

Currently, the Board recognizes 106 LMFT degree programs, of which 11 are COAMFTE accredited. An additional three LMFT programs are accredited by CACREP. For LPCC pathways, the Board recognizes 113 programs, 21 of which are CACREP accredited. Because COAMFTE and CACREP have established specialized standards for marriage and family therapy and professional clinical counseling, it is critical to understand their requirements, as it will assist in future Committee discussions regarding standards for California.

COMFTE Background and Educational Standards

The Commission on Accreditation for Marriage and Family Therapy Education (COMFTE) was established in 1975 and began accrediting programs in 1978. Its scope includes master's degree programs, doctoral degree programs, and post-graduate degree training programs. COAMFTE's mission is to promote best practices for marriage and family therapy educational programs through the establishment, review and revision of accreditation standards and policies, and the accreditation of graduate and post-degree educational programs.

COMFTE accreditation emphasizes outcome-based education, diversity and inclusion, infrastructure and resources, program effectiveness, and clinical training. Effective January 1, 2022, COAMFTE standards established the following foundational curriculum areas (FCA) and credit requirements (detailed in **Attachment A**):

- FCA 1: Foundations of Relational/Systemic Practice, Theories and Models (Minimum of 6 semester unit credits/8 quarter credits/90 clock hours)
- FCA 2: Clinical Treatment with Individuals, Couples and Families (Minimum of 6 semester credits/8 quarter credits/90 clock hours)
- FCA 3: Diverse, Multicultural and/or Underserved Communities (Minimum of 3 semester credits/4 quarter credits/45 clock hours)
- FCA 4: Research & Evaluation (Minimum 3 semester credits/4 quarter credits/45 clock hours)
- FCA 5: Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 semester credits/4 quarter credits/45 clock hours)
- FCA 6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 semester credits/4 quarter credits/45 clock hours)
- FCA 7: Systemic/Relational Assessment & Mental Health Diagnosis & Treatment (Minimum of 3 semester/4 quarter credits, 45 clock hours)
- FCA 8: Contemporary Issues (No minimum credit requirements)

- FCA 9: Community Intersections & Collaboration (No minimum credit requirements)
- FCA 10: Preparation for Teletherapy Practice

In addition to coursework, COAMFTE standards require a foundational practice component that includes a minimum of 300 hours of direct clinical contact, with at least 100 relational hours. Students must also receive 100 hours of relational/systemic supervision, include at least 50 hours focused on MFT relational/systemic supervision.

CACREP Background and Educational Standards

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was established in 1981 and accredits master's degree programs in eight specialized areas. CACREP's vision is to provide leadership and to promote excellence in professional preparation through accreditation and related educational programs. Its stated commitment is the "development of standards and procedures that reflect the needs of a dynamic, diverse, and complex society".

The 2024 CACREP standards (detailed in **Attachment B**) establish "curriculum for entry-level programs for obtaining essential knowledge and skills necessary to function effectively as a professional counselor across service delivery modalities". Eight foundational curriculum areas must be addressed by accredited programs:

- Professional Counseling Orientation and Ethical Practice
- Social and Cultural Identities and Experiences
- Lifespan Development
- Career Development
- Counseling Practice and Relationships
- Group Counseling and Group Work
- Assessment and Diagnostic Process
- Research and Program Evaluation

For each of the eight foundational curriculum areas the required content is specifically delineated. CACREP also requires students to specialize in one of its eight practice areas, each with its own set of required content standards:

- Addiction Counseling
- Career Counseling
- Clinical Mental Health Counseling
- Clinical Rehabilitation Counseling
- College Counseling and Student Affairs
- Marriage, Couple, and Family Counseling
- Rehabilitation Counseling
- School Counseling

In addition, CACREP requires supervised professional practice, which includes both practicum and internship experiences. Practicum must total at least 100 hours over an academic term of at least eight weeks, with a minimum of 40 hours of direct services to clients. After the completion of the practicum, a counseling internship is required in the designated area of specialization. The internship must include a minimum of 600 total hours, with at least 240 hours in direct client services. These experiences must provide opportunities for students to apply theory, build counseling skills, and work with diverse populations under professional supervision.

Considerations for Discussion

- Should CACREP be formally recognized as an accrediting agency for LMFT and LPCC licensure?
- Should COAMFTE or CACREP accreditation be considered sufficient to meet the educational requirements for LMFT and LPCC licensure or registration?

Attachments

Attachment A: Commission on Accreditation for Marriage and Family Therapy Education (COMAFTE) standards

Attachment B: Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards



COAMFTE

Commission on Accreditation for
Marriage and Family Therapy Education

Accreditation Standards

Graduate & Post-Graduate Marriage and Family Therapy
Training Programs

Version 12.5

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Introduction to COAMFTE Standards Version 12.5

Accreditation, the Commission on Accreditation for Marriage and Family Therapy Education (“COAMFTE” or “the Commission”), and the Accreditation Community

Accreditation is a voluntary and public service developed through a consensus process of professionals dedicated to ensuring quality educational/training experiences that provide established, recognized and evolving standards for the profession. Once accreditation is granted, programs must maintain or exceed these standards of accreditation throughout their approved terms of accreditation and review cycles. This is accomplished by continually evaluating themselves in relation to their institution's vision, their program’s mission, goals and student learning outcomes.

Upholding these standards of accreditation provides:

- Regulatory bodies certainty that a program’s instructional quality, public transparency, and student learning outcomes are consistent with practice requirements across multiple jurisdictions.
- The public assurance that a program is committed to reliable educational standards for the profession that meet the expectations of its communities of interest.
- Students receive a sound foundation for their evaluation and selection of educational programs.
- Prospective employers’ confidence that graduates are positioned to enter the workforce ready for entry-level professional practice.

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) strives to ensure excellence in educational programs that serve the mental health profession of Marriage and Family Therapy (MFT) through four ongoing commitments:

- Competency-based educational standards endorsed by the Marriage and Family Therapy (MFT) profession developed with the involvement of multiple communities of interest.
- External review of individual educational programs to assure substantial compliance with program quality, content, and student learning outcomes as defined in COAMFTE Standards.
- Public access to programs’ data on graduate achievement.
- Promotion of best practices and program-level innovation for effective graduate and post-graduate professional education.

The Commission on Accreditation for Marriage and Family Therapy Education is recognized by the Council on Higher Education Accreditation (CHEA) and is a member of the Association of Specialized and Professional Accreditors (ASPA). COAMFTE is a standing committee of the American Association for Marriage and Family Therapy (AAMFT) and as such has autonomous decision-making authority in all accreditation decisions.

Priorities Continuing from COAMFTE Standards Version 12

These following priorities and concerns from Version 12 remain relevant and their contributions continue in Version 12.5:

1. MFTs must have a relational/systemic philosophy and endorse relational/systemic ethics;
2. Programs must have an outcome-based educational framework that allows them to assess competency levels of students prior to and for a time after graduation.
3. Programs must strive for an inclusive and diverse learning environment.
4. Growth of the profession that accommodates the diversity of Marriage and Family Therapy programs within a variety of different educational contexts.
5. Programs have a responsibility to adequately prepare students for licensure under current applicable regulation.

The titles of Marriage and Family Therapy (MFT) and Marriage and Family Therapist originated during the early stages of the profession's development and remain existing legal designations for the profession today. Based on the importance of these terms in the regulatory environment, COAMFTE Standards Version 12.5 continues to use these formal titles. However, COAMFTE recognizes these terms are commonly altered by professionals and programs who self-reference as Couple/Marriage and Family Therapists, Couple and Family Therapists or Relational/Systemic Therapists in order to acknowledge diverse relationship commitments. These efforts align with COAMFTE's commitments to inclusion and diversity.

Priorities Guiding COAMFTE Standards Version 12.5

Priority One: Recognition of Key Influences Affecting the MFT Profession

MFT Relational/Systemic Supervision – Standards Version 12.5 provides a definition and qualifications for meeting this definition as a program clinical supervisor.

COAMFTE Developmental Competency Components – Standards Version 12.5 identifies five COAMFTE Developmental Competency Components:

- Knowledge of the MFT profession
- Practice of relational/systemic therapy as a qualified behavioral/mental health provider
- Commitment to ethical practice through ethical codes of the MFT profession and pertinent regulatory bodies
- Awareness, knowledge and skill to responsibly serve diverse communities
- Development and application of research to further the knowledge and practice of the MFT profession.

Teletherapy – Standards Version 12.5 sets parameters for inclusion of entry-level training and experience in teletherapy practice appropriate to the contexts of accredited educational programs and the profession's qualifying graduate degree.

Priority Two: Advancement in Use of Input- and Outcome-Based Standards

Refinement of Outcome-Based Education constructs that include:

- Outcomes – specific student competencies needed to enter the MFT profession and postgraduate supervised practice.
- Achievement – measures of learning that the program uses to assess the development of outcomes.
- Competency Measurement - evaluation, rubric and feedback data consistently reviewed to improve student readiness and program effectiveness (*closing the loop*).

Within this framework, educational outcomes and their measures are commonly organized in two categories that must be evidenced:

- Student achievement – student learning outcomes accomplished during the student’s required plan of study.
- Graduate achievement – postgraduate accomplishments in the graduate’s entry into professional practice, including graduation, exam pass rate, and job placement.

At the program level, formative assessment data are typically used to monitor student progress, while summative assessment data is typically used to measure student learning outcomes.

- Formative – addressing learning contexts in which specific competencies are introduced and initially practiced (e.g. early-scheduled courses and pre-practicum experiences).
- Summative – addressing learning contexts in which advanced competency development is expected (e.g. capstone course, integrative projects, and final supervisory evaluations).

Clarification of Eligibility Review as a process completed by programs seeking initial accreditation only, for the following purposes:

- Demonstration of input-based criteria necessary to support successful implementation of COAMFTE’s outcome-based education framework.
- Engagement of COAMFTE’s accreditation processes and program resources prior to the significant effort of completing a program Self-Study for Initial Accreditation.

Clarification of Process-Focused Standards that define the program’s:

- Framework for outcome-based education
- Curricular design and implementation
- Systems for assessment and review of resources, curriculum, and faculty effectiveness
- Collection and utilization of achievement data for program improvement

Priority Three: Support for Accredited Program Success

Standards Version 12.5 includes the following efforts to further implement COAMFTE’s long-standing commitment to be responsive to COAMFTE’s communities of interest and support accredited programs in implementing their unique missions and giving public recognition of identified and achieved outcomes. The changes are intended to accomplish the following:

- *Reduction of redundancy in key element requirements*
- *Transparency in minimum threshold for substantial compliance*
- *Clarification of terms through glossary revisions*

The Role of Accredited Master's Degree, Doctoral Degree, and Post-Degree Programs

COAMFTE accredits three categories of MFT education: master's degree, doctoral degree, and post-degree programs that meet the standards set by COAMFTE for the profession of marriage and family therapy. Standards guide programs while also creating a context that supports and encourages innovation. Programs are exempt from those standards that would conflict with state, provincial, and national laws.

Each type of MFT educational program aspires to the following:

- Master's degree programs are committed to providing students with:
 - Foundational Practice Component preparation for varying community settings such as mental health agencies, schools, health care, and independent practice.
 - Workplace Competency for graduates across varying populations from a MFT relational/systemic philosophy that is multiculturally-informed and uses relational/systemic ethics.
 - Curriculum Design and Instruction within the master's degree program that satisfies the educational and practice regulatory requirements for entry-level practice in the state, province, or location in which the program and/or student resides.
 - Transparency about differences in state or provincial educational requirements for post program practice. Encouraging students to educate themselves regarding the requirements in the state(s), province(s), or location(s) in which they intend to practice.
 - Preparing students for further education in doctoral degree and post-degree programs.
- Doctoral degree programs are committed to providing students with:
 - Advanced Practical Experience Component and professional competencies to advance the profession in roles such as researchers, educators, program clinical supervisors, policy makers, administrators, clinical innovators, and/or theoreticians.
 - Multiculturally-Informed best practices demonstrated through a MFT relational/systemic philosophy.
 - Contributing to scholarship by encouraging the production of original research and promoting advanced knowledge beyond that covered within master's degree programs.
- Post-degree programs are committed to providing:
 - Completion of the Foundational Practice Component to ensure graduates meet educational and practice regulatory requirements for entry-level practice in the state, province, or location in which the program resides or in which students intend to practice.
 - Advanced Clinical Practice/Innovation for MFTs with a mental health degree other than a Marriage and Family Therapy degree.
 - Competency in a Specialized Area of Advanced Practice to practice with varying populations from a MFT relational/systemic philosophy that is multiculturally-informed, uses relational/systemic ethics, and protocols and perspectives valuable to multiple communities of interest.

Orientation to the Structure and Use of the Standards Document

Thank you for your involvement in the COAMFTE accreditation community. This brief orientation describes how to navigate the document's four components and the Self-Study process. COAMFTE staff are always available to assist with specific questions related to accreditation and the accreditation process. Further explanation and clarification are provided for each key element within its' associated interpretation guide section including a rubric that is embedded within the Standards document.

Accreditation systems needed for reliable educational outcomes and quality typically have threads that touch multiple components and key elements across standards. Treating any single requirement in isolation is both inefficient and ineffective for achieving the program benefits supported through accredited education. From time to time, the Commission offers resources and trainings to assist program leaders in becoming more familiar with these connections. However, the essential beginning point for developing this knowledge and accreditation competency is simply reading the full document with curiosity and interest.

Component One: Introduction to COAMFTE Standards Version 12.5

The introduction to Standards Version 12.5 begins with a discussion of the role of accreditation in higher education and COAMFTE communities of interest. The introduction also identifies the priorities continuing from Version 12 and an accounting of issues/contexts instrumental in shaping Version 12.5.

Component Two: Eligibility for Accreditation

Eligibility criteria are input-based expectations that ensure the foundational aspects of accreditation are in place. Programs applying for *initial accreditation* must meet all Eligibility Criteria before proceeding further in the accreditation process and demonstrating compliance with Standards I through IV. After Eligibility Criteria materials have been submitted and reviewed, programs seeking initial accreditation must be invited by the Commission to submit their Self-Study. Programs seeking *renewal of accreditation* are no longer required to undergo Eligibility Review due to having completed at least one full accreditation process and continuing to demonstrate Maintenance of Accreditation on an annual basis.

Component Three: Accreditation Standards

Accreditation Standards present the essential systems and elements necessary for assuring program quality and reliability to COAMFTE communities of interest. Standards Version 12.5 articulates the current expectations regarding the competencies and preparation required of entry-level MFT professionals. The four standards are outlined below. In addition, there are 19 corresponding key elements across the standards that provide more specificity on the focus for each standard. Each key element is presented with additional direction in the Commission's Interpretation Guide, which is embedded within the standards document, and in the Tables for Response, that are located on the COAMFTE website on the forms page.

- *Standard I: Outcome-Based Education Framework and Environmental Support.* This standard focuses on the description of the program's outcome-based education framework and the program's environmental supports, as well as assessment plans for both areas.

- *Standard II: Program Leadership, Program Faculty, and Program Clinical Supervisors.* This standard focuses on the demonstration of the program’s evaluation of program leadership, faculty, and supervisor qualifications and effectiveness.
- *Standard III: Curriculum.* This standard focuses on the description of how the program’s curriculum trains students to accomplish COAMFTE developmental competency components and the program’s student learning outcomes.
- *Standard IV: Program Achievement and Improvement.* This standard focuses on the analysis and discussion of the program’s assessment data according to the plan indicated in Standard I.

Accreditation Standards serve as the heart of the COAMFTE accredited program’s commitment to ongoing self-review for improvement and accountability.

Component Four: Maintenance of Accreditation

Once a program implements COAMFTE Standards and meets all compliance thresholds, the program is awarded COAMFTE accreditation for a specific number of years. During this term, the program is responsible for maintaining ongoing compliance with all key elements as approved in the accreditation review process. Additionally, COAMFTE identifies a limited number of specific compliance concerns that programs must continue to address annually, called Maintenance Criteria. COAMFTE Standards Version 12.5 addresses the following three Maintenance Criteria:

- Maintenance Criterion A: Ongoing Fiscal Viability
- Maintenance Criterion B: Ongoing Evidence of Graduate Achievements
- Maintenance Criterion C: Substantive Changes

Component Five: Glossary

Throughout the COAMFTE Standards Version 12.5 document, glossary terms appear as **boldface**. In some cases, glossary definitions provide expanded details describing limitations, qualifications, or parameters. Such information serves to both clarify minimum thresholds of compliance and guide program innovation. Hover the mouse over the boldface glossary terms to view the glossary definition. Also, clicking on the boldface glossary term links directly to the glossary.

Key Element III-B: Foundational and Advanced Curricula

Foundational Curriculum

The **foundational curriculum areas** (FCAs) below cover the knowledge and skill required to practice as a Marriage and Family Therapist (MFT):

- Master's degree programs must demonstrate they offer course work that covers all the foundational curriculum areas that make up the foundational curriculum.
- Post-degree programs must demonstrate they offer coursework and assess competency in all foundational curriculum areas or that students have previously completed coursework and demonstrate competence in all foundational curriculum areas.
- Programs may combine more than one of these foundational curriculum areas into a single course, as they build their curriculum in ways that are congruent with the program's mission, goals, and student learning outcomes.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals and student learning outcomes. Programs may include another layer of requirements based on a specialization or emphasis (e.g., faith-based orientation, licensure laws, specialized certification, and so on) as long as there is a clear rationale and MFT relational/systemic philosophy in the majority of the program.
- Programs must require students to develop and/or present an integrative/capstone experience before completion of their degree program as part of the foundational curriculum below. Programs must decide how to meet this requirement in keeping with the program's mission, goals, and student learning outcomes. Examples include: requiring students to complete a theory of change/therapy theory presentation/paper, a thesis, a therapy portfolio, or a capstone course.

FCA 1: Foundations of Relational/Systemic Practice, Theories & Models (Minimum of 6 semester credits/8 quarter credits/90 clock hours)

This area facilitates the development of competencies in the foundations and critical epistemological issues of MFT. It includes the historical development of the **MFT relational/systemic philosophy** and contemporary conceptual foundations of MFT, and early and contemporary models of MFT, including evidence-based practice and the biopsychosocial framework.

FCA 2: Clinical Treatment with Individuals, Couples and Families (Minimum of 6 Credits/8 quarter credits/90 clock hours)

This area facilitates the development of competencies in treatment approaches specifically designed for use with a wide range of diverse individuals, couples, and families, including sex therapy, same-sex couples, working with young children, adolescents and elderly, interfaith couples, and includes a focus on evidence-based practice. Programs must include content on crises intervention.

FCA 3: Diverse, Multicultural and/or Underserved Communities (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates the development of competencies in understanding and applying knowledge of diversity, power, privilege, and oppression as these relate to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious, spiritual and/or beliefs, nation of origin or other relevant social identities throughout the curriculum. It includes practice with diverse, international, multicultural, marginalized, and/or underserved communities, including developing competencies in working with sexual and gender minorities and their families, as well as anti-racist practices.

FCA 4: Research & Evaluation (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates the development of competencies in MFT research and evaluation methods, and in evidence-based practice, including becoming an informed consumer of couple, marriage, and family therapy research. If the program's mission, goals, and student learning outcomes include preparing students for doctoral degree programs, the program must include an increased emphasis on research.

FCA 5: Professional Identity, Law, Ethics & Social Responsibility (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses the development of a MFT identity and socialization and facilitates the development of competencies in ethics in MFT practice, including understanding and applying the AAMFT Code of Ethics and understanding legal responsibilities.

FCA 6: Biopsychosocial Health & Development Across the Life Span (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area addresses individual and family development, human sexuality, and biopsychosocial health across the lifespan.

FCA 7: Systemic/Relational Assessment & Mental Health Diagnosis and Treatment (Minimum of 3 Credits/4 quarter credits/45 clock hours)

This area facilitates the development of competencies in traditional psycho-diagnostic categories, psychopharmacology, the assessment, diagnosis, and treatment of major mental health issues as well as a wide variety of common presenting problems including addiction, suicide, trauma, abuse, intra-familial violence, and therapy for individuals, couples, and families managing acute chronic medical conditions, utilizing a **MFT relational/systemic philosophy**.

The following areas must be covered in the curriculum in some way, though there are no minimum credit requirements.

FCA 8: Contemporary Issues

This area facilitates the development of competencies in emerging and evolving contemporary challenges, problems, and/or recent developments at the interface of Marriage and Family Therapy knowledge and practice, and the broader local, regional, and global context. This includes such issues as immigration, technology, same-sex marriage, violence in schools, etc. These issues are to reflect the context of the program and the program's mission, goals, and student learning outcomes. Programs are encouraged to innovate in this FCA.

FCA 9: Community Intersections & Collaboration

This area facilitates the development of competencies in practice within defined contexts (e.g., healthcare settings, schools, military settings, private practice) and/or nontraditional MFT professional practice using therapeutic competencies congruent with the program's mission, goals, and student learning outcomes (e.g., community advocacy, psycho-educational groups). It also addresses developing competency in **multidisciplinary collaboration**.

FCA 10: Preparation for Teletherapy Practice

This area facilitates the development of competencies in **teletherapy**. This may include such issues as emerging legal and ethical requirements, documentation, response to crises, awareness of the therapeutic space, joining, appropriate individual and systemic interventions (e.g., couples, play therapy), or other topics of importance to the context of the program and with diverse populations. Programs are encouraged to innovate in this FCA.

Advanced Curriculum

The **advanced curricula areas (ACAs)** advances knowledge and skill by addressing the curricular areas below.

- Doctoral degree programs must describe how students demonstrate competence in the COAMFTE Developmental Competency Components.
- Doctoral degree programs must provide evidence of coursework in all the **advanced curricular areas (ACA)**. Programs may emphasize some of the ACAs, more than others, and include other areas that are consistent with the program's mission, goals, and student learning outcomes.
- Post-degree programs may offer components of the **advanced curriculum**.
- Programs may emphasize some of the areas more than others and include other areas that are consistent with their program's mission, goals, and student learning outcomes.

ACA 1: Advanced Research

This area facilitates the development of competencies in:

- a) **advanced research**, including demonstrated proficiency in quantitative methods and analysis techniques, qualitative methods and analysis techniques, or mixed methods and analysis techniques appropriate to carrying out relational research;
- b) methodologies and analysis techniques outside of their proficiency area (e.g., if a student decides to become proficient in quantitative methods, they will have a working knowledge of qualitative methods as well);
- c) understanding the theoretical complexity of change within relationships and how this complexity informs research;
- d) understanding and demonstrating sensitivity to and awareness of how issues of diversity in terms of culture, gender, sexual orientation, age, socio-economic status, etc. play a role in their choice of research topics and their conduct of research activities; and
- e) preparing and disseminating research through a variety of activities (e.g., grants and grant writing, program evaluation, professional publications and presentations).

ACA 2: Advanced Relational/Systemic Clinical Theory

This area facilitates the development of advanced clinical competencies including:

- a) advanced understanding and application of multiple family and couple models and empirically-supported interventions;
- b) skill in working with diverse populations across the lifespan through direct clinical work or in MFT relational/systemic supervision of the therapy of others;
- c) awareness of cultural issues, differences, and personal blind spots in their clinical and supervisory work; and
- d) development of a specialized clinical area that is grounded in research and is at an advanced level of intervention and understanding.

ACA 3: Advanced Relational/Systemic Applications to Contemporary Challenges

This area facilitates the development of leading-edge professionals who are competent in relational/systemic innovations. This includes application to controversial moral and advanced ethical dilemmas, international, cross-cultural, and multicultural issues in Marriage and Family Therapy professional roles, responsibilities, practices, and applications to other contemporary problems. This area also includes a focus on family policy and/or family law.

ACA 4: Foundations of Relational/Systemic Teaching, MFT Relational/Systemic Supervision, Consultation, and/or Leadership

This area facilitates the development of competencies in relational/systemic teaching, MFT relational/systemic supervision, and/or MFT consultation. This may include educational/learning theories, relevant research, multicultural content, evaluation and assessment methods, ethics and professional issues, and personal philosophy. This area also addresses administrative competencies including program development and policy, leadership roles and evaluation of MFT educational and service-oriented institutions and agencies. Students who intend to teach at the higher education level will develop and apply a teaching philosophy, as well as demonstrate the capacity to develop and apply course evaluation methods and student learning outcomes. All students will demonstrate skills in clinical MFT relational/systemic supervision. Students who have teaching opportunities in formal or informal settings will demonstrate a sensitivity to issues of diversity in the material they teach, to the persons they are teaching, and in the ways in which information and correction is provided.

INTERPRETATION GUIDE

Rubric for Response

- Identify where and/or how the foundational curriculum areas or advanced curriculum areas are addressed in the curriculum.
- For post-degree programs, demonstrate that course work is offered and/or that students have completed course work in all the areas contained in the foundational curriculum or that students demonstrate competence in those areas.
- For doctoral degree programs, describe how students demonstrate competence in the COAMFTE Developmental Competency Components.
- For programs offering the foundational curriculum, provide a description of and rationale for the program's required integrative/capstone experience.

See Tables for Key Element III-B: Foundational and Advanced Curricula

Key Element III-C: Foundational and Advanced Application Components

The program must demonstrate it offers an application component with appropriate placement in the curriculum, duration, focus, and intensity consistent with the program's mission, goals, and student learning outcomes.

Foundational Practice Component

Master's degree programs and post-degree programs that teach the foundational curriculum must offer the **foundational practice component** (practicum and/or internship) with the following requirements:

- **Direct clinical contact hours:** Students must acquire a minimum of 300 direct clinical contact hours with individuals, couples, families, or other systems, at least 100 of which must be **relational hours** that occur over a minimum of twelve months of clinical practice.
 - Programs including **teletherapy** for required direct clinical contact hours must have policies and procedures in place to support student teletherapy practice and its MFT relational/systemic supervision by program clinical supervisors including attention to applicable legal and ethical requirements and current/emerging professional guidelines.
- **MFT relational/systemic supervision:** Students must receive at least 100 hours of MFT relational/systemic supervision from a program clinical supervisor on a regular and consistent basis while seeing clients. When the supervision schedule is interrupted for any reason, the program must have a plan to assure student access to supervisory support. MFT relational/systemic supervision can be **individual MFT relational/systemic supervision** (one supervisor with one or two supervisees) or **group MFT relational/systemic supervision** (one supervisor and eight or fewer students) and must include a minimum of 50 hours of MFT relational/systemic supervision utilizing **observable data**.
- **Published procedures and agreements with practice sites:** Programs must have formal agreements in place that outline the responsibilities of the institution, practice sites and students, and policy in place for managing any difficulties with sites, program clinical supervisors, or students.

INTERPRETATION GUIDE

Rubric for Response

- For master's degree programs and post-degree programs that teach the foundational curriculum, demonstrate the program's requirements for meeting the foundational practice component (FPC) for direct clinical contact hours.
- Describe how the application component's placement in the curriculum, duration, focus, and intensity is consistent with their program's mission, goals, and student learning outcomes.
- For master's degree programs and post-degree programs that teach the foundational curriculum, demonstrate the program's commitment to MFT relational/systemic-oriented supervision and how the standard's minimum supervisory requirements are accomplished, including a specific description of the use of digital technology, if relevant.
- If any of the direct clinical contact hours are acquired through teletherapy, present any policies and procedures pertaining to legal and ethical requirements and current/emerging professional guidelines.
- If MFT relational/systemic supervision provided by program clinical supervisors is mediated by technology, present any policies and procedures pertaining to legal and ethical requirements and current/emerging professional guidelines.

- Provide examples of the program's agreements with practice sites that outline the responsibilities of the institution, practice sites and students, and policy in place for managing any difficulties with sites, program clinical supervisors, or students.

See Table for Key Element III-C: Foundational Application Component

The Advanced Practical Experience Component

Programs that teach the advanced curriculum must offer the **advanced practical experience component** that includes:

- Selected experiences consistent with the program's mission, goals, and student learning outcomes in any of the following areas: advanced research, grant-writing, teaching, MFT relational/systemic supervision, consultation, advanced clinical theory, clinical practice/innovation, program development, leadership, or policy. In addition, programs may offer experiences in presenting and professional writing.
- Appropriate and adequate **mentoring** of students during the experience.
- For doctoral programs, a minimum of two of the areas noted above can be combined over a minimum of 9 months.
- For post-degree programs, a minimum of one area over a minimum of 6 months is required.

INTERPRETATION GUIDE

Rubric for Response

- For programs that teach the advanced curriculum, map the advanced practice experience component (APEC) areas utilized by the program to the student learning outcomes.
- Provide evidence that students must complete an advanced practice experience that includes:
 - for doctoral programs: at least two required areas for a duration of at least nine months.
 - for post-degree programs: at least one required area for a duration of at least six months.
- For programs that teach the advanced curriculum, demonstrate how students receive mentoring during the APEC.

See Table for Key Element III-C: Advanced Application Component

Key Element III-D: Experience with Diverse, Marginalized, and/or Underserved Communities

The program demonstrates student experience in Marriage and Family Therapy practice with diverse, marginalized, and/or underserved communities. Experiences may include:

- Professional activities (such as therapy, research, MFT relational/systemic supervision, consultation, teaching, etc.) with diverse, marginalized, and/or underserved communities; and/or
- Other types of activities (such as projects, service, interviews, workshops, etc.), as long as the program can demonstrate that the experience is directly related to MFT activities, and students are in interaction with members of these communities.

INTERPRETATION GUIDE

Rubric for Response

- Describe how the program facilitates student experience with diverse, marginalized, and/or underserved communities.

See Table for Key Element III-D: Experience with Diverse, Marginalized, and/or Underserved Communities

Glossary

*Glossary definitions will appear in **boldface** to help with clarification in the standards document. Once published, the Glossary is considered to be a component of Standards Version 12.5 and will be altered only through a formal standards revision process.*

Academic Resources and Student Support Services are tools or services available to students that facilitate and support a student's physical safety and ability to successfully achieve the program's educational goals. Examples include but are not limited to: Library, Writing Centers, The Office of Disability, Counseling Services, Academic Advisement, Financial Aid Office, Office of Diversity and International Services, etc.

Advanced Practical Experience Component is the phase of doctoral or post-degree education that includes the application of advanced training in areas relevant to the program's mission, such as advanced research, teaching, MFT relational/systemic supervision, advanced clinical theory building, etc.

Advanced Curriculum refers to a focus in the curriculum on advanced knowledge and skills beyond the foundational curriculum as described in the curricular areas, and includes the content required for MFTs at the doctoral or post-graduate level.

Advanced Research refers to conducting original research as in completing a dissertation or participating in a research study/project with the prescribed programmatic mentorship.

AAMFT Approved Supervisor is an individual who has satisfied all of the academic, clinical requirements, and supervisory training requirements set by the AAMFT to be designated an AAMFT Approved Supervisor.

AAMFT Code of Ethics is the document of professional conduct set forth by the AAMFT.

AAMFT Supervisor Candidate is an individual who has contracted with an AAMFT Approved Supervisor and is working towards meeting the criteria to become an AAMFT Approved Supervisor.

Anti-racism Practices involve racial and self-awareness in one's personal life and professional activities, consciousness and analysis of all program governance, policy and practices, including a professional response that address racism in its many forms, including taking action to oppose racism, and an appreciation of the discrimination that those from non-white and/or minority groups experience as a result of living in a racist society.²

Application Component refers to the practical/applied phase required for the foundational and the advanced curriculums. For the foundational curriculum, it is the foundational practice component and for the advanced curriculum, it is the advanced practical experience component.

² Consistent with two decades of research highlighting the overall lack of training that students in accredited programs received related to working with racially diverse clients (Hardy & Lazloffy, 1994; Inman, Meza, Brown, & Hargrove, 2004; Lawless, Brooks, & Julye, 2006; McDowell, 2004) the standards include a specific focus on teaching students anti-racism practices. For a review of the most recent research highlighting the lack of training the students receive related to working with racially diverse clients see Schomburg and Prieto (2011).

Assessment Measure, as used to determine student achievement of professional competencies, is an evaluative tool for determining student progress toward and attainment of a specific outcome such as an identified knowledge, skill, or disposition. Assessment measures typically are embedded in assessment mechanisms such as examinations, written or oral presentations, skill-based demonstrations, or direct observation of student functioning. An assessment measure includes identification of the competency being evaluated and descriptions of achievement that describe progress and final outcome. The structure of an assessment measure must make the expected learning clear to the student being assessed, the evaluator completing the assessment, and reviewers making use of the assessment data. Examples include scores on specific examination topics (MFT theories section on Comprehensive Exam), project rubrics (specific rubrics scoring identified competencies in a Capstone project), and behavior-based observational scales (supervision evaluation).

Assessment Plan is the program's stated course of action for systematically measuring all elements of the outcome-based education framework in order to improve student learning. The plan includes operationalized program goals, assessment methods and processes (how data will be gathered and aggregated), expected student learning outcomes with threshold targets for each outcome, specific plans for the use of the data for program improvement, and an Assessment Timeline.

Assessment Timeline details when each component of the Assessment Plan will be administered or implemented, as well as details for when and how aggregated data will be fed back into the program for revision of the Assessment Plan.

Association of Universities and Colleges of Canada (AUCC) is an organization that promotes quality in higher education and university research and participates in the development of public policy to find solutions to economic and social challenges faced in Canada.

Benchmarks refer to a level of achievement determined by a source external to the accredited program such as COAMFTE, which sets specific thresholds expected at specific times. For Example: COAMFTE may set a benchmark that master's programs must demonstrate a XX% pass rate on the MFT licensure exam for each cohort.

COAMFTE Developmental Competency Components refer to the primary areas of professional learning and skill-development central to the effective and ethical practice of a future Marriage and Family Therapy professional including:

- knowledge of the profession;
- practice of therapy;
- human diversity and social structures;
- professional identity, ethics, and law; and
- research and evidence-based practice.

This framework is intended to encompass historical, current, and future elements of MFT professional identity and practice, and to organize student learning outcomes expected of a graduate of the COAMFTE Accredited program.

Codes of Conduct are shared statements regarding a commitment to ethical, legal and professional beliefs, values, and behavior that serve as foundational standards for making decisions and taking actions.

Competencies are demonstrated knowledge, skills, or capacities that are the result of learning, training, or experience.

Communities of Interest are stakeholders of the program that may include but are not limited to students, administrators, program core and non-core faculty, program clinical supervisors, consumers, graduates, germane regulatory bodies, and diverse/marginalized/underserved groups within these communities.

Complaints and Grievances refer to formal complaints filed with the program and/or the university through a formal grievance channel. They refer to issues that may violate students' rights. Examples include sexual harassment and discrimination. COAMFTE requires all educational programs to maintain a written record of all formal student complaints and grievances. The documentation should consist of the written complaints or grievances, program action and resolution. Records regarding the resolution of grievances are generally kept on file for a period of time based on the program's and/or university's policy.

Core Faculty Members hold an annual contracted position with the University or organization in which the program resides, AND 50% or more of their assigned role is specific to the MFT program. Along with the **program director**, core faculty members share responsibility for the creation, evaluation, revision, and maintenance of the program's outcome-based education framework, curriculum, policies, and procedures. Core faculty demonstrate professional identity as a marriage and family therapist and contribute to the MFT profession in various ways such as scholarship, research, teaching, MFT relational/systemic supervision, practice, and/or service. The MFT program core faculty are clearly identified to students, communities of interest, and the public. (See also Non-core Faculty Members)

Couples are defined as two partners who request treatment for their intimate and/or family relationships.

Direct Clinical Contact Hours are defined as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.

Diverse, Marginalized, and/or Underserved Communities refers to groups from non-majority populations currently discriminated against and underrepresented with regard to their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other social categories, immigration status, and/or language.

Diversity is a program's commitment to: a) include the representation of multiple groups in the student body, program clinical supervisors, program core and non-core faculty with regard to race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious or spiritual affiliation, nation of origin or other relevant social categories; and b) ensure issues of diversity are central to all aspects of the training environment.

Doctoral Degree Program is an academic unit(s) that administers the education and training of students obtaining a PhD, DMFT, DMin, or PsyD. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

Families are a social unit of two or more individuals, related by blood or non-blood, characterized by emotional engagement and/or commitment, and self-defined as family.

Financial viability refers to a program's ongoing access to institutional funding necessary to achieve its mission, goals, and outcomes and serve its students.

Foundational Curriculum covers the knowledge and skills required to practice as a MFT. The foundational curriculum is based upon coursework addressing nine specified domains incorporating a systemic/relational foundation.

Foundational Practice Component is the practicum and/or internship phase of the program associated with the foundational curriculum, where students apply what they are learning in clinical practice. The foundational practice component requires a minimum number of therapy hours and a specified ratio of relationally/systemically oriented individual and group clinical, MFT relational/systemic supervision to therapy hours completed.

Goals (Program Goal) describe broad learning outcomes and concepts (what students need to acquire in terms of knowledge and skills) expressed in general terms.

Governance refers to the transparent structures and processes through which decision-making occurs related to specified program functions which involves multiple levels of influence such as institutional, departmental, and programmatic. Program core and non-core faculty and student participation in any specific level of decision-making or any decision-making task should be defined and transparent. Such participation may include roles and processes for identified bodies such as the program's core faculty, student advisory groups, program director, clinical director, or department council. Such participation may also include identified informal processes by which individuals may influence decision-making specific to program, faculty and/or student concerns. Program governance activities may include program resources review, curriculum review, instructional and supervisory effectiveness, student-faculty relationships, or other areas directly affecting the program's achievement of its mission, goals, and student learning outcomes. The primary purpose for clarification of decision-making roles and processes is to support open and transparent access to influence by all persons directly involved in the learning environment.

Examples of Governance: Student Representatives, Faculty Meetings, Advisory Council

Graduate Achievements are statements that articulate the professional accomplishments of a program's graduates, aligned with the program's mission, beginning with completion of the educational program. Accomplishments include indicators such as graduation rates, licensure

examination pass rates, job placement rates, employment in clinical, academic, MFT relational/systemic supervision, training and/or research settings, and licensure as a Marriage and Family Therapist.

Group MFT relational/systemic supervision consists of one supervisor and eight or fewer students. Regardless of the number of program clinical supervisors present, a group cannot exceed eight students to qualify for group relational/systemic supervision. For example, ten students and two program clinical supervisors are not appropriate because the number of students exceeds eight.

Inclusion refers to a commitment by programs to incorporate diverse perspectives with accompanying strategies and structures for acknowledging, respecting, and honoring differences.

Inclusive and Diverse Learning Environment refers to an overall atmosphere within the program (including classroom, MFT relational/systemic supervision, research, clinical, and other relevant settings) that is sensitive to the needs of diverse, marginalized, and or underserved communities and promotes an open, safe, and respectful exchange of diverse views and opinions.

Individual MFT relational/systemic supervision is defined as one supervisor with one or two supervisees.

Input-Based Standards are those prescribed requirements, which an accrediting body develops and sets forth as expected of programs. Input-based standards are prescriptive in nature and address specific structural, administrative, and programmatic aspects that programs must have.

Instructional and Clinical Resources are tools or services, which assist program faculty in successfully teaching the curriculum and practice component. Clinical Resources are tools or services, which assist program faculty or program clinical supervisors in successfully providing all aspects of clinical training. These include but are not limited to a clinic, clientele, technological resources, administrative assistance, and staff. Instructional resources are tools or services that assist program faculty in optimally teaching their courses. These include but are not limited to library assistance, library sources, computer access, teaching assistants and technological resources.

Key Element is a subset of a COAMFTE accreditation standard and an essential feature that defines the minimum requirement of that standard.

Marriage and Family Therapy Education refers to the training of MFTs in a master's degree program, doctoral program, and/or post-degree program.

Master's Degree Program is an academic unit(s) that administers the education and training of students obtaining a master's degree. The program may stand alone within an organizational structure or may consist of more than one branch in different locations.

Mentoring is an academic endeavor of a more experienced core or non-core faculty or advanced student accompanying, supporting and guiding a less experienced student in all areas necessary for program completion, professional development, as well as acculturation into the field of MFT. Mentoring involves a multidimensional and increasingly collaborative relationship between the mentor and the mentee requiring optimal communication and can be a formal or informal process.

MFT Relational/Systemic Philosophy is a framework for how MFTs view the world. This perspective focuses on relationships, including patterns of interaction between individuals that organizes relationship dynamics with an emphasis on what is happening rather than why it is happening. Relational systems comprised of individuals are seen as self-organizing, dynamic entities embedded in contexts of larger systems and function both as subsystems and suprasystems with biopsychosocial influence. Recognizing and respecting the relational field of interconnection and influence serves as the foundation for professional efforts to engage others, make meaning, and participate in change.

MFT Relational/Systemic Supervision is the practice of developing the clinical competencies and professional growth of the student as a supervisee, consistent with the MFT relational/systemic philosophy, ethics, and practices of the marriage and family therapy profession. Supervision is distinguishable from psychotherapy or teaching. MFT Relational/Systemic Supervision may be provided through virtual supervision.

Mission is a description of a program's aims, fundamental purpose, and/or philosophical stance that guides the program's educational goals, objectives, and activities. The audience of the mission includes the program's communities of interest.

Multiculturally-informed refers to an educational approach that: a) represents a commitment to local and global diversity, and prepares students for living in a global world; b) includes an understanding of how larger social processes lead to systemic inequality and disadvantage for diverse and marginalized communities; and c) endorses the ethical responsibility/role of MFTs in addressing and intervening in these systems when working with diverse and marginalized communities. Its commitment to being multiculturally-informed is found throughout all programmatic aspects including its mission, goals, student learning outcomes, curriculum, practice component, and organizational structure.

Multidisciplinary Collaboration occurs when a diverse group of professionals is tasked to work together on a project or in a department and does so with a commitment to co-constructing the outcome.

Non-core Faculty Members either hold: a) a short-term position with the university or organization in which the program resides, with a primary assignment to the MFT program and provide instruction within the MFT program, OR b) a permanent position in the University or organization with a primary assignment in another program but teach specific courses in the MFT curriculum for which they are professionally, educationally and experientially prepared. Non-core faculty members teach courses within the MFT curriculum, or fulfill specific role assigned by the program (e.g., accreditation specialist, field placement coordinator). This designation does not include program clinical supervisors, please see Program Clinical Supervisor definition.

Observable Data includes audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.).

Outcomes are empirical measures of student achievement at the student and program levels. Objectives are the specific skills, values, and attitudes students should exhibit *and* the student/graduate achievement (i.e., graduation, licensure, employment, publications, etc.) that reflect the broader program goals. They are in measurable form, data is collected on them, and

results are used to improve the quality of the program. Measures may include both direct and indirect assessment methods, and measurement of cognitive (what students/graduates need to know), behavioral (what students/graduates need to be able to do), affective (what students/graduates need to think or care about) objectives. The program will provide data demonstrating that it has accomplished the overall program mission.

Outcome-Based Education is a framework where the focus is on the assessment of program outcomes (empirical measures of student achievement at the student and program level) rather than on the assessment of inputs (such as coursework and resources available to students). The primary focus of assessment is evaluating a program's goals and outcomes based solely on specific measures of student competency. To ensure excellence in programs, accreditation may include a combination of input and outcome-based standards.

Outcome-Based Standards are those prescribed requirements, which an accrediting body develops and sets forth as expected of programs. Outcome-based standards are expected goals or outcomes, which refer to the attainment of specific required skills or mastery of content by students.

Physical Resources comprise the space needed to operate and implement the program, including administrative and instructional space. Examples of physical space include but are not limited to a training clinic, research labs, smart classrooms, audiovisual equipment, computers, etc.

Post-degree Programs are academic or free-standing training programs designed to provide foundational or advanced training for Couple or Marriage and Family Therapy professionals or for those with a minimum of master level mental health or related degree.

Professional Identity as a Marriage and Family Therapist is demonstrated by publicly displayed and accessible indicators of commitment to the marriage and family therapy profession such as a graduate degree from a COAMFTE accredited program, marriage and family therapist licensure/registration, membership in a relationally-focused professional association dedicated to promoting the marriage and family therapy profession, advanced credentials in a practice area specific to the marriage and family therapy profession, or contributions specific to the marriage and family therapy profession such as leadership, training, or scholarly activities.

Program Director is a core faculty member with the primary responsibilities to provide oversight to the overall operations of the education and practice components in the program.

Program Clinical Supervisors provide MFT relational/systemic supervision within a COAMFTE accredited program. Program Clinical Supervisor qualifications include the following:

- a) demonstration of professional identity as a marriage and family therapist, and
- b) demonstration of training in MFT relational/systemic supervision by one of the following:
 - A graduate course in MFT relational/systemic supervision equivalent to three semester-credit hours
 - Postgraduate professional education in MFT relational/systemic supervision of at least 30 clock hours
 - A state established MFT supervisor designation that includes relational/systemic supervision training
 - Designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

Program Faculty are defined as **core faculty** and **non-core faculty**.

Published Policies are written, accessible documents in print or electronic format, which describe an institution or program requirements and procedures and are readily available to applicants, students, program faculty, program clinical supervisors and other public stakeholders for information and comment.

Regulatory Requirements are the licensing laws of the state, province, or location in which the program resides. For example, contact information for all states that have MFT regulations can be found on the AMFTRB website at <https://amftrb.org/> and the Registry for Canadian Marriage and Family Therapy (RMFT) website at <https://camft.ca/>.

Relational Hours is a category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.

- Relational hours also may be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic (e.g., incarcerated, deployed or out-of-town subsystem members.)
- Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are not considered as relational hours.

Relational/Systemic Ethics refer to ethics that recognize distinct ethical guidelines and issues that evolve from practicing with more than one individual or having a relational/systemic view of the world.

Relationally-focused Organization is: a) a professional organization such as AAMFT, National Council on Family Relations, American Family Therapy Academy, International Family Therapy Association or subgroups within an organization such as the Division of Family Psychology of the American Psychological Association; b) groups that may form with a relational/systemic underlying approach to treatment of a specific group, community, or issue/diagnoses; or c) a group of relational/systemic MFTs organized for some other related purpose.

Sexual and Gender Minorities is a broad term that includes those who identify as lesbian, gay, bisexual, pansexual, asexual, transgender, transsexual, intersex or intergender, genderqueer, questioning, and/or queer. Work with sexual and gender minorities should involve LGBT Affirmative Practices that encourage a positive and supportive view of lesbian, gay, bisexual, transgender or queer identities and an appreciation of the discrimination that LGBT persons experience as a result of living in a heterosexist society.³

³ Consistent with two decades of research highlighting the overall lack of training that students in accredited programs received related to working with lesbian, gay, bisexual, and transgender clients (Clark & Serovich, 1997; Carlson & McGeorge, 2013; Green, 1996; Long & Serovich, 2003; Rock, Carlson, & McGeorge, 2010), the standards include a specific focus on teaching students skills for working with sexual and gender minorities. For a review of the most recent research highlighting the lack of training students receive related to working with LGBT clients see Rock, Carlson, and McGeorge (2010).

Student Concerns are informal and relate to minor issues that can be solved between individuals such as student/instructor or student/program director and are usually communicated to the program director or program faculty verbally or through informal written communication (i.e., email). Examples may include concerns about course scheduling, timeliness of faculty feedback, etc. Programs do not generally keep formal records of student concerns, although they should have a policy in place for responding to them.

Student Learning Outcomes are statements that clearly articulate what students should be able to achieve, demonstrate, or know, as a result of attending the educational program. Each Student Learning Outcome is competency based, measurable, and aligned with a specific program goal used to implement the program's mission. Programs aggregate data on Student Learning Outcomes at the program level to demonstrate attainment of program goals and to inform program improvements.

Substantive Changes are program changes described in the COAMFTE Accreditation Manual.

Supervisors (See Program Clinical Supervisors)

Targets are levels of achievement determined by the accredited program core faculty that sets a specific threshold of student learning expected at a specific time as assessed by a specific measure in order to demonstrate student learning outcome achievement. Programs may select multiple assessment measures with unique targets for demonstrating student learning outcome achievement.

Examples: Student Learning Outcome 1 achievement target – 85% of learners will score proficient or distinguished on the final clinical competency evaluation completed by clinical supervisors; Student Learning Outcome 2 – 80% of learners will score 3 or higher on the Cultural Competency rubric completed during the Capstone's Final Case Review project.

Technological Resources are used to deliver instruction to students and/or facilitate and support a program's data analysis and collection processes. The technologies may include a) the internet; b) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, wireless communications devices; c) audio conferencing; d) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in (a) – (c) or software and learning management systems.

Teletherapy is the process of delivering synchronous therapeutic services using a secure video platform according to relevant state, federal, and provincial regulatory requirements or guidelines. The online therapeutic interaction is consistent with state or provincial regulations for the location in which the clinical student therapist and participant(s) are physically located.

Transparency is a program's effort to openly and overtly disclose the underlying rationale or purpose of an activity, action, policy or procedure in order to be inclusive.

Virtual Supervision is the process of delivering synchronous MFT relational/systemic supervision using a secure video platform. The online supervisory interaction is compliant with relevant state, federal, and provincial regulations for the location in which the clinical student therapist and supervisor are physically located.

2024 CACREP Standards

Introduction

CACREP accreditation is both a process and a status. Institutional application for CACREP accreditation denotes a commitment to program excellence. The accreditation process incorporates programs' self-assessment, along with external peer review, to determine if and how programs are in compliance with the CACREP standards. Accredited status indicates to the public that a program is fulfilling its commitment to educational quality.

The 2024 CACREP Standards were written with two primary guiding principles: quality first and unified counselor identity. The quality first principle is most evident in the Academic Quality section. The intent of this section is to centralize the program evaluation and student assessment activities and processes and to create intentionality in such activities. Programs need to consider the purpose of evaluation and assessment for their overall functioning. In other words, programs need to consider to what end they engage in program evaluation and student assessment toward strengthening the counseling profession.

Similarly, the 2024 CACREP Standards were written with the intent to promote a unified professional counselor identity. Requirements are meant to ensure that students graduate with a strong professional counselor identity and with opportunities for specialization in identified practice areas. The Standards require that graduates demonstrate both knowledge and skill across the curriculum as well as professional dispositions first with respect to universal counselor functions and secondly with respect to their CACREP specialized practice areas.

The development of the 2024 CACREP Standards came at a time when the United States and many parts of the world were addressing issues in diversity, equity, inclusion, belonging, and access; increased reliance and application of digital delivery in both higher education and counselor education; and a global pandemic that shifted the landscape of the profession, higher education, and broader global and societal opportunities and challenges. The 2024 CACREP Standards address the tenor of the time that they are published and seek to apply them to future societal, academic, and professional contexts.

Although the 2024 CACREP Standards delineate accreditation requirements, they do not dictate the manner in which programs may choose to meet the standards. Program innovation is encouraged in meeting both the intent and spirit of the 2024 CACREP Standards. Program faculty and reviewers should understand that counselor education programs can meet the accreditation requirements in a variety of ways. Providing evidence of meeting or exceeding the standards is the responsibility of the program.

Graduates of CACREP-accredited programs are prepared for careers in mental health, human services, education, private practice, government, military, business, and industry. Entry-level program graduates are prepared as counseling practitioners and for respective credentials (e.g.,

licensure, certification) in their specialized practice areas. Doctoral-level graduates are prepared for counselor education, supervision, research, and advanced practice.

The 2024 CACREP Standards are organized into six sections: The Learning Environment includes standards pertaining to institutional and program resources and structure. Academic Quality provides a framework for program evaluation and student assessment. The Foundational Counseling Curriculum section includes a statement of unified professional counselor identity and standards for entry-level counselor education program curricula comprising the eight required core content areas. Professional Practice refers to standards required for entry-level practice and the structure and delivery of fieldwork experiences. Entry-Level Specialized Practice Areas provides standards relevant to the requisite knowledge and skills for specialty practice areas offered by the program. The section also includes the standards for the eight specialized practice areas that CACREP accredits: addictions; career; clinical mental health; clinical rehabilitation counseling; college counseling and student affairs; marriage, couple, and family counseling; rehabilitation counseling; and school counseling. Doctoral Standards for Counselor Education and Supervision includes the learning environment, professional identity, and doctoral-level internship requirements for doctoral-level graduates. The 2024 CACREP Standards includes a Glossary defining key terms within the standards. Glossary terms are linked throughout the standards.

In implementing the CACREP Standards, programs must attend to and ensure alignment of their practices with all applicable institutional policies and legal requirements.

SECTION 3: FOUNDATIONAL COUNSELING CURRICULUM

The following standards apply to all entry-level programs for which accreditation is being sought unless otherwise specified.

The curriculum for entry-level programs provides for obtaining essential knowledge and skills necessary to function effectively as a professional counselor across service delivery modalities. Curriculum knowledge domains and outcome expectations are frequently interrelated and not mutually exclusive. Ethical behavior, diversity, equity, inclusion, and critical thinking are integral to counselor preparation and should be infused throughout the curriculum. Diversity refers to all aspects of intersectional and cultural identity. Counselor preparation programs address culturally sustaining content and strategies across the eight foundational curriculum areas. The eight foundational curriculum areas represent the knowledge required of all entry-level counselor education graduates. Counselor education programs must document where and in what manner each of the numbered standards listed below is covered in the curriculum.

A. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

1. history and philosophy of the counseling profession and its specialized practice areas
2. the multiple professional roles and functions of counselors across specialized practice areas
3. counselors' roles, responsibilities, and relationships as members of specialized practice and interprofessional teams, including (a) collaboration and consultation, (b) community outreach, and (c) emergency response management
4. the role and process of the professional counselor advocating on behalf of and with individuals receiving counseling services to address systemic, institutional, architectural, attitudinal, disability, and social barriers that impede access, equity, and success
5. the role and process of the professional counselor advocating on behalf of the profession
6. professional counseling organizations, including membership benefits, activities, services to members, and current issues
7. professional counseling credentialing across service delivery modalities, including certification, licensure, and accreditation practices and standards for all specialized practice areas
8. legislation, regulatory processes, and government/public policy relevant to and impact on service delivery of professional counseling across service delivery modalities and specialized practice areas
9. current labor market information and occupational outlook relevant to opportunities for practice within the counseling profession
10. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling across service delivery modalities and specialized practice areas
11. self-care, self-awareness, and self-evaluation strategies for ethical and effective practice
12. the purpose of and roles within counseling supervision in the profession

B. SOCIAL AND CULTURAL IDENTITIES AND EXPERIENCES

1. theories and models of multicultural counseling, social justice, and advocacy
2. the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on individuals' worldviews
3. the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on help-seeking and coping behaviors
4. the effects of historical events, multigenerational trauma, and current issues on diverse cultural groups in the U.S. and globally
5. the effects of stereotypes, overt and covert discrimination, racism, power, oppression, privilege, marginalization, microaggressions, and violence on counselors and clients
6. the effects of various socio-cultural influences, including public policies, social movements, and cultural values, on mental and physical health and wellness
7. disproportional effects of poverty, income disparities, and health disparities toward people with marginalized identities
8. principles of independence, inclusion, choice and self-empowerment, and access to services within and outside the counseling relationship
9. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
10. guidelines developed by professional counseling organizations related to social justice, advocacy, and working with individuals with diverse cultural identities
11. the role of religion and spirituality in clients' and counselors' psychological functioning

C. LIFESPAN DEVELOPMENT

1. theories of individual and family development across the lifespan
2. theories of cultural identity development
3. theories of learning
4. theories of personality and psychological development
5. theories and neurobiological etiology of addictions
6. structures for affective relationships, bonds, couples, marriages, and families
7. models of resilience, optimal development, and wellness in individuals and families across the lifespan
8. models of psychosocial adjustment and adaptation to illness and disability
9. the role of sexual development and sexuality related to overall wellness
10. biological, neurological, and physiological factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
11. systemic, cultural, and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness
12. the influence of mental and physical health conditions on coping, resilience, and overall wellness for individuals and families across the lifespan
13. effects of crises, disasters, stress, grief, and trauma across the lifespan

D. CAREER DEVELOPMENT

1. theories and models of career development, counseling, and decision-making
2. approaches for conceptualizing the interrelationships among and between work, socioeconomic standing, wellness, disability, trauma, relationships, and other life roles and factors
3. processes for identifying and using career, avocational, educational, occupational, and labor market information resources, technology, and information systems
4. approaches for assessing the conditions of the work environment on clients' life experiences
5. strategies for assessing abilities, interests, values, personality, and other factors that contribute to career development
6. career development program planning, organization, implementation, administration, and evaluation
7. developmentally responsive strategies for empowering individuals to engage in culturally sustaining career and educational development and employment opportunities
8. strategies for advocating for employment support for individuals facing barriers in the workplace
9. strategies for facilitating client skill development for career, educational, and life-work planning and management
10. career and postsecondary training readiness and educational decision-making
11. strategies for improving access to educational and occupational opportunities for people from marginalized groups
12. ethical and legal issues relevant to career development and career counseling

E. COUNSELING PRACTICE AND RELATIONSHIPS

1. theories and models of counseling, including relevance to clients from diverse cultural backgrounds
2. critical thinking and reasoning strategies for clinical judgment in the counseling process
3. case conceptualization skills using a variety of models and approaches
4. consultation models and strategies
5. application of technology related to counseling
6. ethical and legal issues relevant to establishing and maintaining counseling relationships across service delivery modalities
7. culturally sustaining and responsive strategies for establishing and maintaining counseling relationships across service delivery modalities
8. counselor characteristics, behaviors, and strategies that facilitate effective counseling relationships
9. interviewing, attending, and listening skills in the counseling process
10. counseling strategies and techniques used to facilitate the client change process
11. strategies for adapting and accommodating the counseling process to client culture, context, abilities, and preferences
12. goal consensus and collaborative decision-making in the counseling process
13. developmentally relevant and culturally sustaining counseling treatment or intervention plans
14. development of measurable outcomes for clients
15. evidence-based counseling strategies and techniques for prevention and intervention

16. record-keeping and documentation skills
17. principles and strategies of caseload management and the referral process to promote independence, optimal wellness, empowerment, and engagement with community resources
18. classification, effects, and indications of commonly prescribed psychopharmacological medications
19. suicide prevention and response models and strategies
20. crisis intervention, trauma-informed, community-based, and disaster mental health strategies
21. processes for developing a personal model of counseling grounded in theory and research

F. GROUP COUNSELING AND GROUP WORK

1. theoretical foundations of group counseling and group work
2. dynamics associated with group process and development
3. therapeutic factors of group work and how they contribute to group effectiveness
4. characteristics and functions of effective group leaders
5. approaches to group formation, including recruiting, screening, and selecting members
6. application of technology related to group counseling and group work
7. types of groups, settings, and other considerations that affect conducting groups
8. culturally sustaining and developmentally responsive strategies for designing and facilitating groups
9. ethical and legal considerations relative to the delivery of group counseling and group work across service delivery modalities
10. direct experiences in which counseling students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

G. ASSESSMENT AND DIAGNOSTIC PROCESSES

1. historical perspectives concerning the nature and meaning of assessment and testing in counseling
2. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
3. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
4. reliability and validity in the use of assessments
5. culturally sustaining and developmental considerations for selecting, administering, and interpreting assessments, including individual accommodations and environmental modifications
6. ethical and legal considerations for selecting, administering, and interpreting assessments
7. use of culturally sustaining and developmentally appropriate assessments for diagnostic and intervention planning purposes
8. use of assessments in academic/educational, career, personal, and social development
9. use of environmental assessments and systematic behavioral observations
10. use of structured interviewing, symptom checklists, and personality and psychological testing

11. diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems
12. procedures to identify substance use, addictions, and co-occurring conditions
13. procedures for assessing and responding to risk of aggression or danger to others, self-inflicted harm, and suicide
14. procedures for assessing clients' experience of trauma
15. procedures for identifying and reporting signs of abuse and neglect
16. procedures to identify client characteristics, protective factors, risk factors, and warning signs of mental health and behavioral disorders
17. procedures for using assessment results for referral and consultation

H. RESEARCH AND PROGRAM EVALUATION

1. the importance of research in advancing the counseling profession, including the use of research to inform counseling practice
2. identification and evaluation of the evidence base for counseling theories, interventions, and practices
3. qualitative, quantitative, and mixed methods research designs
4. practice-based and action research methods
5. statistical tests used in conducting research and program evaluation
6. analysis and use of data in research
7. use of research methods and procedures to evaluate counseling interventions
8. program evaluation designs and procedures, including needs assessments, formative assessments, and summative assessments to inform decision-making and advocacy
9. culturally sustaining and developmentally relevant outcome measures for counseling services
10. ethical and legal considerations relevant to conducting, interpreting, and reporting the results of research and program evaluation
11. culturally sustaining and developmentally responsive strategies for conducting, interpreting, and reporting the results of research and program evaluation

SECTION 4: PROFESSIONAL PRACTICE

The following standards apply to entry-level programs for which accreditation is being sought. Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. Fieldwork experiences will provide opportunities for students to counsel diverse clients.

ENTRY-LEVEL PROFESSIONAL PRACTICE

- A. The counselor education program provides ongoing support to help students find fieldwork sites that are sufficient to provide the quality, quantity, and variety of expected experiences to prepare students for their roles and responsibilities as professional counselors within their CACREP specialized practice areas.
- B. Students are covered by individual professional counseling liability insurance while enrolled in practicum and internship.
- C. Supervision of practicum and internship students includes secure audio or video recordings and/or live supervision of students' interactions with clients that are in compliance with applicable institutional, state, federal, and international privacy requirements for all program delivery types.
- D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technology, as part of their practicum and internship.
- E. In addition to the development of individual counseling skills, during *either* the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.
- F. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
- G. Programs provide a fieldwork handbook to all students and fieldwork site supervisors, for all program delivery types, detailing requirements, expectations, policies, and procedures, including:
 - 1. CACREP standards and definitions related to supervised practicum and internship;
 - 2. supervision agreement;
 - 3. evaluation procedures and requirements; and
 - 4. policy for student retention, remediation, and dismissal from the program.
- H. Written supervision agreements:
 - 1. define the roles and responsibilities of the faculty supervisor, field experience site supervisor, and student during practicum and internship;
 - 2. include emergency procedures; and
 - 3. detail the format and frequency of consultation between the counselor education program and the site to monitor student learning.

- I. The counselor education program provides orientation to fieldwork site supervisors regarding program requirements and expectations.
- J. During entry-level professional practice experiences, the counselor education program engages in consultation with the fieldwork site supervisor to monitor student learning and performance in accordance with the supervision agreement.
- K. The counselor education program provides professional development opportunities to fieldwork site supervisors for all program delivery types.
- L. Students have opportunities to evaluate their experience with the practicum and internship placement process.
- M. Students have regular, systematic opportunities to evaluate practicum and internship fieldwork sites and site supervisors.

SUPERVISOR QUALIFICATIONS

- N. Counselor education program core or affiliate faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have:
 - 1. relevant certifications and/or licenses,
 - 2. relevant training for in-person and/or distance counseling supervision, and
 - 3. relevant training in the technology utilized for supervision.
- O. Doctoral students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must:
 - 1. have completed entry-level counseling degree requirements consistent with CACREP standards;
 - 2. have completed or are receiving preparation in counseling supervision, including instruction for in-person and/or distance supervision; and
 - 3. be under supervision on a regular schedule that averages one hour a week from a qualified core or affiliate counselor education program faculty supervisor.
- P. Fieldwork site supervisors have:
 - 1. a minimum of a master's degree, preferably in counseling or a related profession;
 - 2. active certifications and/or licenses in the geographic location where the student is placed, preferably in counseling or a related profession;
 - 3. a minimum of two years post-master's professional experience relevant to the CACREP specialized practice area in which the student is enrolled;
 - 4. relevant training for in-person and/or distance counseling supervision;
 - 5. relevant training in the technology utilized for supervision; and
 - 6. knowledge of the program's expectations, requirements, and evaluation procedures for students.

PRACTICUM

- Q. Students complete supervised counseling practicum experiences that total a minimum of 100 hours over a full academic term that is a minimum of eight weeks consistent with the institution's academic calendar.
- R. Practicum students complete at least 40 hours of direct service with actual clients that contributes to the development of counseling skills.

PRACTICUM SUPERVISION

- S. Throughout the duration of the practicum, each student receives individual and/or triadic supervision on a regular schedule that averages one hour a week and is provided by at least one of the following:
 - 1. a counselor education program core or affiliate faculty member, or
 - 2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member, or
 - 3. a fieldwork site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
- T. Throughout the duration of the practicum, each student receives group supervision on a regular schedule that averages 1½ hours per week and is provided by at least one of the following:
 - 1. a counselor education program faculty member or
 - 2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member.

INTERNSHIP

- U. After successful completion of the practicum, students complete 600 hours of supervised counseling internship in roles and settings with actual clients relevant to their CACREP specialized practice area.
- V. Internship students complete a minimum of 240 hours of direct service with actual clients.

INTERNSHIP SUPERVISION

- W. Throughout the duration of the internship, each student receives individual and/or triadic supervision on a regular schedule that averages one hour a week and is provided by at least one of the following:
1. a counselor education program faculty member, or
 2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member, or
 3. a fieldwork site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
- X. Throughout the duration of the internship, each student receives group supervision on a regular schedule that averages 1½ hours per week and is provided by at least one of the following:
1. a counselor education program faculty member or
 2. a doctoral student supervisor who is under the supervision of a qualified core or affiliate counselor education program faculty member.

PRACTICUM AND INTERNSHIP COURSE LOADS AND RATIOS

- Y. When individual/triadic supervision is provided by the counselor education program faculty or a doctoral student under supervision, each practicum and internship course should not exceed a 1:6 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- Z. When individual/triadic supervision is provided solely by a fieldwork site supervisor, and the counselor education program faculty or doctoral student under supervision only provides group supervision, each practicum and internship course should not exceed a 1:12 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- AA. Practicum and internship students are not combined for group supervision.
- BB. Group supervision for practicum or internship students should not exceed 12 students per group.

SECTION 5: ENTRY-LEVEL SPECIALIZED PRACTICE AREAS

All entry-level students are enrolled in at least one specialized practice area. Students are expected to develop and demonstrate the knowledge and skills necessary to address a wide range of issues in their specialized practice area in consideration of culturally sustaining practices across service delivery modalities. Counselor education programs must document where and in what manner each of the numbered standards listed for that specialized practice area is covered in the curriculum. The standards may be addressed in the foundational curriculum or in experiences specifically designed for each specialized practice area.

A. ADDICTION COUNSELING

1. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others
2. risk and protective factors for substance use disorders
3. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal
4. strategies for enhancing client motivation to change, managing cravings, and preventing relapse
5. abstinence and harm reduction models of addiction recovery
6. evaluating and identifying individualized strategies and treatment modalities relative to substance use disorder severity, stages of change, or recovery
7. pharmacological interventions used to address substance use withdrawal, craving, and relapse prevention
8. substance use recovery service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare
9. recovery support tools and systems, to include vocation, family, social networks, and community systems in the addiction treatment and recovery process
10. culturally and developmentally relevant education programs that raise awareness and support addiction and substance use prevention and the recovery process
11. regulatory processes, continuum of care, and service delivery in addiction counseling
12. strategies for interfacing with the legal system and working with court-referred clients
13. third-party reimbursement and other practice and management issues in addictions counseling

B. CAREER COUNSELING

1. factors that affect clients' attitudes toward work and their career decision-making processes
2. the unique needs and characteristics of diverse clients with regard to career exploration, employment expectations, and socioeconomic issues
3. implications of gender roles and responsibilities for employment, education, family, and leisure
4. impact of globalization on careers and the workplace
5. education, training, employment trends, and labor market information and resources that provide information about job tasks, functions, salaries, requirements, and future outlooks related to broad occupational fields and individual occupations

6. approaches and resources relevant to diverse clients acquiring a set of career planning, employability, job search, job creation, and life-work role transition skills
7. strategies to assist clients in the appropriate use of technology for career information and planning
8. strategies to market and promote career counseling resources and services

C. CLINICAL MENTAL HEALTH COUNSELING

1. etiology, nomenclature, diagnosis, treatment, referral, and prevention of mental, behavioral, and neurodevelopmental disorders
2. mental health service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare
3. legislation, government policy, and regulatory processes relevant to clinical mental health counseling
4. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
5. techniques and interventions for prevention and treatment of a broad range of mental health issues
6. strategies for interfacing with the legal system regarding court-referred clients
7. strategies for interfacing with integrated behavioral healthcare professionals
8. strategies to advocate for people with mental, behavioral, and neurodevelopmental conditions
9. third-party reimbursement and other practice and management issues in clinical mental health counseling

D. CLINICAL REHABILITATION COUNSELING

1. effects of the onset, progression, and expected duration of disability on clients' holistic functioning
2. environmental, attitudinal, and individual barriers for people with disabilities
3. impact of disability on sexuality
4. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
5. clinical rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, integrated behavioral healthcare, and the rehabilitation counseling services networks
6. transferable skills, functional assessments, and work-related supports for achieving and maintaining meaningful employment for people with disabilities
7. role of family, social networks, and community in the provision of services for and treatment of people with disabilities
8. assistive technology to reduce or eliminate barriers and functional limitations
9. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management for people with disabilities

10. strategies to advocate for people with disabilities related to accessibility, accommodations, and disability law adherence
11. third-party reimbursement and other practice and management issues in clinical rehabilitation counseling

E. COLLEGE COUNSELING AND STUDENT AFFAIRS

1. principles of student development and the effect on life, education, and career choices
2. organizational, management, and leadership theories relevant in higher education settings
3. organizational culture, budgeting and finance, and personnel practices in higher education
4. current trends in higher education
5. diversity of higher education environments
6. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education
7. policies, programs, and services that are equitable, preventative, and responsive to the unique needs of students in higher education settings
8. higher education resources to improve student learning, personal growth, professional identity development, and mental health
9. models of threat assessment and violence prevention in higher education settings
10. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions

F. MARRIAGE, COUPLE, AND FAMILY COUNSELING

1. sociology of the family, family phenomenology, and family of origin theories
2. aging and intergenerational influences and related family concerns
3. impact of interpersonal violence on marriages, couples, and families
4. interactions of career, life, and gender roles in marriages, couples, and families
5. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
6. the impact of migration on family functioning
7. theories and models of marriage, couple, and family counseling
8. principles and models of assessment and case conceptualization from a systems perspective
9. family assessments, including genograms and family mapping
10. techniques and interventions of marriage, couple, and family counseling
11. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling
12. service delivery modalities and networks within the continuum of care, such as primary care, outpatient, partial treatment, inpatient, integrated behavioral healthcare, and aftercare
13. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling
14. third-party reimbursement and other practice and management issues in marriage, couple, and family counseling

G. REHABILITATION COUNSELING

1. individual response to disability, including the role of families, communities, and other social networks
2. strategies to enhance adjustment and adaptation to disability
3. effects of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
4. principles of independent living, self-determination, and informed choice
5. rehabilitation counseling services and organizational settings, including independent living, community rehabilitation, and public/proprietary vocational rehabilitation programs
6. benefit systems used by individuals with disabilities, including but not limited to Social Security, governmental monetary assistance, workers' compensation insurance, long-term disability insurance, and veterans' benefits
7. classification, terminology, etiology, functional capacity, and prognosis of disabilities
8. career- and work-related assessments, including job analysis, worksite modification, transferable skills analysis, job readiness, and work hardening
9. evaluation and application of assistive technology with an emphasis on individualized assessment and planning
10. career development and employment models and strategies for achieving and maintaining meaningful employment for people with disabilities
11. strategies to analyze work activity and labor market data and trends to facilitate the match between an individual with a disability and targeted jobs
12. case management strategies that facilitate rehabilitation and independent living planning
13. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including Americans with Disabilities Act adherence, accommodations, universal design, and workplace disability prevention
14. strategies to promote self-advocacy skills of individuals with disabilities
15. facilitating client knowledge of and access to community and technology services and resources
16. strategies to advocate on behalf of people with disabilities as related to disability and disability legislation

H. SCHOOL COUNSELING

1. models of school counseling programs
2. models of PK-12 comprehensive career development
3. models of school-based collaboration and consultation
4. development of school counseling program mission statements and objectives
5. design and evaluation of school counseling curriculum, lesson plan development, diverse classroom management strategies, and differentiated instructional strategies
6. school counselor roles as leaders, advocates, and systems change agents in PK-12 schools
7. qualities and styles of effective leadership in schools
8. advocacy for comprehensive school counseling programs and associated school counselor roles
9. school counselor roles and responsibilities in relation to the school crisis and management plans

10. school counselor consultation with families, PK-12 and postsecondary school personnel, community agencies, and other referral sources
11. skills to critically examine the connections of social, cultural, familial, emotional, and behavioral factors to academic achievement
12. skills to screen PK-12 students for characteristics, risk factors, and warning signs of mental health and behavioral disorders
13. strategies for implementing and coordinating school-based interventions
14. techniques of social-emotional and trauma-informed counseling in school settings
15. evidence-based and culturally sustaining interventions to promote academic development
16. approaches to increase promotion and graduation rates
17. interventions to promote postsecondary and career readiness
18. strategies to facilitate school and postsecondary transitions
19. strategies to promote equity in student achievement and access to postsecondary education opportunities