

## MFT Program Policy on Supervisor Qualifications, Roles, Responsibilities, and Evaluation

### Policy Availability

The Policy on Supervisor Qualifications, Roles, Responsibilities, and Evaluation is available to the public on the [MFT Homepage > Accreditation > Policies and Handbook](#).

### MFT Program Required MFT Supervisor Qualifications

Taken from Standards V12.5, glossary, p. 37, 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

#### All core MFT faculty supervisors at Valdosta State University must

1. hold a post-graduate degree in MFT from a COAMFTE accredited program
2. identify as an MFT by profession and academic training and practices according to the AAMFT code of ethics
3. hold AAMFT Clinical Fellow membership
4. possess or be on track toward earning a Georgia state MFT license (LMFT)
5. have the AAMFT Approved Supervisor designation (preferable) or be on track toward earning the designation by having completed or by enrollment in a pre-approved 30-hour AAMFT Supervision Fundamentals course through AAMFT
6. submit annual proof of continuous liability insurance

**Non-core faculty supervisors who are not AAMFT Approved Supervisors** must meet [Georgia state rules for qualification as a Board Approved Marriage and Family Therapy Supervisor](#) as described below in [Georgia Rule 135-5-.06\(1\)\(c\) Marriage and Family Therapists](#):

Board Approved Marriage and Family Therapy Supervisor means a person who is licensed as a marriage and family therapist and who has been approved by the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists to provide supervision of the practice of marriage and family therapy. To obtain such approval, the person shall submit documentation of the following:

1. three years of full-time post-licensure experience in the practice of marriage and family therapy;
2. 180 hours of experience providing marriage and family therapy supervision for at least two supervisees during a period of no less than two years and no more than five years;

3. 36 hours of supervision received from an American Association for Marriage and Family Therapy Approved Supervisor or a Georgia Board Approved Marriage and Family Therapy Supervisor, specifically in the skill of providing marriage and family therapy supervision, minimum of 24 hours of which shall have been individual supervision-of-supervision;
4. A recommendation from each of the supervisors who provided supervision-of-supervision attesting to the applicant's competence as a supervisor; and,
5. The Board may, in its discretion, approve a supervisor who is licensed, in good standing, as a Marriage and Family Therapist and who is designated as an approved marriage and family therapy supervisor in another jurisdiction.

### **Supervisor Definition, Functions, and Responsibilities**

#### **Supervisor Definition**

Valdosta State University MFT clinical supervisors are committed to the development of competencies and the professional growth of supervisees. Supervisors distinguish supervision from psychotherapy and didactic teaching and hold themselves ethically and legally responsible for the safety and quality of services delivered to client(s) by the supervisee. Supervisory focus is on individual client/student cases and the specific developmental goals of the student supervisee.

#### **Supervisor Definition**

##### **From [Georgia Rule 135-5-.06\(1\)\(p\)](#)**

Supervision means the direct clinical review, for the purpose of training or teaching, by a supervisor of the interactions with clients of a person practicing professional counseling, social work or marriage and family therapy. Supervision may include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation in order to promote the development of the practitioner's clinical skills. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.

#### **Distinctions Between Supervision, Classroom Learning and Personal Psychotherapy**

Within the Marriage and Family Therapy (VSU MFT) Program, there are clear differences in content, structure, supervisor qualifications, objectives, evaluation, and pedagogical approach between classroom-based instruction and clinical supervision.

Clinical supervision and didactic instructional roles differ by qualification, function, and evaluation. Clinical supervisors must have a specialized supervision credential, the Approved Supervisor certificate, evidence of specific training and experience in

This policy addresses Standards V12.5, Eligibility Criterion E: Accuracy and Program Transparency in Policies and Publications and Standard II: Program Leadership, Program Faculty, and Program Clinical Supervisors, KE II-B: Qualifications of Program Faculty and Program Clinical Supervisors; KE II-E: Program Clinical Supervisor Evaluation and Effectiveness. Updated Fall 2025. Scheduled for update Fall 2029 or sooner as necessary.

systemically-oriented supervision. Instructional faculty are not required to hold this certification. Functionally, while working as clinical supervisors, supervisors focus on client cases, evaluate students' clinical competencies and professional development, and they

are ethically and legally responsible for client care. When serving in the role of instructional faculty, these same individuals teach classroom-based material that does not involve live client contact, the assessment of students' clinical skills, nor are they responsible for the services students deliver to clients. These distinctions ensure a clear separation between clinical supervision and instructional evaluation, as required by KE II-B.

### **Focus and Purpose**

The primary focus of supervision is the intern's clinical and therapeutic work with couples (married or unmarried), families, individuals, children, and groups. Unlike classroom learning, which emphasizes theoretical knowledge acquisition, supervision is designed to promote the integration of theory into clinical practice through the development of professional identity, clinical competence, and ethical sensitivity.

### **Nature of the Learning Process**

The supervisory process is continuous, intensive, and highly personalized, often involving a greater degree of self-reflection and emotional engagement than traditional classroom interactions. Supervision provides a safe and structured environment in which students critically examine their clinical performance, decision-making, and therapeutic use of self.

### **Differentiation from Personal Psychotherapy**

Supervision is distinct from personal psychotherapy. Its primary function is to advance the supervisee's professional and clinical development, not to address personal psychological issues. The supervisory relationship is educational and evaluative in nature, grounded in the ethical and professional standards of the MFT discipline.

### **Structure and Format**

Supervision occurs through direct, face-to-face dialogue between the MFT trainee and an approved faculty supervisor during practicum experiences. These supervisory sessions, frequently organized as *consultation teams*, are conducted for seven-hour periods on a weekly basis across three consecutive semesters. Individual supervision—typically one-hour sessions—occurs when one or two students meet privately with the supervisor. Group supervision consists of no more than six supervisees to ensure individualized attention and adequate case discussion.

### **Experiential Emphasis**

Supervision within the VSU MFT Program is fundamentally experiential. Supervisors engage with the raw data of the trainee's clinical practice, which may include live observation, co-therapy, written process notes, and audio or video recordings. Case supervision may also take place through discussion without direct access to client dialogue, focusing instead on the trainee's conceptualization and intervention choices.

### **Practicum Duration and Requirements**

Practica spans one full academic year of continuous clinical training. Students electing to pursue

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additional practica beyond the three required consecutive semesters must remain formally enrolled at the university and continue under the supervision of a licensed, AAMFT Approved faculty supervisor.

### **Clinical vs. Administrative Supervision**

Supervision within the MFT Program is clinical rather than administrative. While site supervisors at external internship placements may conduct administrative or job performance evaluations, clinical supervision is devoted to examining the process, quality, and effectiveness of therapeutic conversations between clients and the student therapist.

### **Authority and Qualifications**

Unlike classroom environments where peer-to-peer learning is often encouraged, supervision must always be conducted by a licensed, AAMFT Approved Supervisor. Supervision cannot be performed by peers or individuals lacking the requisite professional qualifications and experience.

### **Supervisor Roles and Functions**

Supervisor roles and functions align with the Program's goals and SLOs as follows:

1. Demonstrate and/or model intervention strategies and client conceptualization. Discuss rationale behind specific strategies and/or interventions. (SLO 2 & 4)
2. Demonstrate and model collaborative, cooperative—as opposed to oppositional—therapeutic relationships with clients (SLO 1, 2, & 4)
3. Interpret significant events in the therapy session. (SLO 2 & 3)
4. Encourage supervisee to brainstorm possible interventions. (SLO 5 & 6)
5. Provide a safe space in which supervisees can take risks sharing their own perceptions, understanding, interventions, and conceptualizations. (SLO 6)
6. Give supervisees the freedom to develop their own therapeutic style, voice, and understanding within a systemic frame of reference. (SLO 5 & 6)
7. Conduct end-of-semester, mid-term, and/or as needed, other periodic written and/or face-to-face evaluations with each supervisee. (SLO 1 & 2)
8. Teach supervisees to hear both clients and their own voices. (SLO 1)

### **Supervisor Responsibilities**

Supervisors who are core faculty are required to do the following:

1. attend weekly faculty meetings, including
  - a. attend faculty meetings during which current clinically active students are reviewed.
  - b. attend middle and/or end-of-semester meetings during which supervisors exchange impressions and information about students moving to a different consultation team supervisor.

Supervisors are not required but encouraged to participate in peer review of their supervisory work.

Supervisors who are non-core faculty are invited and strongly encouraged but not required to do all the above.

### Supervisor Evaluation

MFT supervisors are evaluated at the end of each semester via two different surveys:

1. University Student Opinion of Instruction (SOI) surveys are emailed to each student at the end of each course. Faculty receive these aggregated data and narrative comments after grades are posted.
  - Department heads use these data to write the annual faculty evaluation (AFARAP)
  - Faculty members use these data to
    - improve their courses
    - present them as part of promotion and tenure applications
2. Near the end of the semester, before grades are posted, all clinically active supervisors will email the Qualtrics survey, Student Evaluation of Practicum Supervisor, to each member of their practica team
  - The data from these evaluations are aggregated and reviewed in a faculty meeting. If the faculty think changes are necessary or will improve students' supervisory experience, a discussion regarding implementation takes place.