(1) Marriage and Family Therapy in the State of Alabama is a professional practice which affects the public safety and welfare and requires appropriate regulation and control in the public interest. The practice of marriage and family therapy is the process of providing professional marriage and family therapy to individuals, couples, and families, either alone or in a group. The practice of marriage and family therapy utilizes established principles that recognize the interrelated nature of the individual problems and dysfunctions in family members in order to assess, and treat emotional, mental, and behavioral disorders. Marriage and family therapy includes, without being limited to, individual, group, couple, sexual, and family therapy, whether the services are offered directly to the general public or through organizations, either public or private, for a fee or other compensation. Marriage and family therapy is a specialized mode of treatment for the purpose of resolving emotional, mental, and behavioral disorders and modifying intrapersonal and interpersonal dysfunctions. Marriage and family therapists do not practice beyond their scope of training in the areas of assessing, diagnosing, and treating clients.

(2) Allied Mental Health Field operationalized as a degree in which at least one of the courses for that degree meets the marriage and family studies, marriage and family therapy, or human development Board course requirements.

(3) Board is the Alabama Board of Examiners in Marriage and Family Therapy.
(4) **COAMFTE Program** is a master’s degree, doctoral degree, or post-graduate degree clinical training program in marriage and family therapy that is recognized by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as either having accreditation or candidacy status. The American Association for Marriage and Family Therapy (AAMFT) is the parent organization of the COAMFTE.

(5) **Direct Client Contact Hour** is face-to-face contact with individuals, couples or families for a minimum of fifty (50) minutes.

(6) **Group Supervision** may consist of no more than six (6) supervisees, regardless of the number of supervisors. Group supervision provides the opportunity for the supervisees to interact with other supervisees and offers a different learning experience than that obtained from individual supervision.

(7) **Individual Supervision** is face-to-face contact between one (1) supervisor and up to two (2) supervisees.

(8) **MFT Work Experience** includes direct client contact hours and supervision hours, along with other professional tasks such as a preparation of the case notes, phone contacts, court appearances, administrative supervision, and other appropriate tasks involved in the professional practice of marriage and family therapy.

(9) **Raw Data Supervision** includes live supervision (supervision in which the supervisor observes the case live and has the opportunity to provide supervisory input during the session), audio or video supervision (supervision in which the supervisor reviews and provides feedback during the supervision session on audio or video tapes of the supervisees clinical work), and supervision of co-therapy cases (supervision outside the session on cases in which the supervisor is a co-therapist).

(10) **Regional Educational Accrediting Body** is an institution accredited by one of the following: Middle State Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Schools and Colleges, the Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, and Western Association of Schools and Colleges. It signifies that the institution meets established standards for higher education.
Supervision of marriage and family therapy is expected to have the following characteristics:

(a) Face-to-face interaction with the supervisor, usually in periods of approximately one (1) hour each on at least a weekly basis for a period of two (2) years;

(b) 25% of these face-to-face supervision hours may be conducted via electronic communications by an AAMFT Approved Supervisor, AAMFT Supervisor Candidate, ABEMFT Approved Supervisor, or ABEMFT Supervisor Candidate. Acceptable electronic communication is defined as communication that is simultaneously interactive both visually and orally.

(c) Based on an integration of marriage and family therapy clinical and supervision constructs;

(d) A contract for supervision is required for all MFT candidates who are under supervision for MFT licensure; The contract for supervision requires sufficient detail for review and approval by the Board. Specific topics to be addressed in the contract for supervision include, but are not limited to the following:

1. The purpose and goals of the supervisee for this particular supervision relationship;

2. The professional development of the supervisee, addressing issues related to the development of supervisee knowledge and skills; and

3. The supervision protocol established to ensure ethical behavior by supervisees when treating vulnerable populations; (e.g. addictions, sex therapy, children, and inpatient treatment).

4. This contract must be signed by both the supervisor and supervisee. This plan must be submitted with LMFT Associate and/or LMFT designation application.

(e) Without approval of the Board, a supervisee may not have more than two (2) supervisors.

(f) The following characteristics are not acceptable as clinical supervision:
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1. Peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience;

2. Supervision by current or former family members or any other person where the nature of the personal relationship compromises the professional relationship;

3. Administrative supervision (i.e., clinical practice performed under administration rather than clinical supervision of a director or executive director);

4. A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop or seminar; and Consultation, staff development or orientation to a field program, or role playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical

Author: The Alabama Board of Examiners in Marriage and Family Therapy