Marriage and Family Therapy

536-X-1-.01 Definition Of Terms

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 diagnose, assess, and treat emotional, mental, and behavioral disorders within a marriage and family therapy treatment context. Marriage and family therapy includes, without being limited to, individual, group, couple, sexual, divorce therapy, psychotherapy, 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. The terms “diagnose,” “assess,” and “treat,” as used in this subdivision, when considered in isolation or in conjunction with the rules of the board, shall not be construed to permit the performance of any act which marriage and family therapists are not educated and trained to perform, including, but not limited to, administering and interpreting psychological tests, intellectual, neuropsychological, personality, and projective instruments, admitting persons to hospitals for treatment for the foregoing conditions, treating persons in
hospitals without medical supervision, prescribing medicinal drugs, authorizing clinical laboratory procedures or radiological procedures, or use of electroconvulsive therapy. In addition, this definition shall not be construed to permit any person licensed pursuant to this chapter to describe or label any test, report, or procedure as “psychological,” or as a “psychological evaluation.” A licensed marriage and family therapist may diagnose and develop treatment plans, but shall not attempt to diagnose, treat, or advise a client with reference to problems or complaints falling outside the boundaries of marriage and family therapy services. Nothing in this chapter shall be construed to authorize persons licensed under this chapter to practice medicine.

(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) CACREP Program in Marriage, Couple, and Family Counseling (MCFC) is a master’s degree, or doctoral degree clinical training program in marriage and family counseling that is recognized by the Council for Accreditation of Counseling & Related Educational Programs (CACREP) as either having accreditation or candidacy status. The American Counseling Association (ACA) is the parent organization of the CACREP.

(6) Direct Client Contact Hour is face-to-face contact with individuals, couples or families.

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

(9) 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.

(10) 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 supervisee’s clinical work), and supervision of co-therapy cases (supervision outside the session on cases in which the supervisor is a co-therapist).

(11) 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.

(12) Supervision of marriage and family therapy is expected to have the following characteristics:

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

(b) The 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;
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:

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.
(13) **Teletherapy/Technology-assisted services** refers to the scope of marriage and family therapy practice of diagnosis, evaluation, consultation, intervention and treatment of behavioral, social, interpersonal disorders through synchronous or asynchronous two-way electronic communication including but not limited to telephone, videoconferencing, email, text, instant messaging, and social media.

(14) **Telesupervision** refers to the practice of supervision by a licensed (teletherapy) supervisor through synchronous or asynchronous two-way electronic communication including but not limited to telephone, videoconferencing, email, text, instant messaging, and social media for the purposes of developing trainee marital and family therapists, evaluating supervisee performance, ensuring rigorous legal and ethical standards within the bounds of licensure, and as a means for improving the profession of marital and family therapy.

(15) **Asynchronous Communication** is not synchronized or occurring simultaneously (Reimers, 2014).

(16) **Digital Competency** - 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. (AAMFT Code of Ethics, 2015).

(17) **Electronic Communication** - Using Web sites, cell phones, email, texting, online social networking, video, or other digital methods and technology to send and receive messages, or to post information so that it can be retrieved by others or used at a later time.

(18) **Encryption** - A mathematical process that converts text, video, or audio streams into a scrambled, unreadable format when transmitted over the internet. (Trepal, Haberstroh, Duffey, & Evans, 2007).

(19) **HIPAA Compliant** - HIPAA, the Health Insurance Portability and Accountability Act, sets the standard for protecting sensitive patient data. Any company that deals with protected health information (PHI) must ensure that all the required physical, network, and process security measures are in
place and followed. This includes covered entities (CE), anyone who provides treatment, payment and operations in healthcare, and business associates (BA), anyone with access to patient information and provides support in treatment, payment or operations. Subcontractors, or business associates of business associates, must also be in compliance.

(20) Synchronous - Communication which occurs simultaneously in real time. (Reimers, 2013).

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