
3. Submit a statement from a key faculty member that supports the change in program focus.
4. Submit a signed statement that speaks to the personal and professional reason(s) for the student's proposed change. Requests for transfer will be considered by the receiving program's faculty.
5. **If** accepted into the new program, meet with an academic advisor to develop a new comprehensive study plan.
6. Complete the prerequisites for the program.

COURSE INFORMATION

Students should be aware of registration procedures required for several courses that may be needed for degree completion or certification. Please note the following:

1. The following courses that focus on assessment or include special activities (i.e. Simulation provided by outside organization) have fees which cover the cost of test protocols, software subscriptions, upkeep for assessment kits, and contractual fees.
 - EDF 553: Intro to Marriage and Family Therapy
 - EDF 543: Social and Cultural Considerations in Counseling
 - EDF 504: Psychopathology and Assessment
 - EDF 522 Theories of Couple and Marriage Therapy
 - EDF 581 Practicum in MFT
 - EDF 582/583 Internship in MFT
 - EDF 597 Exit Exam

ACADEMIC STANDING AND RETENTION

The policy of the therapy programs stipulates that students enrolled in the program must have a cumulative grade point average of 3.00 in order to graduate. All classes require a B- or higher to pass. The lowest acceptable grade in the program's practicum and internship experiences is a satisfactory. Students whose grade in a particular class is lower than the stipulated minimum may petition the Program Director to retake the course one time, and one time only, to improve their grade.

For the following core courses, students must earn a B or better (a B- does not meet this standard):

EDF 502: Counseling Theories

EDF 503: Therapy Process

EDF 531: Intro to Group Therapy

EDF 504: Psychopathology and Assessment

EDF 521: Family Systems Theory

EDF 523: Theories of Family Therapy

EDF 522: Theories of Couple and Marriage Therapy

EDF 524: Human Sexuality and Sex Therapy

Whitworth University is committed to providing students the tools to succeed in their academic programs. Students struggling academically, emotionally, or relationally are highly encouraged to meet with their advisor or the Program Director to develop a retention plan to ameliorate issues impairing success in the program. This retention plan will be documented on the Student Concerns Checklist.

RESEARCH REQUIREMENT

In addition to successful completion of all required courses in the MFT Curriculum (See appendix C), Whitworth University requires students to demonstrate competency in research methods. This competency can be demonstrated in one of two forms: thesis or defense of a research proposal.

Option One: Thesis

Should you plan to do a thesis, you must have taken (or be concurrently enrolled in) EDF 552: Research for Counselors. Professionally, the thesis option is considered to be the best choice if you plan to continue graduate studies. Prior to commencing with any research, students must have a thesis advisor and two additional thesis committee members and secure the approval of the Institutional Review Board (IRB) for research involving human subjects.

Initiation of research activity before receipt of consent from the thesis chair and the IRB could result in dismissal from the program. Working closely with your thesis advisor throughout the project will ensure a successful defense of the research project. Please be advised that you must sign up for a total of six (6) thesis credits (EDF 553/554). To receive credit for the first three (3) credits, students must have their proposal accepted by the thesis committee. To receive credit for the final three (3) credits, students must successfully complete an oral defense of the research study.

Students should start the proposal process during the semester they are enrolled in practicum. Those choosing to do so at a later date may need to postpone their graduation date. Students start the thesis procedure by checking in with their academic advisor for paperwork and guidance in obtaining committee members.

Option Two: Defense of a Research Proposal

As part of EDF 552: Research for Therapists, students will develop a quantitative research proposal. The content of the proposal is the same as the thesis proposal. Students will not need to submit this proposal to the IRB as the student will not actually conduct the research. As part of the course requirements of EDF 552, the student must successfully defend his or her proposal before program faculty.

The instructor of your research class will assist you in developing your research proposal and ensure that it is in the appropriate format. Throughout the writing process, you are expected to work closely with your professor and follow his or her directives.

MARRIAGE AND FAMILY COMPREHENSIVE EXAM

Students will be required to successfully complete a comprehensive exam over material covered in the following courses:

- EDF 504: Psychopathology and Assessment
- EDF 521: Family Systems Theory
- EDF 522: Couple and Marriage Therapy
- EDF 523: Theories of Family Therapy
- EDF 524: Human Sexuality & Sex Therapy
- EDF 542: The Ethical Professional
- EDF 543: Social and Cultural Considerations in Therapy

The exam will be multiple choice, fill-in-the-blank, and short answer or essay and case analysis in nature. Each exam will be evaluated by the faculty member responsible for the exam content area. The faculty members will assign a score between 0-5 which corresponds with an overall score of Exceptional Pass, Pass, Marginal Pass, or Fail. Should a student receive a score of less than 3.0 a score of Fail will be assigned and a second faculty member will evaluate that section of the exam.

Students must receive a score of Marginal Pass or better from one of the two faculty evaluators on each area to successfully complete the exam. Students who fail one or more areas of the exam will be given one re-take opportunity. Students who are unsuccessful a second time will be required to take/re-take additional coursework before being allowed to make further attempts to pass the exam.

OVERVIEW OF FIELD EXPERIENCES

Early planning for practicum and internship experiences is extremely important.

If you are working full-time upon your acceptance into the Marriage and Family Therapy Program you will need to make adjustments in your schedule. The time commitment required during internship will make it exceedingly difficult to work full time so planning ahead is essential.

- Clinical training spans a minimum of 15 months.
- Students are required to have 400 hours of direct service during this experience.
 - 150 hours must be completed by providing relational therapy*

**The MFT program at Whitworth has adopted the COAMFTE definition of relational hours – “clinician delivers services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapy experience itself.”*

- Students must receive 100 hours of individual (max ratio of 2:1) or group (no more than 6:1 ratio) supervision from an MFT supervisor over the course of their clinical training.
 - At least 50 hours of supervision must include supervision using “Observable data” such as videos, live supervision of work, co-therapy with an MFT supervisor.

Supervision must be consistent throughout the time a student is in clinical training. During planned breaks, MFT supervisors will continue to provide supervision, though it may be on a revised schedule. Assigned MFT supervisors will be available for phone or Zoom supervision during both planned and unplanned interruptions.

If you are the owner or primary supervisor of an agency you will not be allowed to do your internship at your agency because it would cause a conflict of interest for employees to supervise you. Failure to make provisions for the future may create difficulty in completing the program successfully.

Prior to progressing into the clinical phase of training, students will interview with program faculty and possibly members of the MFT Advisory Board. This will normally occur in November of the first fall semester. Recommendations will be forwarded to the Program Director and program core faculty who will make final determination regarding acceptance into clinical training. Students who fail to pass the faculty review will be reconsidered one time after completing another year of classes. Failure to pass a second review will result in dismissal from the program.

Those students who wish to complete field experiences at their current place of employment must submit written request to the Clinical Director one semester prior to the commencement of the field experience. It should be noted that this practice is discouraged for a variety of reasons. However, program faculty may be willing to make exceptions when the student's work site is able to accommodate for requirements posed by the field experience.



PLACEMENT

Practica are currently offered in selected clinical agencies. The program Clinical Director, in conjunction with other program faculty, is responsible for finalizing the placement of students in appropriate sites. Site selection is determined by each student's professional goals, past experience, and level of expertise and availability of community sites. A list of approved sites will be provided.

After identifying sites of interest and receiving approval from the Clinical Director, students will need to submit a Declaration of Intent form to the MFT Program Assistant. The Program Assistant will track the number of students applying to each site and where final placements have been made. Please keep the Program Assistant informed of the progress of your application, interview, and acceptance status for all sites listed on your intent form.

Before setting up an interview with the potential site supervisor, you will need permission from the Clinical Director. The student is responsible for setting up an interview with the potential site supervisor and providing them with a current resume. Students are responsible for communicating results of interviews to Clinical Director.

Students will also complete a portion of their clinical training in the Whitworth Marriage and Family Therapy Center. Students are required to be available a minimum of 5 hours a week for clients in the MFT Center. Students will coordinate their clinical schedule with the Center Director prior to the start of their practicum experience.

SUPERVISION

Supervision at clinical sites is provided by practitioners licensed in the fields of marriage and family therapy, clinical psychology, social work, and clinical mental health counselors. When possible, sites with supervisors that are LMFTs and Approved Supervisors or Supervisor Candidates will be given preference in intern assignments. When they are not available, site supervisors will be licensed in the fields mentioned above and meet the states requirement of at least two years of experience as a fully licensed independent practitioner. Sufficiency of supervisors is assessed through the MFT Student Advisory Group and through the Completer Survey.

ETHICAL STANDARDS

Students are expected to have a working knowledge of and abide by the ethical standards that govern professional practice (AAMFT ethical standards) throughout their fieldwork experiences. Should any concerns regarding appropriate behavior arise, students are to immediately contact their University supervisor. A breach of any ethical standard may result in termination from the MFT program.



PROFESSIONAL LIABILITY INSURANCE

Litigation involving counseling professionals has increased dramatically over the past few years. Adherence to professional ethical standards, as well as high standards of personal and professional conduct are the best ways to avoid such litigation.

The MFT program requires each student enrolled in a field experience to purchase a liability policy. The policy must be active prior to engaging in the field experience. The AAMFT provides liability insurance free of charge to those with a student membership. Insurance can also be obtained through other professional organizations for a reasonable cost to student members. Students are required to submit a copy of their policy binder to the practicum professor prior to seeing clients.

BACKGROUND CHECK

All MFT students are required to receive clearance from the Whitworth Human Resources office prior to engaging in clinical work. It is recommended that students begin this process in the first summer semester to ensure it is completed before enrolling in practicum. There is a fee required for the background checks, which is included in your course fees. Background checks are conducted by the Federal Bureau of Investigations and are coordinated through the Program Director.

COMPLETION POLICY

Students who do not complete a course for personal reasons (e.g., health concerns, death in the family), may leave the program prior to completing the clinical experiences and receive an I (incomplete). Please note, that work must be completed by six weeks into the next full semester or the I changes to an F. Students wanting to return to the program after being absent for one or more years must submit a new application to the program. Entrance is not guaranteed. If admitted, students are responsible for satisfying current program requirements.



POLICY CONCERNING EXTRACURRICULAR THERAPY

Students enrolled in the program often have opportunities to become involved in professional therapy activities that are separate and apart from required program activities. These opportunities are extracurricular therapy activities. They are considered extracurricular because they are neither conducted under the auspices the MFT program nor are they officially supervised by those professionals associated with the program. All non-program therapy activities fall under this definition, regardless of whether the students receive pay for the provision of such services.

Whitworth University assumes responsibility for students' therapy activities only within the limits of program requirements. Therefore, be advised that if you choose to engage in extracurricular therapy activities, you do so without university sanction. Moreover, use of university resources (e.g., physical facilities, materials) by students for extracurricular therapy activities is strictly prohibited.

The MFT Program neither encourages nor discourages students from engaging in extracurricular therapy activities. However, the program does require the student planning to engage in such activities to inform the Program Director, in writing, prior to the commencement of the activities. Please note that this requirement applies to all students officially enrolled in the program, regardless of whether they are currently enrolled in classes at Whitworth or not.

PROFESSIONAL LICENSURE

Completion of a degree does not guarantee a license. Each state has its own academic and clinical requirements. The student is responsible for applying for appropriate licensure and for passing state specific exams. The degree will help students prepare for exams. The faculty believes that attainment of professional status through licensure is an essential aspect of professionalism itself. Therefore, students are encouraged to plan their academic programs in such a manner as to be eligible for appropriate professional credentials and to actively seek such after graduation. Qualification and restrictions should be discussed with your advisor/Program Director.

REMEMBER: Save all course syllabi; copy of university catalog effective when at Whitworth, and documentation from field experiences for the duration of your professional career. You may need them in the future to verify that you have completed requirements for various certifications or licensure.

Licensed Marriage and Family Therapist

The state of Washington grants licensure of therapists under the title Licensed Marriage and Family Therapist. Licensure holds greater weight than certification and is NOT automatic upon graduation from the program. Students must complete the following five steps before receiving licensure:

1. Apply to the State of Washington Department of Health, Health Professionals Quality Assurance Division, Marriage and Family Therapist Certification, P.O. Box 1099, Olympia, WA 98504-1099
2. Pass a national MFT examination (Association of Marital and Family Therapy Regulatory Boards -- AMFTRB).
3. Complete four hours of AIDS education.
4. Complete six hours of suicide prevention training.
5. Acquire 3,000 hours of post-master's supervised therapy experience (1,000 of direct services, with 500 hours providing therapy to couples or families).
6. Obtain 200 hours of supervision from an approved supervisor. 100 of those hours must have been received from an LMFT who meets the requirements of a supervisor. (See WAC 246-809-134 for current requirements.)

As a graduate of a COAMFTE program, you will be credited with 500 hours of post graduate direct service and 100 hours of post-graduate supervision.

PROFESSIONAL ORGANIZATIONS

The following are examples of organizations in which students are encouraged to participate:

American Association for Marriage and Family Therapy (AAMFT)

The AAMFT is the professional association for the field of marriage and family therapy. It represents the professional interests of more than 25,000 marriage and family therapists throughout the United States, Canada and abroad. The association facilitates research, theory, development and education. It develops standards for graduate education and training, clinical supervision, professional ethics and the clinical practice of marriage and family therapy.

The AAMFT hosts an annual national training conference each fall as well as a week-long series of continuing education institutes in the summer and winter. They publish the scholarly research journal: *Journal of Marital and Family Therapy*, news about the field in *Family Therapy Magazine*, and a variety of brochures and pamphlets that inform the public about the field of marriage and family therapy. Members may also receive reduced cost professional liability insurance through an independent insurance provider.

Washington Association for Marriage and Family Therapy (WAMFT)

The WAMFT was formed to address issues at the state level. The WAMFT serves as an umbrella organization that meets the specialized interests of MFTs in diverse work settings. Benefits of membership include a membership directory, newsletter, annual conference, legislative lobbying, and professional networking opportunities.

American Counseling Association (ACA)

The ACA is a professional organization representing the interests of counselors and counselors-in-training nationwide. Various branches of ACA support the special interests (e.g., school counseling, career counseling, education and supervision of counselors, family counseling) of its diverse membership. As a student, special discounts can be obtained on membership, liability insurance and up-to-date counseling resources. Included among the many resources are video and audio tapes, books, journals, and educational materials.

The ACA is also instrumental in the enhancement of academic training through developmental workshops presented by leading experts in the field. Other ACA membership benefits include job search assistance through database systems and job postings found in the ACA monthly newspaper *Counseling Today*.

Washington Counseling Association (WCA)

The WCA was formed to address issues at the state level. The WCA serves as an umbrella organization that meets the specialized interests of counselors in diverse work settings. Benefits of membership include a membership directory, newsletter, annual conference, legislative lobbying, and professional networking opportunities.

FACULTY RESPONSIBILITIES

In addition to general legal and ethical parameters that guide the behavior of practitioners, therapist trainers and supervisors are further bound by the ethical guidelines of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the Association for Counselor Education and Supervision (ACES).

Five areas of responsibility are outlined below. This information is provided to assist students in understanding the policies and procedures adhered to by Whitworth's MFT program with regard to student remediation, retention, and due process.

1. Faculty has an ethical responsibility to accept only those students who meet entry-level requirements for admission into the training program or applied therapy setting.
2. Faculty are responsible for assessing each student's skills and experience and should choose for the student only those activities that are commensurate with the student's assessed level of competence.
3. When it has been determined that deficits exist that impede the student's professional functioning, faculty members have the responsibility to recommend remedial assistance. If the area of concern centers on personal understanding and problem resolution, faculty may recommend participation in activities designed to facilitate personal growth.
4. Should faculty concerns not be adequately addressed, faculty have the responsibility of screening from the program, applied therapy setting, or state licensure or certification those students unable to provide competent and ethical professional services.
5. Faculty has the responsibility of providing the student with information concerning due process.

ROLE OF FACULTY VERSUS SUPERVISORS

The role of classroom faculty is to teach content that is critical to the professional development of the student. Classroom faculty also refine therapy skills in the classroom that will later be used in clinical settings. Classroom faculty assign grades based on student performance.

The supervisor role is to refine and expand therapy skills taught in the classroom. The supervisor helps student therapists conceptualize and plan therapy strategies from multiple perspectives, and broadens student areas of competency. There is an evaluative role in the supervision that assesses skill competencies throughout the clinical experience, but that evaluative role does not result in assigned grades for a class. Supervisors have a primary role of ensuring that student therapists provide services in a manner that is safe, effective, and ethical, while mentoring the student therapist towards independent practice.

STUDENT ADVISORY GROUP

A student advisory group consisting of two or three members from each cohort will meet with the Program Director at the end of each fall and spring semester to identify concerns and recommendations for program improvement. The Program Director in coordination with School of Health Sciences Dean and Associate Dean will develop a plan to remediate concerns.

STUDENT CONCERNS AND COMPLAINTS

Students are encouraged to resolve student concerns and complaints at the source of the concern or complaint. If resolution cannot be found between the student and other party, the student with the complaint is encouraged to follow the chain of command for the program:

Program Director > Dean > Associate Provost

Whitworth University seeks to resolve all student concerns in a timely and effective manner. To that end, the following contact information and resources at Whitworth University are available to current and prospective students for the resolution of complaints. Links are provided to the appropriate Whitworth website for more information on contacts at the university:

Academic Affairs (academic programs, accreditation)

509.777.3702 | academic@whitworth.edu

www.whitworth.edu/cms/administration/academic-affairs/

Admissions (admissions eligibility)

509.777.3222 | gradadmissions@whitworth.edu

www.whitworth.edu/admissions

Business Office (tuition/fee payments)

509.777.4495 | stuacct@whitworth.edu

<https://www.whitworth.edu/cms/administration/student-financial-services/>

Financial Aid (loans, scholarships, grants)

509.777.3215 | finaid@whitworth.edu

<https://www.whitworth.edu/cms/administration/financial-aid/>

Registrar (academic records)

509.777.3205 | registrar@whitworth.edu

<https://www.whitworth.edu/cms/administration/registrar/>

Student Life (student and campus life)

509.777.3271 | studentlife@whitworth.edu

<https://www.whitworth.edu/cms/administration/student-life/>

STUDENT COMPLAINTS

The university encourages students to work through internal university processes for resolution of complaints. If a student believes that the university's procedures have not adequately addressed concerns identified under the Program Integrity Rule, the following links and contact information is provided:

General and Out-of-State Distant Education and State Student Aid

Washington Student Achievement Council
917 Lakeridge Way SW
Olympia, WA 98502
360-753-7800 | www.wsac.wa.gov

Academics

Northwest Commission on Colleges and Universities (NWCCU)
8060 165th Avenue NE Suite 200
Redmond, WA 98052
425-558-4224 | www.nwccu.org

STUDENT RETENTION POLICY

Students must recognize that academic performance represents only one criterion for continuation in the program. The successful graduate is one who has:

1. Successfully completed all academic tasks (including comprehensive exam).
2. The ability to apply theory to practice.
3. Displayed appropriate professional dispositions including stable and psychologically well-adjusted behaviors.
4. Consistently demonstrated high standards with regard to ethical and professional conduct as reflected in relationships with faculty, staff, peers, and clients.

Faculty are charged with the responsibility of evaluating students on all dimensions of the above four criteria throughout their participation in the program. Evaluation is therefore viewed as a process rather than a singular event.

In addition to receiving a grade reflecting academic achievement in each course, program faculty will observe students' progress in developing professional dispositions which will be focused on personal and professional characteristics. Assessment of dispositions will be used to advise and assist students in developing more appropriate professional behavior.

STUDENT RETENTION PROCEDURES

Whitworth's MFT program, in compliance with respective ethical standards, standards of preparation, and professional conduct codes as set forth by AAMFT abide by the following retention plan for its students.

If, in the professional judgment of program faculty, a student's behavior is deemed inappropriate or professionally unbecoming, the following steps will be taken:

1. The faculty member who has become aware of the problem will complete a concern checklist form outlining concerns, as well as a candidate disposition form. Faculty will then meet with the student to review concerns and offer specific suggestions for remediation. A copy of the concerns checklist along with meeting notes will be forwarded to the student's academic advisor.
2. Should the advisor receive two concerns checklists about a student, the student will be informed in writing and an appointment with the Associate Dean for Graduate Studies in Counseling and Leadership (AD GSE-C), the Program Director, and concerned faculty will be arranged. During the meeting, a remediation plan will be crafted to address the behavior in question.
3. In the event that three or more concerns checklists are received, the AD GSE-C and the Program Director will be notified and given copies of the letters. The AD GSE-C or the Program Director will then present the situation to the MFT Core Faculty for further review and investigation. As a part of the investigation, the student will be given the opportunity to interview with the faculty.
4. Following the investigation, the MFT Core Faculty will make recommendations that may include remediation of behavior. This will be done only when the team feels that such recommendations would result in satisfactory resolution. However, if the student has breached any of the ethical codes of the profession, a different course of action may occur. The faculty takes seriously its ethical responsibility to recommend professionals. Consequently, it may be determined that the student's discontinuation in the program is necessary. This is a likely occurrence should the team conclude that the student's behavior was of a serious nature making service in the MFT field questionable.
5. The MFT Core Faculty's report of findings and recommendations will be shared with the AD GSE-C and Program Director in a closed meeting (e.g., faculty members only).
6. Following faculty action of the MFT Core Faculty, Program Director, AD GSE-C, and student will meet to review conclusions and recommendations. The AD GSE-C and Program Director are then charged with the responsibility of monitoring the student's progress toward fulfilling the Core Faculty's recommendations.
7. If the student is not satisfied with the Core Faculty's decision, the student may choose to appeal the decision to the Dean of the School of Education.

ACADEMIC APPEAL POLICY

The academic appeal policy for graduate students is set up to handle two specific occurrences during the education process at Whitworth University. The first occurrence relates to academic appeals concerning course grades, while the second relates to student dismissal from Whitworth's MFT program for reasons other than academic performance.

Course Grade Appeals

The academic appeals policy concerning course grades has been designed to assist graduate students who believe that the grade received in a graduate course does not accurately reflect their level of achievement. The right of appeal goes through the following chain:

1. The instructor of the course
2. The program director
3. The dean or dean's designee of the school

Student Suspension or Dismissal Appeals

The second academic appeal process concerns student denial of acceptance into the MFT program or dismissal from the program after acceptance for reasons other than academic performance.

Discuss the issue first with the program director; the right of appeal is available to all students if the appeal is presented in writing within three weeks of the incident, to the following people in the following order:

1. The Program Director
2. A committee composed of the Dean, the Director, and representatives of the program
3. The Educational Review Board

DENIAL OF ADMISSION TO THE MFT PROGRAM

The Marriage and Family Therapy program is highly competitive for admissions. Students who apply to Whitworth's MFT program and complete all prerequisites for consideration will receive a letter from the Graduate Studies in Education office notifying them of the Admission Committee's decision.

Should a student be denied admission, faculty will assist in facilitating the students' transition into a more appropriate degree program. For students who wish to challenge the committee's decision, a process has been established to review student concerns. Students are directed to begin at the first level of the process and progress to the next level only in the event that they feel their concerns have not been adequately met. The steps are as follows:

1. Submit a written request to the AD GSE-C asking for reconsideration of their denial. That request should include information not available to the program admissions committee at the time of the interview.
2. Following reconsideration, if the student continues to be denied admission and wishes to further challenge the committee's decision, they should contact the Dean of the School of Education, and if deemed necessary, a meeting of the Appeals Committee will be held. Once a decision is made by the School of Education Appeals Committee, the decision is final.

DISMISSAL FROM THE MFT PROGRAM

Grounds for dismissal from the MFT Program typically involves inappropriate behavior, unprofessional conduct/dispositions, unethical conduct and/or poor academic performance. Failure to successfully achieve program benchmarks including successful completion of interviews for practicum/internship may also be grounds for dismissal. Dismissal will typically follow inadequate resolution of the student retention process. Should the student wish to challenge dismissal he or she will be required to follow the appeal procedure outlined above.



ACADEMIC HONESTY

Just as the faculty, staff, and administration at Whitworth strive to be forthright, direct and honest, and to value integrity in all their dealings, the university expects all students to function in like manner. Students are expected to adhere to the highest standards of academic honesty and to refrain from any dishonest or unethical action. In all academic exercises, examinations, papers, and reports, students are expected to submit their own work. They are also expected to refrain from assisting other students in work that is expected to be his or her own work. The use of the words or ideas of others is always to be indicated through an acceptable form of citation. This policy will be specified in the syllabus for each course.

Plagiarism occurs whenever a person attempts to pass off their work, either verbally or in writing, the words and ideas of others. Plagiarism most often occurs in projects that require independent preparation (outside of class); although it can occur in essay examinations, this is not generally the case. Plagiarism can be either inadvertent (a failure to understand the responsibility for acknowledgment or the means by which acknowledgment should be made) or willful (with a conscious intent to deceive).

Cheating is any academic activity in which the student submits for grade or credit work that is not his or her own and/or work that has not been done within the structure and context established by the assignment. Students may plagiarize in a variety of ways: copying another student's homework, copying answers from another student's test, bringing unauthorized notes or materials to an exam, copying another student's lab notes, or making up fictitious lab results (also known as "dry-labbing"). Students who provide assistance to other students on exams are also guilty of cheating. All cheating is regarded as willful deception.



CONSEQUENCES OF VIOLATIONS OF THE POLICY ON ACADEMIC HONESTY

1. The faculty member will confront the student(s) in cases of suspected violations of the policy on academic honesty and will keep a written record of the incident.
2. The faculty member will assess the gravity of the violation and determine the consequences, which may range from a failing grade on a specific assignment to a failing grade in the course.
3. The faculty member will submit a written report of policy violations, with their consequences, to the Associate Provost of Instruction in the academic affairs office.
4. The student has a right to appeal any faculty member's decision by submitting a written appeal to the Associate Provost of Instruction.
5. The Associate Provost of Instruction may then review the appeal in consultation with the Academic Policies & Appeals Committee, if deemed necessary. All decisions of the Associate Provost of Instruction and the Academic Policies & Appeals Committee will be final.
6. The student will receive a warning after the first violation.
7. All violations of the academic honesty policy become a part of the a student's educational record. More than one violation may result in behavioral suspension for the remainder of the current term or for a longer period, depending on the nature of the violation.

SPECIAL NEEDS AND ACCOMMODATIONS

Whitworth University is committed to providing its students access to education. If you have a documented special need that impacts your ability to learn and perform to your potential in the classroom, you will need to contact the Educational Support Office in Student Life to identify accommodations that are appropriate.

Contact Information

Brenna Stanaway, Manager

Phone: 509.777.3806

Email: ess@whitworth.edu



TITLE IX:

Whitworth University faculty members are committed to the well-being of each student. It is common for students to discuss non-course related issues with faculty and, when possible, faculty will keep such conversations strictly confidential. However, because federal law views faculty members as mandated reporters of any incidents of sexual misconduct, if a student informs a faculty member of an issue of sexual harassment, sexual assault, or discrimination, the faculty member is required by federal law to bring it to the attention of the Title IX Coordinator. The Title IX Coordinator will make the student aware of all options and resources available to them under Whitworth University policies and under the law.

There are Whitworth University employees whom federal law does not view as mandatory reporters, to whom a student could speak without the conversation being reported to the Title IX Coordinator. These include counselors in Counseling Services, and any of the university chaplains on the staff of Campus Ministries.

Contact Information

Rhosea Rhodes, Title IX Coordinator

Phone: 509.777.4238

Email: titleixcoordinator@whitworth.edu

Counseling Center: 509-777-4450; Schumacher Hall.

Campus Ministries: 509-777-4345; Seeley G. Mudd Chapel

NON-DISCRIMINATION

Whitworth University is committed to delivering a mission-driven educational program that cultivates in students the capacity to engage effectively across myriad dimensions of diversity. Whitworth University is committed to the fair and equal treatment of all students in its educational programs and activities. The University does not discriminate against students based on race, color, national origin, sex, gender identity, sexual orientation, religion, age, or disability and complies with all applicable federal or state non-discrimination laws in its instructional programs.

Diversity is the presence and participation of people who differ across multiple dimensions of real and socially constructed expressions of human experience including but not limited to race, ethnicity, age, disability, gender, gender identity, sexual orientation, religion, spiritual beliefs, and socioeconomic status.

APPENDIX B: Program Core Competencies

Domain 1 - Admission to Treatment

Number	Subdomain	Competence
1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and group psychotherapy
1.1.4	Conceptual	Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.2	Executive	Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra familial resources).

Domain 2 - Clinical Assessment and Diagnosis

Number	Subdomain	Competence
2.1.2	Conceptual	Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3	Conceptual	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
2.1.4	Conceptual	Comprehend individual, marital, couple and family assessment instruments appropriate to presenting problem, practice setting, and cultural context.
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
2.2.1	Perceptual	Assess each client's engagement in the change process.
2.2.3	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.3.1	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.
2.3.2	Executive	Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
2.3.3	Executive	Apply effective and systemic interviewing techniques and strategies.

2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.
2.3.7	Executive	Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.
2.3.8	Executive	Identify clients' strengths, resilience, and resources.
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis.
2.5.1	Professional	Utilize consultation and supervision effectively.

Domain 3 - Treatment Planning and Case Management

Number	Subdomain	Competence
3.1.1	Conceptual	Know which models, modalities and/or techniques are most effective for presenting problems.
3.1.3	Conceptual	Understand the effects of psychotropic and other medications have on clients and the treatment process.
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2	Executive	Develop a clear plan of how sessions will be conducted.
3.3.5	Executive	Manage progression of therapy toward treatment goals.
3.3.6	Executive	Manage risks, crises, and emergencies.
3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
3.4.1	Evaluative	Evaluate progress of sessions toward treatment goals.
3.4.2	Evaluative	Recognize when treatment goals and plan require modification.
3.4.3	Evaluative	Evaluate level of risks, management of risks, crisis, and emergencies.
3.4.4	Evaluative	Assess session process for compliance with policies and procedures of practice setting.
3.4.5	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
3.5.3	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.

Domain 4 - Therapeutic Interventions

Number	Subdomain	Competence
4.1.2	Conceptual	Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.
4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.3	Executive	Reframe problems and recursive interaction patterns.
4.3.5	Executive	Engage each family member in the treatment process as appropriate.
4.3.6	Executive	Facilitate client's developing and integrating solutions to problems.
4.3.8	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.
4.3.9	Executive	Provide psychoeducation to families whose members have serious mental illness or other disorders.
4.3.10	Executive	Modify interventions that are not working to better fit the treatment goals.
4.3.11	Executive	Move to constructive termination when treatment goals have been accomplished.
4.3.12	Executive	Integrate supervisor/team communications into treatment.
4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.
4.4.4	Evaluative	Evaluate clients' reactions or responses to interventions.
4.4.5	Evaluative	Evaluate treatment outcomes for the need to continue, refer, or terminate therapy.
4.4.6	Evaluate	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
4.5.1	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
4.5.3	Professional	Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

Domain 5 - Legal Issues, Ethics, and Standards

Number	Subdomain	Competence
5.1.1	Conceptual	Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy
5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
5.1.3	Conceptual	Know policies and procedures of the practice setting.
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.
5.2.3	Perceptual	Recognize when a legal consultation is necessary.
5.2.4	Perceptual	Recognize when clinical supervision or consultation is necessary.
5.3.1	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6	Executive	Report information to appropriate authorities as required by law.
5.3.7	Executive	Practice within defined scope of practice and competence.
5.4.1	Evaluative	Evaluate activities related to ethics, legal issues, and practice standards.
5.4.2	Evaluate	Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.
5.5.1	Professional	Maintain client records with timely and accurate notes.
5.5.2	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
5.5.3	Professional	Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.

Domain 6: Research and Program Evaluation

Number	Subdomain	Competence
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative relevant to MFT and mental health services.
6.3.2	Executive	Use current MFT and other research to inform clinical practice.
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.
6.5.1	Professional	Contribute to the development of new knowledge.

APPENDIX C: Degree Plan



M.A. Marriage and Family Therapy

Course Sequence

Summer 2025 Start

SUMMER 2025		CREDITS
EDF 501	Intro to Marriage & Family Therapy	2
EDF 502	Counseling Theories	3
		5
FALL 2025		
EDF 503	Therapy Process	3
EDF 504	Psychopathology & Assessment	3
EDF 521	Family Systems Theory	3
EDF 532	Intro to Substance Use Disorder	2
EDF 551	Research Evaluation and Writing	2
		13
JAN 2026		
EDF 505	Intro to Telehealth Psychotherapy	1
		1
SPRING 2026		
EDF 522	Couple and Marriage Therapy	3
EDF 531	Intro to Group Therapy	3
EDF 552	Research for Marriage and Family Therapists	3
EDF 581	Practicum in Marriage and Family Therapy	5
		14
SUMMER 2026		
EDF 534	Development Across the Lifespan	3
EDF 541	Advanced Systems Theory: Critical Issues	3
EDF 582	MFT Internship I	2
		8
FALL 2026		
EDF 523	Theories of Family Therapy	3
EDF 543	Social and Cultural Considerations in Therapy	3
EDF 582	MFT Internship I	2
EDF 583	MFT Internship II	1
		9
JAN 2027		
EDF 533	Psychopharmacology	2
EDF 583	MFT Internship II	1
		3
SPRING 2027		
EDF 524	Human Sexuality and Sex Therapy	3
EDF 527	Therapy with Children, Adolescents and Families	3
EDF 542	Ethical Professional	3
EDF 583	MFT Internship II	2
EDF 597	Exit Exam in MFT	0
		11

64 TOTAL SEMESTER CREDITS

APPENDIX D: Personal Characteristics Review Form and Concerns Checklist

Whitworth University Graduate Counseling Programs Personal Characteristics Review Form Practicum Supervisor's Evaluation

Student:
University Supervisor:
Onsite Supervisor:

Course:
Date:
Date:

Directions: Rate the student with a check mark on each counselor characteristic listed in the left-hand column.

Conceptual Framework Disposition	Does Not Meet Standard	Meets Standard	Exceeds Standard
1. Open, Effective Practitioner	Unable to hear or consider the ideas of others.	Able to remain open to many possibilities, alternative courses of action, and diverse perspectives on a variety of issues.	Invites the ideas and perspectives of others.
2. Flexible, Effective Practitioner	Having difficulty adapting to changing circumstances and situations.	In a healthy way, am able to alter preferred modes of coping and perceiving to accommodate the needs of others.	Easily adapts when changes are called for.
3. Cooperative, Community Member	Consistently chooses solitary behavior or competitive stance.	Able to work in tandem with others to achieve mutual goals.	Invites collaborative ventures with others.
4. Willingness to Accept Feedback, Community Member	Does not receive feedback from others.	Able to non-defensively accept and use constructive feedback.	Seeks feedback from others.
5. Awareness of Impact on Others, Effective Practitioner	Appears unaware of impact on others	Displays interpersonal sensitivity through respect, empathy and appropriate interactions with others.	Takes ownership of issues with regard to my impact on others.
6. Ability to deal with conflict, Effective Practitioner	Becomes defensive or withdraws in the face of conflict.	Remains open, non-defensive, and present in the face of conflict.	Uses conflict creatively for interpersonal growth.

7. Ability to accept personal responsibility, Effective Practitioner	Fails to assume responsibility or take responsibility of behavior or issues owned by others.	Assumes responsibility where appropriate.	Is self-directed and intrinsically motivated to fulfill personal and professional responsibilities.
8. Able to express feelings, Effective Practitioner	Denies feelings or express feelings in such a way as to create an atmosphere of blame or shame.	Able to express personal feelings in a direct and appropriate way.	Willingly owns personal feelings and expresses them in such a way as to facilitate understanding or healing.
9. Ethical Behavior, Guardian	Behavior and expressed attitudes do not reflect the recognition of the importance of ethical behavior.	Behavior and attitudes reflect universal principles and, more specifically, that of the ACA code of ethics.	Consistently and deliberately displays a high level of integrity.
10. Verbal Skills, Effective Practitioner	Uses a rambling, disjointed means of communicating or uses vocabulary not easily understood by the recipient.	Communicates thoughts in a clear, concise, and logically ordered fashion.	Is articulate, able to adjust vocabulary to the listener.
11. Writing Skills, Scholar	Reflects less than adequate form. Communicated understanding of material is limited, lacking critical analysis for higher level understanding.	Writing is clear and concise, reflects appropriate grammatical structure, and accurate spelling. Analysis of topic provides new insight.	Writing reflects superb grasp of written expression. Critical analysis and synthesis of ideas are clear and compelling.

Observations: In the space below, record pertinent observations of specific student behaviors that lend support to the ratings you have selected for each counselor characteristic.

APPENDIX E: Computer Use Protocol



Computer Users' Responsibility Agreement

Purpose: The purpose of this document is to outline user responsibilities in the legal and ethical use of Whitworth computers in an effort to maintain confidentiality of data, files, computers and networks as well as protecting the proprietary rights of third parties and Whitworth in commercial software.

User Responsibilities: All users are responsible for supporting the legal and ethical use of Whitworth's computers and user accounts by participating in the following university efforts:

- Limit access to computers, data and programs for which the individual is authorized. Abide by existing channels and security provisions.
- Prohibit unauthorized access to others' data or programs with the intent to read, browse, modify or delete files, directories or data in any form.
- Prohibit illegal copying of commercial software.
- Prohibit the use of Whitworth computers or networks to compromise other computers or networks or to commit crimes or other unethical acts.
- Keep passwords and accounts confidential. Appropriate safety measures with regard to account access include the following:
 - Choose difficult-to-guess passwords.
 - Change passwords often.
 - Do not leave terminals unattended without logging out.
 - Never share your password with another person. If you suspect that your password is no longer confidential, change it immediately.
- Handle all data responsibly in accordance with published campus policies, especially the Family Educational Rights and Privacy Act. If in doubt about the confidentiality of data, do not release it until the right to release the data has been determined.
- Prohibit the introduction of public-domain or bulletin-board software on any Whitworth computer without prior approval by Whitworth Information Systems.
- Comply with the university's policy regarding copyright law and illegal peer-to-peer file sharing.
- Abide by the Whitworth Computer Policy

Any violation of the stated responsibilities regarding system security should be reported to Information Systems. All users are to participate in assuring legal and ethical use of Whitworth computers and user accounts. Violations of this policy may result in disciplinary action up to and including termination of enrollment.

APPENDIX F: Code of Ethics AAMFT



CODE OF ETHICS

Preamble

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities. Code of Ethics

Ethical Decision-Making

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

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

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

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved

Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

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

Aspirational Core Values

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature, and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice. The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

STANDARD I: RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

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

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

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

1.4 Sexual Intimacy with Current Clients and Others Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others Sexual intimacy with former clients or with known members of the client's family system is prohibited.

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

1.7 Abuse of the Therapeutic Relationship Marriage and family therapists do not abuse their power in therapeutic relationships.

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

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

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

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

1.12 Written Consent to Record Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

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

STANDARD II: CONFIDENTIALITY

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

2.1 Disclosing Limits of Confidentiality Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist

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

2.3 Client Access to Records Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

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

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

2.6 Preparation for Practice Changes In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

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

STANDARD III: PROFESSIONAL COMPETENCE AND INTEGRITY

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

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

3.2 Knowledge of Regulatory Standards Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 Seek Assistance Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

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

3.5 Maintenance of Records Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

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

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

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

3.9 Gifts Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

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

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

3.12 Professional Misconduct Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other

professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV: RESPONSIBILITY TO STUDENTS AND SUPERVISEES

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

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

4.2 Therapy with Students or Supervisees Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

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

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

4.6 Existing Relationship with Students or Supervisees Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors,

disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V: RESEARCH AND PUBLICATION

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

5.1 Institutional Approval When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

5.2 Protection of Research Participants Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.3 Informed Consent to Research Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

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

therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

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

5.6 Publication Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

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

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

5.9 Accuracy in Publication Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI: TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the

security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.

STANDARD VII: PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules Marriage and family therapists who provide forensic evaluations are familiar with judicial and/ or administrative rules prescribing their roles.

STANDARD VIII: FINANCIAL ARRANGEMENTS

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

8.1 Financial Integrity Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

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

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

8.4 Truthful Representation of Services Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

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

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

STANDARD IX ADVERTISING

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

9.1 Accurate Professional Representation Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

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

9.5 Educational Credentials Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

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

APPENDIX G: MFT Student Checklist

Therapy Student Checklist: Guiding principles for a successful journey as a graduate MFT student:

- ☐ Keep your advisor apprised of any changes that may cause you to change your degree plan.
- ☐ If you are uncertain of changes made to the program or anything that affects your degree plan, contact your advisor.
- ☐ It is important to maintain communication with your clinical advisor for purposes of practicum/internship placement. The better your advisor knows you, the better match can be made.
- ☐ Changes from the state and/or COAMFTE may occur during your course of study. Whitworth occasionally has to make changes to the structure and/or design of the program to accommodate these changes. The best way to keep current is to keep in contact with your academic advisor.
- ☐ Accept responsibility for communicating with your advisor regarding registration for classes. Registration for Jan Term and spring usually starts in November. Summer and fall registration occurs in March or April. Discuss registration with your advisor each term.
- ☐ Every MFT student receives “restricted” admission until passing Counseling Theories and Intro to MFT classes with a B or higher and completing any other prerequisites. Keep your admissions letter on file. Students move to full admission when prerequisites have been completed.
- ☐ Attend orientation for new students at the beginning of the first summer term.
- ☐ Have picture taken for your student identification card. An ID card is necessary for after hour access to the MFT Center (Tacoma Hall), library checkout and receiving student discounts at neighborhood businesses.
- ☐ Get connected with Whitworth email, set passwords, and keep them active. Check your Whitworth email regularly. You will get important communications from instructors and the university (financial aid, the business office, etc.).
- ☐ During EDF 501: Intro to MFT, the program director will notify you to start thinking about placement for practicum—planning and research should start as soon as you begin the program. Do not contact placements until cleared by the Program Director.
- ☐ Complete your *Practicum Intent Form* to indicate when you intend to start your practicum and three choices for placement. Marriage and Family Therapy students should research possible sites by looking at the Community Resource Guide and websites. See the Placement Coordinator for a list of Whitworth approved sites. If an agency is not on the list the Clinical Director will vet the site to make sure it qualifies before securing an interview. Most agencies do not start interviewing until late summer or early fall. It is your responsibility to research the agencies to determine good matches.
- ☐ When you receive your *Practicum Intent Form*, you will also receive information about Washington State Patrol background check for Marriage and Family Therapy students. Marriage and Family Therapy students can obtain the WSP clearance through the MFT Center. Be aware that some agencies may require additional background checks.

- ❑ Follow *Procedure for Placement*. See the Clinical Director for the *Procedure for Placement* information sheet.
- ❑ Check with your advisor and your Self Service academic evaluation to make sure that all necessary courses have been taken before graduation.
- ❑ Applications for graduation are usually due starting in November. Applications are available online. Make sure the correct information is on the application as your name will appear in a commencement program as you have provided it. Regardless of your decision to participate in the commencement ceremony (or not), you need to fill out an application for graduation.
- ❑ Students will be given an MFT Exam Study Guide in EDF 501: Intro to MFT. Students should use this study guide throughout their academic preparation. Students should plan to take the MFT licensing exam as soon as possible after graduation. Preparation for the licensing exam will also help the candidate prepare for the Comprehensive Exam required for graduation.
- ❑ Students need to apply for the Marriage and Family Therapist Associate credential prior to beginning professional practice after graduation. The application packet can be found online at <http://www.doh.wa.gov/portals/1/Documents/Pubs/670096.pdf>

APPENDIX H: Washington State Legislature Chapter 246-809

Chapter 246-809 WAC

LICENSURE FOR MARRIAGE AND FAMILY THERAPISTS

246-809-010 Definitions.

The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

“Associate” means a prelicensure candidate who has a graduate degree in a mental health field under RCW 18.225.090 and is gaining the supervision and supervised experience necessary to become a licensed independent clinical social worker, a licensed advanced social worker, a licensed mental health counselor, or a licensed marriage and family therapist. Associates may not independently provide social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise. Associates must work under the supervision of an approved supervisor.

"Independent social work, mental health counseling, or marriage and family therapy" means the practice of these disciplines without being under the supervision of an approved supervisor.

"Licensed counselor" means a licensed marriage and family therapist, licensed mental health counselor, licensed advanced social worker, or licensed independent clinical social worker regulated under chapter 18.225 RCW.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-010, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040, 18.130.050. WSR 06-09-032, § 246-809- 010, filed 4/12/06, effective 5/13/06.]

Chapter 246-809-035

Recordkeeping and retention.

The licensed counselor or associate providing professional services to a client or providing services billed to a third-party payor, must document services, except as provided in subsection (2) of this section. The documentation includes:

- Client name;
- The fee arrangement and record of payments;
- Dates counseling was received;
- Disclosure form, signed by licensed counselor and client or associate and client;
- The presenting problem(s), purpose or diagnosis;
- Notation and results of formal consults, including information obtained from other persons or agencies through a release of information;
- Progress notes sufficient to support responsible clinical practice for the type of theoretical orientation/therapy the licensed counselor or associate uses.

The associate must provide adequate information about their clinical work to the approved supervisor. This can be in the form of progress notes, case discussions/analysis, or reports from collaborating professionals. The approved supervisor must have an understanding of the clinical work that the associate is doing.

If a client requests that no treatment records be kept, and the licensed counselor or associate agrees to the request, the request must be in writing and the licensed counselor or associate must retain only the following documentation:

- Client name;
- Fee arrangement and record of payments;
- Dates counseling was received;
- Disclosure form, signed by licensed counselor or associate and client; (e) Written request that no records be kept.
- The licensed counselor or associate may not agree to the request if maintaining records is required by other state or federal law.
- The licensed counselor or associate or the associate's supervisor must keep all records for a period of five years following the last visit. Within this five-year period, all records must be maintained safely, with properly limited access.
- The licensed counselor or associate or the associate's supervisor must make provisions for retaining or transferring records in the event of going out of business, death or incapacitation. These provisions may be made in the practitioner's will, an office policy, or by ensuring another licensed counselor is available to review records with a client and recommend a course of action; or other appropriate means as determined by the licensed counselor or associate.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-035, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040, 18.130.050. WSR 06-09-032, § 246-809- 035, filed 4/12/06, effective 5/13/06.]

246-809-040

Reporting of suspected abuse or neglect of a child or vulnerable adult.

As required by chapter 26.44 RCW, all licensed counselors and associates must report abuse or neglect of a child if the counselor has reasonable cause to believe that an incident has occurred.

As required by chapter 74.34 RCW, all licensed counselors and associates must report suspected abandonment, abuse, neglect, or financial exploitation of a vulnerable adult, when there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect has occurred.

The counselor or associate shall report to the local law enforcement agency or to the department of social and health services at the first opportunity, but no longer than twenty- four hours after deciding there is reasonable cause to believe that the child or vulnerable adult has suffered abandonment, abuse, neglect, or financial exploitation.

The associate will inform their approved supervisor of any report made by the associate. [Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-040, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040, 18.130.050. WSR 06-09-032, § 246-809- 040, filed 4/12/06, effective 5/13/06.]

246-809-049

Sexual misconduct.

The definitions and prohibitions on sexual misconduct described in chapter 246-16 WAC apply to licensed counselors and associates except WAC 246-16-100 (3) and (4).

A licensed counselor or associate shall never engage, or attempt to engage, in the activities listed in WAC 246-16-100(1) with a former patient, former client or former key party.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-049, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.155.040, 18.19.050, 18.225.040, 18.205.060, 18.130.050. WSR 08-07-090, § 246-809- 049, filed 3/19/08, effective 4/19/08. Statutory Authority: RCW 18.225.040, 18.130.050. WSR 06-09-032, § 246-809-049, filed 4/12/06, effective 5/13/06.]

246-809-060

Mandatory reporting.

All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

Reports made in accordance with WAC 246-809-061, 246-809-062, 246-809-063, and 246-809-064 should contain the following information if known:

- The name, address, and telephone number of the person making the report.
- The name, address, and telephone number of the licensed counselor being reported.
- The case number of any client or patient whose treatment is a subject of the report. (d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

Any further information which would aid in the evaluation of the report.

Mandatory reports are exempt from public inspection and copying to the extent permitted under chapter 42.17 RCW.

A person is immune from civil liability, whether direct or derivative, for providing information to the department under RCW 18.130.070.

[Statutory Authority: RCW 18.225.040, 18.130.050. WSR 06-09-032, § 246-809-060, filed 4/12/06, effective 5/13/06.]

246-809-080

AIDS prevention and information education requirements.

Applicants must complete four clock hours of AIDS education as required in chapter 246-12 WAC, Part 8.

[Statutory Authority: 2001 c 251, RCW 43.70.250. WSR 01-17-113, § 246-809-080, filed 8/22/01, effective 9/22/01.]

246-809-100

One year exemption option.

Persons who submit an application for licensure as a marriage and family therapist by July 1, 2010, and who have held a registered counselor credential issued under chapter 18.19 RCW in good standing for five consecutive years since obtaining their master's degree in an approved field, are deemed to have met the supervised postgraduate experience requirements of WAC 246-809-130. Applicants must meet the education requirements in WAC 246-809-120 and the examination requirements of WAC 246-809-140.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-100, filed 7/8/09, effective 7/8/09.]

246-809-110 Definitions.

The following terms apply to the licensure of marriage and family therapists and marriage and family therapist associates.

"Approved educational program" means:

Any college or university accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation or its successor; or

A program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE), at the time the applicant completed the required education.

"Approved supervisor" means a licensed marriage and family therapist, or an equally qualified licensed mental health practitioner.

"Equally qualified licensed mental health practitioner" means a licensed mental health counselor, licensed clinical social worker, licensed psychologist, licensed physician practicing as a psychiatrist, or licensed psychiatric nurse practitioner, who has completed:

Three hundred clock hours in graduate or postgraduate marriage and family education, or continuing education in marriage and family therapy or supervision by an approved marriage and family therapist supervisor in marriage and family therapy or any combination of these; and five years of clinical practice that includes the equivalent of one year of clinical practice working with couples and families.

"Group supervision" means face-to-face supervision with an approved supervisor, involving one supervisor and no more than six licensure candidates.

"Licensure candidate" means an individual that is accruing supervised clinical experience required for licensure.

"One-on-one supervision" means face-to-face supervision with an approved supervisor, involving one supervisor and no more than two licensure candidates.

"Supervised experience requirement" means experience that is obtained under an approved supervisor who meets the requirements described in WAC 246-809-134.

"Supervision of supervision" means supervision by an approved supervisor for the purpose of training and qualifying a license holder to act as an approved supervisor for purposes of chapter 18.225 RCW and WAC 246-809-134.

"Peer" means a co-worker who is not the licensure candidate's employer or supervisor. [Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-110, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. WSR 06-18-043, § 246-809-110, filed 8/30/06, effective 9/30/06.]

246-809-120

Education requirements—Degree equivalents.

To meet the education requirement for full licensure or associate licensure an applicant must have a master's or doctoral degree in marriage and family therapy or a behavioral science master's or doctoral degree with equivalent course work from an approved school.

An official transcript must be provided as evidence of fulfillment of the course work required.

The following are considered to be equivalent to a master's or doctoral degree in marriage and family therapy from an approved school:

- A doctoral or master's degree from an approved school in any of the behavioral sciences that shows evidence of fulfillment of the course work requirements set out in WAC 246-809-121; or
- A doctoral or master's degree in any of the behavioral sciences from an approved school that shows evidence of partial fulfillment of the equivalent course work requirements set out in WAC 246-809-121, plus supplemental course work from an approved school to satisfy the remaining equivalent course work requirements set out in WAC 246-809-121.

Applicants who held a behavioral science master's or doctoral degree and are completing supplemental course work through an approved school to satisfy any missing program equivalencies may count any postgraduate experience hours acquired concurrently with the additional course work.

Anyone who has obtained American Association for Marriage and Family Therapy (AAMFT) clinical membership status is considered to have met the education requirements of this chapter. Verification must be sent directly to the department from the AAMFT.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-120, filed 7/8/09, effective 7/8/09. Statutory Authority: 2001 c 251, RCW 43.70.250. WSR 01-17-113, § 246-809- 120, filed 8/22/01, effective 9/22/01.]

246-809-121

Program equivalency.

Course work equivalent to a master's or doctoral degree in marriage and family therapy must include graduate level courses in marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, research, professional ethics and law, and supervised clinical practice and electives.

A total of forty-five semester credits and sixty quarter credits are required in all nine areas of study. A minimum of twenty-seven semester credits or thirty-six quarter credits are required in the first five areas of study: Marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, and research. Distribution of the course work is as follows:

Marital and family systems.

(a) An applicant must have taken at least two courses in marital and family systems.

Course work required is a minimum of six semester credits or eight quarter credits. (b) Marital and family systems is a fundamental introduction to the systems approach to intervention. The student should learn to think in systems terms on a number of levels across a wide variety of family structures, and regarding a diverse range of presenting problems. While the most intense focus may be on the nuclear family (in both its traditional and alternative forms), models should be taught which integrate information regarding the marital, sibling, and individual subsystems, as well as the family of origin and external societal influences. Developmental aspects of family functioning should also be considered of the family system; it also provides a theoretical basis for treatment strategy. Some material may be drawn from familiar sources such as family sociology, but it should be integrated with recent clinically oriented systems concepts. Supplemental studies may include family simulation, the observation of well families, and study of the student's family of origin.

Marital and family therapy.

(a) An applicant must have taken at least two courses in marital and family therapy.

Course work required is a minimum of six semester credits or eight quarter credits. (b) Marital and family therapy is intended to provide a substantive understanding of the major theories of systems

change and the applied practices evolving from each orientation. Major theoretical approaches to be surveyed might include strategic, structural, experiential, neoanalytical (e.g., object relations), communications, and behavioral. Applied studies should consider the range of technique associated with each orientation, as well as a variety of treatment structures, including individual, concurrent, collaborative, conjoint marital, marital group, transgenerational, and network therapies.

Individual development.

An applicant must have taken at least one course in individual development. Course work required is a minimum of two semester credits or three quarter credits. (b) A course in this area is intended to provide a knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant course work in human development across the life span, and in personality theory. An attempt should be made to integrate this material with systems concepts. Several of the courses in this category may be required as prerequisites for some degree programs.

Psychopathology.

An applicant must have taken at least one course in psychopathology. Course work required is a minimum of two semester credits or three quarter credits.

Psychopathology is the assessment and diagnosis including familiarity with current diagnostic nomenclature, diagnostic categories and the development of treatment strategies.

Human sexuality.

An applicant must have taken at least one course in human sexuality. Course work required is a minimum of two semester credits or three quarter credits.

Human sexuality includes normal psycho-sexual development, sexual functioning and its physiological aspects and sexual dysfunction and its treatment.

Research.

An applicant must have taken at least one course in research methods. Course work required is a minimum of three semester credits or four quarter credits.

The research area is intended to provide assistance to students in becoming informed consumers of research in the marital and family therapy field. Familiarity with substantive findings, together with the ability to make critical judgments as to the adequacy of research reports, is expected.

Professional ethics and law.

(a) An applicant must have taken at least one course in professional ethics and law.

Course work required is a minimum of three semester credits or four quarter credits. (b) This area is intended to contribute to the development of a professional attitude and identity. Areas of study will include professional socialization and the role of the professional organization, licensure or certification legislation, legal responsibilities and liabilities, ethics and family law, confidentiality, independent practice and interprofessional cooperation.

Electives.

An individual must take one course in an elective area. Course work required is a minimum of three semester credits and four quarter credits.

This area will vary with different institutions but is intended to provide supplemental and/or specialized supporting areas.

Supervised clinical practice.

(a) An applicant may acquire up to nine semester credits or twelve quarter credits through supervised clinical practice in marriage and family therapy under the supervision of a qualified marriage and family therapist as determined by the school. (b) If an applicant completed a master's or doctoral degree program in marriage and family therapy, or a behavioral science master's or doctoral degree with equivalent course work, prior to January 1, 1997; and if that degree did not include a supervised clinical practice component, the applicant may substitute the clinical practice component with proof of a minimum of three years postgraduate experience in marriage and family therapy, in addition to the two years supervised postgraduate experience required under section 9(1), chapter 251, Laws of 2001.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 1-809-121, filed 7/8/09, effective 7/8/09. Statutory Authority: 2001 c 251, RCW 43.70.250. WSR 01-17-113, § 246-809- 121, filed 8/22/01, effective 9/22/01.]

Family therapist with at least five years' clinical experience; the other one hundred hours may be with an equally qualified licensed mental health practitioner. Total experience requirements include:

A minimum of three thousand hours of experience, one thousand hours of which must be direct client contact; at least five hundred hours must be gained in diagnosing and treating couples and families; plus at least two hundred hours of qualified supervision with an approved supervisor. At least one hundred of the two hundred hours must be one-on-one supervision, and the remaining hours may be in one-on-one or group supervision.

Applicants who have completed a master's program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy may be credited with five hundred hours of direct client contact and one hundred hours of formal meetings with an approved supervisor.

Licensed marriage and family therapist associate applicants are not required to have supervised postgraduate experience prior to becoming an associate.

Licensed marriage and family therapist associate applicants must declare they are working towards full licensure.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-130, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. WSR 06-18-043, §

246-809-130, filed 8/30/06, effective 9/30/06. Statutory Authority: 2001 c 251, RCW 43.70.250.

WSR 01-17-113, § 246-809-130, filed 8/22/01, effective 9/22/01.]

246-809-134

Approved supervisor.

The approved supervisor must hold a license without restrictions that has been in good standing for at least two years.

The approved supervisor must not be a blood or legal relative or cohabitant of the licensure candidate, licensure candidate's peer, or someone who has acted as the licensure candidate's therapist within the past two years.

The approved supervisor, prior to the commencement of any supervision, must provide the licensure candidate a declaration, on a form provided by the department, that the supervisor has met the requirements of WAC 246-809-134 and qualify as an approved supervisor.

The approved supervisor must have completed the following:

- A minimum of fifteen clock hours of training in clinical supervision obtained through:
 - A supervision course; or
 - Continuing education credits on supervision; or
 - Supervision of supervision; or
- Any combination of these; and
- Twenty-five hours of experience in supervision of clinical practice; or (c) An American Association for Marriage and Family Therapy (AAMFT) approved supervisor meets the qualifications above.
- The approved supervisor must attest to having thorough knowledge of the supervisee's practice activities including:
 - Practice setting;
 - Recordkeeping;
 - Financial management; (d) Ethics of clinical practice; and (e) A backup plan for coverage.

Applicants whose supervised postgraduate experience began before September 30, 2006, are exempt from the requirements of subsection (4) of this section.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-134, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040 and [18.225.]090. WSR 06-18-043, § 246-809-134, filed 8/30/06, effective 9/30/06.]

246-809-140**Examination.**

Examination required. Applicants for full licensure must take and pass the Association of Marital and Family Therapy Regulatory Boards (AMFTRB) examination. The passing score on the examination is established by the testing company in conjunction with the AMFTRB.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 246-809-140, filed 7/8/09, effective 7/8/09. Statutory Authority: 2001 c 251, RCW 43.70.250. WSR 01-17-113, § 246-809- 140, filed 8/22/01, effective 9/22/01.]

246-809-610**Eligible continuing education activities.**

The continuing education (CE) program or course must: Be relevant to licensed marriage and family therapists, licensed mental health counselors and licensed social workers and must contribute to the advancement, extension and enhancement of the professional competence of the licensed marriage and family therapist, licensed mental health counselor, and licensed social worker. Courses or workshops primarily designed to increase practice income or office efficiency are not eligible for CE credit.

Acceptable CE courses (including distance learning), seminars, workshops and postgraduate institutes are those which are:

- Programs having a featured instructor, speaker(s) or panel approved by an industry-recognized local, state, national, international organization or institution of higher learning; or
- Distance learning programs, approved by an industry-recognized local, state, national or international organization or institution of higher learning. These programs must require tests of comprehension upon completion. Distance learning programs are limited to twenty-six hours per reporting period.

Training programs sponsored by the agency where a counselor is employed are acceptable if:

- The experience can be shown to contribute to the advancement, extension and enhancement of the professional competence of the licensed marriage and family therapist, licensed mental health counselor and/or the licensed social worker; and (b) The training programs are limited to twenty-six hours per reporting period.
- Other learning experience, such as serving on a panel, board or council, community service, research, peer consultation, or publishing articles for professional publications are acceptable if:

The experience can be shown to contribute to the advancement, extension and enhancement of the professional competence of the licensed marriage and family therapist, licensed mental health counselor and/or the licensed social worker; and (b) The experience is limited to six hours per reporting period.

[Statutory Authority: RCW 43.70.442(7). WSR 14-09-102, § 246-809-610, filed 4/22/14, effective 4/22/14. Statutory Authority: RCW 18.225.040. WSR 04-06-010, § 246-809-610, filed 2/20/04, effective 3/22/04. Statutory Authority: Chapter 18.19 RCW. WSR 02-11-108, § 246-809-610, filed 5/20/02, effective 6/20/02.]

246-809-615

Suicide training standards.

An approved training in suicide assessment, treatment, and management must: (a) Be approved by an industry-recognized local, state, national, international organizations or institutions of higher learning listed in WAC 246-809-620 or an equivalent organization, educational institution or association which approves training based on observation and experience or best available practices;

- Cover training in suicide assessment, treatment, and management; and
- Be provided by a single provider and must be at least six hours in length, which may be provided in one or more sessions.

A licensed marriage and family therapist, licensed mental health counselor, or licensed social worker who is a state or local government employee is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block or may be spread among shorter training sessions at the employer's discretion.

A licensed marriage and family therapist, licensed mental health counselor, or licensed social worker who is an employee of a community mental health agency licensed under chapter 71.24 RCW or a chemical dependency program certified under chapter 70.96A RCW is exempt from the requirements of this section if he or she receives a total of at least six hours of training in suicide assessment, treatment, and management from his or her employer every six years. For purposes of this subsection, the training may be provided in one six-hour block or may be spread among shorter training sessions at the employer's discretion.

[Statutory Authority: RCW 43.70.442(7). WSR 14-09-102, § 246-809-615, filed 4/22/14, effective 4/22/14.]

246-809-620

Industry-recognized local, state, national, international organizations or institutions of higher learning.

Local, state, national, and international organizations that are industry-recognized and institutions of higher learning include, but are not limited to, the following:

- Washington Association for Marriage and Family Therapy;
- Washington State Society for Clinical Social Work;

- Washington Chapter of the National Association of Social Work;
- American Mental Health Counselors Association;
- American Association for Marriage and Family Therapy;
- Clinical Social Work Association;
- National Association of Social Workers;
- Washington Mental Health Counselors Association;
- National Board for Certified Counselors;
- Society for Social Work Leadership in Health Care; and
- Institutions of higher learning that are accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation.

[Statutory Authority: RCW 43.70.442(7). WSR 14-09-102, § 246-809-620, filed 4/22/14, effective 4/22/14. Statutory Authority: RCW 18.225.040. WSR 04-06-010, § 246-809-620, filed 2/20/04, effective 3/22/04. Statutory Authority: Chapter 18.19 RCW. WSR 02-11-108, § 246-809-620, filed 5/20/02, effective 6/20/02.]

246-809-630

Continuing education requirements.

- (1) A licensed marriage and family therapist, licensed mental health counselor and licensed social worker must complete thirty-six hours of continuing education (CE) every two years.
- (2) At least six of the thirty-six hours must be in professional ethics and law, which may include topics under RCW 18.130.180.
- (3) Beginning January 1, 2014, at least once every six years a licensed marriage and family therapist, licensed mental health counselor, and licensed social worker must complete at least six hours of training in suicide assessment, treatment, and management.
 - (a) The first training must be completed during the first full CE reporting period after January 1, 2014, or the first full CE period after initial licensure, whichever occurs later.
 - (b) The hours spent completing training in suicide assessment, treatment, and management count toward the total thirty-six hours of CE.
 - (c) An individual applying for initial licensure as a licensed marriage and family therapist, licensed mental health counselor, or licensed social worker on or after January 1, 2014, may delay completion of the first training required for six years after initial licensure if he or she can demonstrate completion of six hours of training in suicide assessment, treatment, and management that: was completed no more than six years prior to the application for initial licensure; and meets the qualifications listed in WAC 246-809-615.

[Statutory Authority: RCW 43.70.442(7). WSR 14-09-102, § 246-809-630, filed 4/22/14, effective 4/22/14. Statutory Authority: RCW 18.225.040. WSR 04-06-010, § 246-809-630, filed 2/20/04, effective 3/22/04. Statutory Authority: Chapter 18.19 RCW. WSR 02-11-108, § 246-809-630, filed 5/20/02, effective 6/20/02.]

246-809-640

Credit hours for preparation and presentation of a lecture or educational course.

A licensed counselor who presents at an eligible continuing education (CE) activity under WAC 246-809-630 may receive the same CE credit hours as a licensee who attends the presentation. The hours for preparing and presenting a specific topic lecture or education may only be used for CE credit once during each reporting period.

[Statutory Authority: RCW 43.70.442(7). WSR 14-09-102, § 246-809-640, filed 4/22/14, effective 4/22/14. Statutory Authority: Chapter 18.19 RCW. WSR 02-11-108, § 246-809-640, filed 5/20/02, effective 6/20/02.]

246-809-650

How do I document my courses?

Acceptable documentation shall include transcripts, letters from course instructors, certificate of completion, or other formal certification, as required in chapter 246-12 WAC, Part 7.

[Statutory Authority: Chapter 18.19 RCW. WSR 02-11-108, § 246-809-650, filed 5/20/02, effective 6/20/02.]

246-809-700

Client disclosure information.

Licensees must provide disclosure information to each client in accordance with chapter 18.225 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of treatment service offered; in a language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing licensee.

Firms, agencies, or businesses having more than one licensee involved in a client's treatment, may provide disclosure information general to that agency. In these cases, the licensee would not be required to duplicate the information disclosed by the agency.

The disclosure information may be printed in a format of the licensee's choosing, but must include all required disclosure information per WAC 246-809-710.

[Statutory Authority: RCW 18.225.040. WSR 04-06-011, § 246-809-700, filed 2/20/04, effective 3/22/04.]

246-809-710**Required disclosure information.**

The following information shall be provided to each client or patient at the commencement of any program of treatment:

- Name of firm, agency, business, or licensee's practice;
- Licensee's business address and telephone number;
- Washington state license number;
- The licensee's name;
- The methods or treatment modality and therapeutic orientation the licensee uses;
- The licensee's education, and training; (g) The course of treatment, when known; (h) Billing information, including:
- Client's cost per each treatment session; and
- Billing practices, including any advance payments and refunds;
- Clients are to be informed that they as individuals have the right to refuse treatment and the right to choose a practitioner and treatment modality which best suits their needs;

This subsection does not grant (clients) new rights and is not intended to supersede state or federal laws and regulations, or professional standards;

The licensee must provide department of health contact information to the client so the client may obtain a list of or copy of the acts of unprofessional conduct listed under RCW 18.130.180.

Department of health contact information must include the name, address, and telephone number for the health professions complaint process.

Associates must provide each client or patient, during the first professional contact, with a disclosure form disclosing that he or she is an associate under the supervision of an approved supervisor.

Associates may not independently provide clinical social work, mental health counseling, or marriage and family therapy for a fee, monetary or otherwise.

Signatures are required of both the licensee providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided.

The date of signature by each party is to be included at the time of signing.

[Statutory Authority: Chapter 18.225 RCW. WSR 09-15-039, § 1-809-710, filed 7/8/09, effective 7/8/09. Statutory Authority: RCW 18.225.040. WSR 04-06-011, § 246-809-710, filed 2/20/04, effective 3/22/04.]

246-809-720

Failure to provide client disclosure information.

Failure to provide the client disclosure information required under WAC 246-809- 700 and 246-809-710, and required under RCW 18.225.100, constitutes an act of unprofessional conduct as defined in RCW 18.130.180(7).

[Statutory Authority: RCW 18.225.040. WSR 04-06-011, § 246-809-720, filed 2/20/04, effective 3/22/04.]

Retired active credential.

To obtain a retired active license a licensed counselor must comply with chapter 246- 12 WAC, Part 5.

A licensed counselor with a retired active license may practice no more than ninety days each year in Washington, or practice only in emergency circumstances such as earthquakes, floods, time of declared war or other states of emergency; and

A licensed counselor with a retired active license must renew yearly on their birthday, and must report thirty-six hours of continuing education as required under WAC 246-809- 630 every two years.

[Statutory Authority: RCW 18.130.250, chapter 18.225 RCW, and 2012 c 58. WSR 13-16-034, § 246-809-730, filed 7/29/13, effective 8/29/13.]

246-809-990

Licensed counselor, and associate—Fees and renewal cycle.

Licenses must be renewed every year on the practitioner's birthday as provided in chapter 246-12 WAC, Part 2.

Associate licenses are valid for one year and must be renewed every year on the date of issuance. The associate license may be renewed no more than six times.

The following nonrefundable fees will be charged:

Title	Fee
Licensed marriage and family therapist original application	\$150.00
License	\$75.00
UW online access fee (HEAL-WA)	\$16.00
Active license renewal	\$140.00
Late renewal penalty	\$70.00
Expired license reissuance	\$85.00
Retired active license renewal	\$70.00
Duplicate license	\$10.00

Verification of license	\$10.00
Licensed marriage and family therapy associate original application	\$50.00
UW online access fee (HEAL-WA)	\$16.00
Renewal	\$40.00
UW online access fee (HEAL-WA)	\$16.00
Late renewal penalty	\$40.00
Expired license reissuance	\$40.00
Duplicate license	\$15.00
Verification of license	\$15.00

APPENDIX K: Portability of Degree, Program Transparency and Informed Acknowledgment

Information about Licensing Exam, Links to State Regulatory Boards and Other Pertinent Information (Portability of the Degree)

To obtain information about different state licensure requirements, you may search the Association of Marital and Family Regulatory Boards (AMFTRB) at <http://www.amftrb.org>. This website also contains information about the AMFTRB National exam, as does the website of the [Washington State Department of Health](#).

It is the policy of the program to review Whitworth LMFT requirements when prospective students are interviewed for admission into the program and again at new student orientation. During those meetings we also discuss how students can utilize the www.amftrb.org site to obtain information about contacting state licensure boards to inquire about licensure requirements in states other than Washington.

The program director will meet with any student who requests assistance in contacting the licensure board in any jurisdiction to determine if the Whitworth MFT program meets the requirements for that state.

Marriage and Therapy Program Transparency and Informed Acknowledgment

Licensure in the field of Marriage and Family Therapy in the State of Washington is governed by the Washington Department of Health. The education requirements may be met by a degree in Marriage and Family Therapy that meets the following requirements:

- a. Any college or university accredited by a national or regional accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation or its successor; or
- b. A program accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

The Whitworth University Marriage and Family Therapy program meets these requirements in the following way:

Whitworth is accredited by the Northwest Commission on Colleges and Universities, which is recognized by the United States Department of Education (USDE) and the Council on Higher Education Accreditation (CHEA) to accredit postsecondary institutions.

The Marriage and Family Therapy at Whitworth is also accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE).

The State of Washington requires 4 hours of training in HIV/AIDS. This requirement is met in the Introduction to Marriage and Family Therapy Course.

In addition to meeting education requirements for initial credentialing as a Licensed Marriage and Family Therapist Associate, the State of Washington requires the following post-graduate experience prior to full licensure as a Licensed Marriage and Family Therapist:

Applicants must complete a minimum of two calendar years of full-time marriage and family therapy, and at least 3,000 hours of experience, 1,000 hours of which must be direct client contact. At least 500 hours must be gained in diagnosing and treating couples and families; and At least 200 hours of qualified supervision with an approved supervisor. At least 100 of the 200 hours must be one-on-one supervision, and the remaining hours may be in one-on-one or group supervision.

Of the total supervision, 100 hours must be with a licensed marriage and family therapist (LMFT) who has at least five years of clinical experience. The other 100 hours may be with an equally qualified licensed mental health practitioner. Applicants who have completed a master's program accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy (COAMFTE) will be credited with 500 hours of direct client contact and 100 hours of formal meetings with an approved supervisor. Verification of post-graduate supervised experience must be verified by an approved supervisor, on forms the department provides.

The website link for MFT licensing is <https://doh.wa.gov/licenses-permits-and-certificates/professions-new-renew-or-update/marriage-and-family-therapist/licensing-information>

The Department of Health can also be reached at:

Department of Health

P.O. Box 1099

Olympia, WA 98507-1099

Phone: 360-236-4700

Whitworth University's Marriage and Family Therapy (MFT) program, currently meets the educational requirements in all 50 states for a Marriage and Family Therapy Associate License. Some states have clinical hour requirements which exceed the hours currently required for graduation from the Whitworth MFT program. Please check with the state where you plan to become licensed to ensure you complete the required hours while enrolled at Whitworth University. Please note that some states have additional requirements beyond the educational component, such as a passing score on a national or state exam for licensure. A chart summarizing this information is available on our website at <https://www.whitworth.edu/cms/about/accreditation/programs-leading-to-state-certification-or-licensure/marriage-and-family-therapy/>

To obtain information about different state licensure requirements, and national exam you may search the Association of Marital and Family Regulatory Boards (AMFTRB) at <http://www.amftrb.org>, or [Washington State Department of Health](#).

It is the policy of the program to review Whitworth LMFT requirements when prospective students are interviewed for admission into the program and again at new student orientation. During those meetings we also discuss how students can utilize the www.amftrb.org site to obtain information about contacting state licensure boards to inquire about licensure requirements in states other than Washington.

Whitworth University incorporates telehealth into the clinical training component of the program. Washington law RCW [43.70.495](#) requires that all Health Care Professionals complete training in telehealth before engaging in that practice. Although students in training do not meet the definition of "Health Care Providers" as defined by the RCW (Health care professional" means a person licensed, registered, or certified to provide health services) the program still provides training in telehealth before beginning Practicum. Virtual supervision is conducted via a HIPAA compliant Zoom platform which conforms to expectations of the State of Washington.

My signature below acknowledges receipt of this policy and information.

Signature

Printed Name

APPENDIX L: Calendar



Whitworth MFT Academic Calendar 2025-2026

Summer Term 2025

Classes Begin	June 10
Last day to drop/add without professor & advisor signatures	June 11
Juneteenth (no classes, campus offices closed)	June 19
Independence Day Holiday (no classes, campus offices closed)	July 4
Final Exams	July 17
Clinic Closed week after classes	July 21-25
Final Grades Due	July 25

Fall Term 2025

Classes Begin	Sept. 4
Last day to drop/add without professor & advisor signatures	Sept. 9
Fall Break (no classes)	October 24-27
Thanksgiving Holiday (no classes, campus offices closed, clinic closed)	Nov. 26-28
Final Exams Week	Dec. 9-12
Final Grades Due	Dec. 19

Jan Term 2026

Clinic closed week before Jan term	Dec. 29-Jan. 2
Jan Term begins	Jan. 5
Last day to drop/add without professor & advisor signatures	Jan. 6
Last day of the term	Jan. 23
Martin Luther King Jr. Holiday (no classes, campus offices closed)	Jan. 19
Final Grades Due	Jan. 30

Spring Term 2026

Classes begin	Jan. 29
Last day to drop/add without professor & advisor signatures	Feb. 4
Faculty Development Day (no classes)	Feb. 27
EFT Externship Training Week (cannot miss)	March (date TBD)
Good Friday (no classes, campus offices closed, clinic closed)	April 3
MFT spring break (different from rest of Whitworth, clinic closed)	April 6-10
Final Exams Week	May 12-15
Graduate Commencement	May 16
Spring Clinic Closure	May 18-22
Final Grades Due	May 22