MFT
Policy and Procedures Manual

University of Georgia

Marriage and Family Therapy Program

Human Development & Family Science

College of Family and Consumer Sciences

UNIVERSITY OF GEORGIA

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University of Georgia
Marriage and Family Therapy Program
Policy and Procedures Manual

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INTRODUCTION

Welcome to the Marriage and Family Therapy (MFT) Program at the University of Georgia. The mission of the MFT Program is to develop student's professional identity as a couple and family therapist and scholar of marriage and family therapy and human development and family science. To develop all facets of professional identity, the program is guided by the scientist-practitioner model and bio-psychosocial model. Students are provided opportunities to: 1) build clinical skills in family therapy practice, 2) gain research skills that focus on individuals, couples, and families, 3) develop quality teaching skills, and 4) obtain opportunities to further professional development. Examples of learning opportunities include clinical practice and supervision, cultivating critical analytical skills through class assignments and projects, acquiring knowledge and skills in research methods and statistics courses, conducting research independently and with faculty members, teaching classes, presenting at national and state conferences, and publishing scholarly, peer reviewed articles. This is done in an environment that is committed to supporting multiculturalism and diversity. This manual should complement the Graduate Handbook of HDFS and the ASPIRE Manual. It is necessary to meet the guidelines of all three documents.

Upon graduating from the University of Georgia Marriage and Family Therapy Program students will be able to:

1. Conduct rigorous culturally sensitive research focusing on relationships, developmental issues across the lifespan and in clinical contexts; present research findings at national and international conferences; and publish articles in scholarly journals and edited books.
2. Obtain skills necessary to teach university classes, lead psychoeducational groups, and conduct professional training workshops.
3. Gain clinical and supervisory skills to become AAMFT Approved supervisors, AAMFT Clinical Fellows, state licensure in MFT, and gain a wide breadth of clinical skills that are ethically and culturally appropriate approaches.

The goals of the MFT Program are consistent with the mission of the Department of Human Development and Family Science's graduate program, the College of Family and Consumer Sciences, and the University of Georgia.

The MFT Program is accredited by the Commission of Accreditation for Marriage and Family Therapy Education (COAMFTE). The MFT program is designed to be consistent with Professional Marriage and Family Therapy Principles. Portions of this manual are from COAMFTE materials.

USE OF THIS MANUAL

This manual is a supplement to the University of Georgia Graduate Bulletin, the Child and Family Development Doctoral Program Handbook, and the Human Development and Family Science Master's Program Handbook. Thus this manual will cover information unique to the MFT Program**. Students are responsible to read (and seek clarifications if needed) the policies and procedures of the university, department and program.**
As students start the program and early in their first month at UGA, they will be given an ASPIRE Clinic Manual that will describe the policies and procedures of seeing clients in the ASPIRE Clinic.

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Every effort is made to provide accurate and current information in this handbook, the MFT program reserves the right to change statements in the handbook concerning polices, curricula, or other matters**.** **Students enrolled in the MFT Program agree to comply with the Program's rules and regulations and to accommodate to any changes necessary.**

CURRICULUM REQUIREMENTS

The MFT curriculum is designed to meet MFT Educational Guidelines.
Students who are admitted to the MFT Program with a COAMFTE Accredited Master's degree complete the Post COAMFTE Accredited Master's Degree; students form can be found in Appendix A. Interactive forms can be found on the department Webpage.

Students who are admitted to the program with a Master's degree from a non-accredited MFT program must complete the Standard and Doctoral Curriculum; the Non-COAMFTE Accredited Master's Degree Students in Appendix A outlines the curriculum.

Students who are admitted to the program with a Master's degree from a non-clinical program (i.e. family studies, sociology, public health, etc.) must complete the Standard and Doctoral Curriculum; the Non-COAMFTE Accredited Master's Degree Students in Appendix A outlines the curriculum.

Additional substitute courses can be found in the Marriage and Family Therapy Certificate Program. All substitutions must be approved by your advisory committee. These forms only outline course requirements for the MFT Program. Department requirements can be found in the department handbooks and Graduate School requirements are found on their website http://www.fcs.uga.edu/hdfs/graduate-for-current-students
To waive a course, students must follow the steps outlined in the department handbook.

Program Outcomes, Faculty Outcomes and Student Learning Outcomes

Program outcomes*: Based on selections from MFT Educational Guidelines, and Core Competencies to reflect a program that is congruent with what students learn within an environment that encourages scholarship, service and practice as well as respect and skills for working with diverse clients and diverse issues.*

PO1: Improve and expand services offered at the clinic to include financial, housing and nutrition counseling.
PO2: Have graduates secure jobs in their chosen area of work.
PO3: Foster an environment that is respectful of diversity.

Faculty outcomes: *Based on selections from the MFT Educational Guidelines, and Core Competencies such that meet and advance program and student outcomes*

FO1: Engage in cutting edge research through publication, presenting at national conferences, and securing external funding.
FO2: Provide quality instruction in classes they teach.
FO3: Remain current on new developments in MFT through publishing journal articles, obtaining continuing education, and attending national conferences.

FO4: Be clinically active, defined as having an active caseload of clients, being licensed as a Marriage and Family Therapist and an AAMFT Clinical Fellow.
FO5: Be an AAMFT Approved Supervisor and maintain that designation.
FO6: Be active in providing service to the university, the community, and professional organizations.
FO7: Address diversity in scholarship and practice.

Student learning outcomes:

SLO1: Conduct rigorous research focusing on relationships, present research findings at national conferences, and publish articles in scholarly journals.

Adapted from Domain 6 of MFT Core Competences (6.1.1, 6.1.2, 6.1.3, 6.3.1, 6.3.2, 6.3.3, 6.4.1, 6.5.1). Conduct rigorous research focusing on relationships, present research findings at national conferences, and publish articles in scholarly journals. Students will be able to achieve the following:

SLO 1.1: Use writing skills applicable to scholarly and research settings
HDFS 8050, 8060, 8070, 8130, 8710, 8800, Portfolio
SLO 1.2: Conceptualize and design a research project *HDFS 8090, 8810, Portfolio*
SLO 1.3: Learn skills of both quantitative and qualitative research methodologies
HDFS 8090, 8730, 8810, Portfolio
SLO 1.4: Demonstrate the ability to think critically
HDFS 8050, 8060, 8070, 8130, 8700, 8710, 8810
SLO 1.5: Conduct a research study and write up the results *HDFS Portfolio*

SLO2: Obtain skills necessary to teach university classes, lead psychoeducational groups, and conduct workshops.

This SLO is adapted from MFT Educational Guideline 106, Additional Learning. These skills and knowledge are to prepare our students to secure and retain employment in educational and other professional settings. This includes obtaining skills necessary to teach university classes, lead psychoeducational groups, and conduct workshops. Students will do some or all of the following:

SLO 2.1: Teach a course or outreach *HDFS Portfolio*
SLO 2.2: Assist in teaching/co-facilitating a course *HDFS 8050, 8060, 8070, 8130*
SLO 2.3: Conduct national/international presentations *HDFS Portfolio*

SLO3: Gain clinical and supervisory skills to ethically treat a variety of clinical issues and presenting problems.

Adapted from Domain 2 (2.1.1, .2.1.7, 2.3.8), Domain 3 (3.1.1, 3.2.1, 3.3.2, 3.3.3, 3.3.6, 3.3.7, 3.5.4) Domain 4 (4.1.2, 4.3.1, 4.3.11, 4.4.3), Domain 5 (5.2.3, 5.2.4, 5.3.5, 5.3.6, 5.3.7) of the MFT Core Competencies; Domains 1, 2 3, and 4 of the AMFTRB National Exam. Gain clinical and supervisory skills to ethically treat a variety of clinical issues and presenting problems. Students will demonstrate the following:

SLO 3.1: Writing skills applicable to a clinical setting *HDFS 8130, 9070*
SLO 3.2: Knowledge of intervention and models *HDFS 8050, 8060, 8070, 8130, 9070*
SLO 3.3: Knowledge of research informing clinical practice *HDFS 8050, 8060, 8070, 8130, 9070*
SLO 3.4: Clinical competence in core clinical skills *HDFS 9070*
SLO 3.5: Conceptualize systemically and theoretically informed intervention *HDFS 8050, 8060, 8070, 8130, 9070*
SLO 3.6: The ability to practice ethically *HDFS 8070, 8130, 9080, 9070*
SLO 3.7: The ability to provide clinical supervision *HDFS 9080*

SLO4: Gain an ability to work with a diverse range of clients and students.

These SLO's are from the AMFTRB Domain 6, #37, implications of human diversity on client systems and an ability to work with a diverse range of clients and students.

SLO 4.1: Knowledge of issues associated with multiculturalism *HDFS 8050, 8060, 8070, 8710, 8810, 8910*
SLO 4.2: An ability to ethically practice as an MFT with cultural sensitivity *HDFS 9070, 9080*

CLINICAL EXPERIENCE REQUIREMENTS

Students seeing clients and receiving supervision are required to sign up for 3 credit hours of HDFS 9070 each semester they are seeing clients. Typically two sections of HDFS 9070 are offered every semester and students will receive an email informing them of which section they are to enroll. Students will have both individual and group practicum when seeing clients; however, individual supervisors can make changes as they deem necessary. These practica will meet weekly to do live session therapy, video observation or consultation of cases.

Liability Insurance

All students seeing clients must maintain up-to-date liability insurance and provide proof of insurance to the Director of the ASPIRE Clinic. It is expected that students seeing clients will follow the AAMFT Code of Ethics (see Appendix K) and State of Georgia laws related to the practice of marriage and family therapy (see Appendix F). Any concerns of either a legal or ethical nature must be reported to a clinical supervisor immediately.

Practicum

Requirements for practicum include completing all necessary documents and reports in a timely manner, this includes case reports, case notes, closing cases, and weekly documentation of your caseload and contact hours with your supervisor's signature. Students must also reply promptly to the quality assurance reports from the Clinic. Students are also to be prepared for each practicum with either a live case or prepared case presentation (e.g. cued up video, and appropriate case files). Students

are expected to have a full case load (as defined in the Aspire Clinic Operations Manual), the number of cases being determined by the needs of the clinic and in discussion with the student and clinical faculty. What is the norm and what is often expected is students maintain a caseload of 6-10 active clients, which is averaging 4-7 hours of direct client contact/week. It is also required that students in practicum attend all clinic and MFT program meetings. The MFT program, including faculty and students will have monthly meetings between August and May. Failure to complete any of these requirements will affect your practicum grade and your standing in the program. While the ASPIRE clinic manual does have policies on crisis situations, in general, if the student has a situation that involves an ethical or legal concern, the student should first contact their supervisor via phone or text. If the supervisor cannot be reached, contact another MFT faculty or Megan Ford. If it is a safety issue, then contact campus police immediately. Evaluation and grading of practicum will include the practicum evaluation form, the form used by the ASPIRE staff, and the core clinical skills (as a guideline).

Supervision

Students are required to accumulate at least 200 hours of supervision, of which 100 must be individual supervision. Individual supervision is defined as either one or two supervisees with a supervisor. Group supervision cannot exceed six supervisees. A supervisee behind the mirror with the supervisor (and one therapist doing therapy) can receive individual supervised contact hours for this time. A minimum of 100 supervised hours of live observation or video supervision can count toward your 1000 hours, from either you MS MFT program or from UGA or both.

Additionally, throughout practicum, each student must maintain a minimum ratio of 5:1 of client contact with supervision. Both individual and group supervision with clinical MFT faculty counts for these hours. As noted above, supervised hours accrued prior to starting the program may be included in this total.

Documentation

In completing one's clinical hours it is necessary that students complete their documentation weekly. Each week students will write down their entire case load (regardless if appointments were scheduled or not) and document activity for that week. The supervisor will review the clinical and supervision forms once a month and initial their approval. A running tabulation will be kept until the end of the semester when the sheets are turned into the Aspire Clinic director. It is advised that students keep copies of these documents for their own records as some states many allow hours from graduate school to be used toward licensure. It is also advised that students keep personal records of their time spent in other clinical activity (paper work, phone calls, clinic meetings, etc.) which may count for state licensure requirements.

Students who have not completed 500 hours of client contact and 100 hours of supervision with an AAMFT approved supervisor prior to starting the doctoral program must have completed 500 supervised hours combined time between supervised hours brought in and hours at the Aspire Clinic. At least 250 hours must be with couples or families. Students who have accrued client contact and supervision prior to UGA are encouraged to apply these hours to the 1000 supervised client contact requirement.

Documentation of client contact and supervision hours must be provided to the Program Director on an official signed form or letter from your previous graduate institution and vitae or letters from previous clinical settings verifying your supervisor’s status as an AAMFT Approved Supervisor or the equivalent. This must be done within the first semester. Students with hours in a related field will be considered on a case-by-case basis.

Continuous Client Contact Hours

If a student has at least 500 approved hours when they start the doctoral program, the student will need to continue seeing clients at the ASPIRE Clinic until they have demonstrated the skills on the Core Clinical Skills (to be used as an informal guideline for practicum evaluations) form and have been cleared by the clinical faculty after passing their Clinical Presentation. Students are required to have ongoing clinical experience. This means that each student will need to continuously work at the Aspire Clinic and be enrolled in practicum until the student has presented their clinical paper and presentation. Form. On a case-by-case basis, this could also involve maintaining a small case load (and working with a specific clinical issue or clinical population), supervising other clinicians, facilitating a group, or developing an alternative plan. Plans that involve work outside the Aspire clinic must be approved by the MFT Clinical Faculty.

Supervision is not considered psychotherapy. Supervision is a process of mentoring and training to assist a student's clinical development. If the supervisor believes that a student could benefit from seeking therapy, suggested referrals will be confidentially shared with that student. If the faculty believes that it is important to share this with the clinical faculty, this will be told to the student. There will be a mandatory ASPPIRE clinic policy training meeting every fall semester for first-year students. At this meeting clinic policies and procedures will be explained and reviewed.

New students with a master's degree from a COAMFTE accredited program will have the opportunity to start their clinical work midway through their first semester. Students from a non-accredited master's degree will start seeing clients at the discretion of their supervisor.

CLINICAL SUPERVISOR EQUIVALENCY REQUIREMENTS

The Program Director may designate a person who is not an AAMFT Approved Supervisor as equivalent to the status for purposes of supervision if the person is an AAMFT Supervisor Candidate or if

1) the student provides documents that the equivalent supervisor has demonstrated training, education and experience in marriage and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in individual, couple and family therapy, and

2) the student provides documentation of supervisor's demonstrated training, education and experience in individual, couple, and family therapy supervision. This may be demonstrated by state credentials to provide MFT supervision, completing coursework or continuing education in MFT supervision, significant MFT supervised supervision experience, or more than 10 years' experience supervising MFT students. Equivalence criteria must include training in MFT supervision.

REQUIREMENTS FOR THE SUPERVISION COURSE (HDFS 9080)

MFT Students are required to take HDFS 9080. Students need to have completed a majority of their clinical coursework and have a minimum of 500 clinical hours supervised by an AAMFT Approved Supervisor or the equivalent. Prior to taking this class students must have been in a doctoral program for at least 18 months, have a master's degree in MFT or a closely related field. Students are expected to be familiar with the guidelines and requirements of becoming an approved supervisor. Information can be found in the Approved Supervisor Designation Standards and Responsibilities Handbook (https://www.aamft.org/imis15/Documents/Approved_Supervisor_Handbook_2014.pdf). This course is currently (as of 2017) listed as a two semester course, with students the first year doing the didactic part of the course and the second semester doing the on-site supervision. On occasion this course has also been taught as a one time, one semester course.

POLICY FOR FINAL CLINICAL PAPER and PRESENTATION

All MFT students are required to do a clinical theory of therapy paper and clinical presentation. The paper and presentation is to be done after completing at least 250 hours in the ASPIRE clinic and at least 500 total client contact hours (divided between individual and relational contact hours), and prior to starting their internship. It is necessary to schedule this at least one semester prior to the presentation. The clinical exit exam is to be taken either the end of April or the early December. Scheduling this early to make sure of availability of faculty is your responsibility. Completing the clinical exit does not mean you have to stop seeing clients in ASPIRE, but to exit the clinic you do need to Pass your Clinical Exit Exam. You need to discuss your plan for the defense with your clinical supervisor and MFT members on your committee (which could be the same person) and your major professor and get their permission. You also need to inform Megan Ford in the ASPIRE clinic and meet ASPIRE clinic policies. Additionally prior (or concurrent with doing the final clinical presentation, students are required to pass their comprehensive exams and complete all required course work. It is expected that students maintain a clinical practice after successfully defending their clinical presentation. If the student wants an exception to this policy, they need to send a letter of request to the Program Director with the reason for the exception. This request will be discuss by all of the MFT faculty and a response provided.

The purpose of the clinical presentation is for the student to demonstrate knowledge and competency in a setting similar to a job interview.

The presentations require two products: 1) a written paper in APA format (15 pages plus references), and 2) an oral presentation that is open to MFT students and faculty in the department. The paper should describe the philosophical and epistemological orientations for conducting therapy, be grounded in MFT literature, and demonstrate an integration of theory, practice and research. In your paper describe your theory of therapeutic change (assumptions about how change occurs, theories of human behavior in social contexts, practices utilized in conducting therapy, MFT model(s) used in therapy, and the use of self in therapy) and how you address issues such as ethics, crisis intervention, diagnoses, social justice, diversity, gender, and power inequities. You must articulate how your model adapts to diverse clinical contexts, clientele (i.e. children, families, couples, individuals, etc.), and cultural contexts. Your paper must be scholarly and well cited. See page 47 for the rubric.

The written paper needs to be turned into the MFT Faculty at least **two weeks** prior to the oral presentation. The MFT faculty will determine a grade of Pass or Incomplete for both the written and oral parts (majority rules) using the rubric (page 45.) If there is a grade of incomplete for either part, written feedback will be given to the student about necessary changes. The student cannot begin an internship until they have passed both the written and oral part of this requirement.

The oral presentation will follow the format used by many universities when hiring a new faculty member. The presentation will be scheduled for **60 minutes**. Include the following in your presentation: 1) your theory of therapeutic change, 2) case summary and edited video excerpts of one or more cases, 3) connections of the case to the theory of the therapist, 4) positioning yourself and your work within a cultural framework, demonstrating cultural responsiveness, and 5) clinical outcome of the therapy. As part of the 60 minutes please allow 20 minutes for questions.

INTERNSHIP REQUIREMENTS

Students are required to do a clinical and/or research internship. All required course work, final clinical presentation and portfolio requirements must be successfully completed prior to starting the internship. You cannot have any grades of incomplete on your transcript. Setting up an internship can take time and students should begin meeting with the Director of Clinical Training at least six months prior to their intended start date. Students need to provide a written description of the location they want for their internship, as well as expected client contact at the site, and how supervision is provided.

Internship requirements must meet MFT Education Guidelines. The internship must last at least 9 months (though 12 months may be preferred as some states may require that for licensure), and provide students with an approved supervisor providing supervised full-time experience emphasizing relationally focused practice and/or research. Students need to sign up for 3 credits per semester for internship (HDFS 9920).

Supervisors must be AAMFT Approved Supervisors or the equivalent, be clearly senior in experience to the intern, and be available to the intern for at least one hour of supervision per week. The internship needs to be 30 or more hours per week. The internship site must have a signed memorandum of understanding with UGA, must keep records of the student's (copies of these records) need to be provided to the MFT Program. The internship coordinator must approve the internship site.

The type of internship (a focus on clinical work, research teaching or a combination) will be determined by the student, the MFT Clinical faculty on their committee. Students may request a particular type of internship setting and structure which includes clinical, research and teaching experience. A student who has not accrued 1000 direct client contact hours (500 of these hours must be relational hours) prior to starting the internship must do an internship that requires 75% or more of their time doing clinical work. Sites that cannot guarantee a full clinical caseload are not appropriate for students who have not met the minimal 1000 hour clinical contact.

If a student has accrued over 2000 MFT direct client contact hours (or is licensed as a MFT and is a clinical member of AAMFT), he/she may request an internship that is 100% research and/or teaching based. For students who have between 1000 and 2000 MFT hours, the MFT faculty will collaboratively discuss with the student an appropriate type of internship setting. The criteria of this discussion includes the depth and range of the student's clinical experience (i.e. diversity of clinical population, type and range of presenting problems), the quality of their professional skills and practice, and their professional goals. The decision of this discussion will be documented Program Director and put in the student's file.

The internship site must have a governing or advisory board that includes at least one member who is not a marriage and family therapy professional, have published policies prohibiting discrimination on the basis of age, culture, ethnicity, gender, physical ability, race, religion, sexual orientation, and socioeconomic status, provide adequate caseloads to the student (half of the client contact hours must be with couples or families), supervisors must be AAMFT Approved Supervisors or the equivalent and will be an active participant in the student's training. Interns must maintain liability insurance and provide documentation to Program Director.

DISSERTATION

As required by MFT Educational Guidelines the dissertation topic must be in the field of marriage and family therapy or closely related field (e.g. family studies, family science, human development, Human Development and Family Science, gerontology) and include a comprehensive discussion of implications for the field of marriage and family therapy.

MFT FACULTY ON DISSERTATION COMMITTEES

One of the most important decisions you will make during you time in the MFT Program is the selection of your major professor and advisory committee. You may choose any faculty member from the HDFS Department as your major professor and, in consultation with your major professor, choose your committee. However, students in the MFT Program are required to have at least one MFT tenured track faculty (not adjunct faculty) on their committee. Students can have more than one MFT faculty on their committee. The student's committee members will also be responsible for approving a plan of study, a master's project or thesis if necessary, and any other issues related to mentoring and guiding the student toward the completion of their degree.

Bi-ANNUAL STUDENT EVALUATION

Bi-annual student evaluations (Appendix A) will be conducted in January and August. The form is a document that can be continuously used and update twice a year. Include the month/year at the top of the form so it is clear which is the most update version. This means you need to safe the document each time you submit it so you can update it. In addition to the information required for the department evaluation, MFT students should prepare the information outlined in Appendix A. A copy of the information prepared for the department along with the documentation required for the MFT student evaluation should be given to the MFT Program Director. Copies of the Practicum Evaluation forms from each semester will also be included in the evaluation.
The MFT Clinical Faculty will meet to discuss student progress.

At times clinical faculty may ask other relevant people who may have been involved with supervising the student to join the meeting. The purpose of the evaluation is to assess the student's clinical strengths, professional development as a marriage and family therapists, and areas of development.

Students will be provided written feedback from the clinical faculty. Students will be evaluated using the same categories as the department evaluation: a) Satisfactory, with no concern; b) Satisfactory, with concerns; c) Unsatisfactory, with probation warning; d) Unsatisfactory, with probation (a time line for improvement is imposed); or e) Dismissal from the program. The written feedback will be placed in the students file and will be revisited the following year.

STUDENT SELF CARE

Graduate school and maintaining a clinical practice is a stressful endeavor. To promote self-care students are encouraged to maintain and share their hobbies and interests will their colleagues and faculty members. It is also important to maintain balance between self-care and obligations associated with graduate studies. To help maintain balance the program uses the following definition: Self-care includes taking responsibility for your schedule and planning your life to complete your obligations. For example, if you have classes or clients scheduled all day on Wednesday and you need to prepare or relax some on Tuesday prior to your busy day, you start taking care of other obligations, such as studying for classes, earlier in the week to ensure you have time on Tuesday to relax, read something fun, exercise, etc.. Missing class or clients because you are tired is not self- care, self-care is planning ahead so you don't miss class or cancel clients. You have the right to miss class or cancel clients but depending on the class or practicum it can adversely affect your grade. All self-care practices that affect clients must be discussed with your current supervisor before changes in client schedules are made.

PRESENTATIONS IN COMMUNITY SETTINGS

Aspire Clinic service providers have a responsibility to provide quality presentations for community agencies. Prior to providing a presentation in a community agency students should meet with their major professor or the MFT faculty member on their committee to discuss the presentation. They should also provide the faculty member an outline of what is to be presented. This will allow us to maintain the high quality of presentations that we have become known for and to keep a list of the various ways students provided services to the community.

GRIEVANCE POLICY

If a student in the MFT program has a concern with a faculty member or student in the program, the student should first try to discuss the problem with the person or people involved. If the issue cannot be successfully resolved, or there are reasons this is not an appropriate action, the student should go to the Director of the MFT Program to discuss the concerns. If the problem is not resolved at this level, or it is not appropriate to discuss the issue with the MFT Program Director, the individual should take the concern to the Head of the Department. If the problem is not resolved at this level, or it is not

appropriate to discuss the issue with the Department Head, the student should take the concern to the Dean of the College. If there is a concern about an academic decision, there is a policy in the Graduate Bulletin which addresses the procedure for this appeal. This policy would supersede the above grievance policy.

PROBATION OR COUNSELING A STUDENT OUT OF THE PROGRAM

If a student receives a C or lower in practicum or a core course for the MFT Program, the faculty may recommend a remediation plan for the student. At this time, depending on the severity of the concerns, the student may be put on probation. A remediation plan will be developed and given to the student to improve the concerns. If the student does not adequately meet the remediation plan (as defined in the remediation plan and explained to the student), the student may be counseled to withdraw from the family therapy program.

PROGRAM EXIT INTERVIEW

Each student, within 2 months prior or post-graduation from the Department and Program should have an exit interview with the program director.

Additional Policies Relevant to MFT Students

1. **Feedback from communities of interest** will be solicited on an annual basis. Using Qualtrix, we will get information from the community in which our students provide services. This will be conducted through the ASPIRE Clinic, which both has our students providing services, but also soliciting feedback from the community agencies who refer clients to ASPIRE. We will also get feedback from faculty in the department, students the program, and administrators of the department and college. Analyses of this information will be conducted by either ASPIRE or support staff in HDFS. The MFT faculty will review these data on an annual basis at the MFT Faculty Retreat.
2. The **Clinical Director of the ASPIRE Clinic will hold quarterly meetings with the advisory board**. This board includes members of the four departments of the College of Family and Consumer Sciences as well as faculty from the Law School. Minutes of these meetings will be maintained at the ASPIRE Clinic and shared, when appropriate with MFT Doctoral Program. In intern in the ASPIRE clinic will serve as note taker.
3. **The MFT Program Director will meet on a monthly basis with Clinical Director of ASPIRE.** Minutes will be kept of this meeting, and shared with MFT faculty and students as appropriate.
4. **MFT faculty will have monthly meetings** between August and May. Minutes will be kept at these meetings and every other meeting a student representative from the MFT program will join the faculty. The student representative will serve as a conveyor of communication between the students and faculty. A departmental secretary will serve as note taker.
5. **The Program Director of the MFT Program will have quarterly meetings with the Department Head** to discuss the MFT Programs. Questions of budgetary needs will be part of this conversation.
6. **The MFT program, including faculty and students will have monthly meetings** between August and May. A departmental secretary will serve as note taker.
7. **We will collect student and program data** throughout the year to be reviewed at the MFT Annual retreat.
8. **Once a year in August the MFT faculty will have a full day retreat**. The purpose of this meeting is to review and evaluate the data of SLO's, Faculty outcomes and Program Outcomes and current policies. Prior to the retreat, data collected from throughout the year will be analyzed.

9. Aggregated data on student achievement will be discussed. Further, discussion on improving the program and making changes will occur. At the annual faculty retreat, MFT faculty will evaluate and review the curriculum and teaching of our courses. Minutes will be kept.
10. **We will annually administer an evaluation of alumni**. Additionally, graduating students will be interviewed by the program director within six months of graduating from the university.
11. **Students role in governance** include: (1) providing end of semester course evaluations; (2) completing evaluations of their supervisors; (3) responding to annual Qualtrix surveys; (4) coordinating with the student representative on MFT Faculty meetings and HDFS Faculty meetings; (5) providing written requests to MFT faculty for individual needs.
12. We will conduct **survey data from alumni** including such aspects of MFT exam pass rate, employment status. This data will be reported to COAMFTE.
13. **Student self-report** will be completed twice a year (self-report of their progress). This is a dynamic form in that each time submitted, the student can just update the information from the previous submission. Appendix A)
14. **Student check list** will be completed by the student (with faculty initial and date) demonstrating completion of all major milestones of the program and department. (Appendix B)
15. **Students in the HDFS Department and MFT Program are evaluated on a continual basis**. This includes within courses, in MFT faculty meetings, and in Departmental Faculty meetings. At the departmental level there is an annual meeting in March/April in which all the graduate faculty attend and all students are discussed. Reviews of how they are doing in their assistantship and in their program of study are discussed and the major professor sends out a letter to their students summarizing the comments. If concerns are raised, these are noted and remediation plan presented.
16. **Evaluation of students achievements** are related to student outcomes and reported to COAMFTE.

Appendix A

MFT STUDENT SEMESTER SELF-REPORT

Name: ___________________________ Date of Submission: _______________

Through what Semester does this report cover? __________________________________

Both in preparing for our re-accreditation, and to also be more responsive to attending to programmatic issues, I am requesting that this report be turned in at the end each semester. To make this easier and hopefully more useful for your self-reflections on your progress, I ask that you keep this same document, and add to it each semester you turn this in. The purpose of this report is help you reflect on your progress in the program, and to consider what would aid your professional development. Evaluations from your supervisors and evaluations of clinical skills forms will also be included in your evaluation.

Year you entered the program/department: _______

Total number of client contact hours prior to coming to UGA.

Individual:

Relational:

Total number of approved supervision hours prior to coming to UGA

Individual:
Group:

Clinical Progress

1. Briefly describe the development of your clinical abilities this past year. Make sure your description is behavioral and describes actual changes in your clinical style or clinical skills you have learned. Note both strengths and developmental edges.

Semester/Year:

Semester/Year:

Semester/Year:

Concerns

Semester/Year:

1. Indicate any concerns you have about your progress.
2. Describe a plan for addressing the concerns.

Semester/Year:

1. Indicate any concerns you have about your progress.
2. Describe a plan for addressing the concerns.

Semester/Year:

1. Indicate any concerns you have about your progress.
2. Describe a plan for addressing the concerns.

Total number of hours accrued (clinical and supervision) at ASPIRE

Individual:
Relational:
Supervision (individual and group)

Courses completed at UGA (note semester, year and grade)

Presentations at conferences done since coming to UGA (full citation)

Publications and/or papers in review or in-progress since coming to UGA (full citation)

Thesis or research project completed (or what you intend to do)

Courses you will be taking in this coming year

Your plan for internship

Major professor and committee members

Planned timeline for graduation.

Appendix B

MFT PROGRAM STUDENT REQUIREMENT CHECKLIST

MFT Student: ______________________________________

MFT Faculty Advisor: _________________________________

Date	Faculty's Initial Action	Requirement
_____	_________	File Program of Study with the Graduate School and Confirmation that the student meets COAMFTE curriculum requirements.
_____	_________	Completion of Master's project (if applicable)
_____	_________	Completion of 500 hours prior to Supervision Course II
_____	_________	Completion of Supervision Course
_____	_________	Completion of written comprehensive exam
_____	_________	Completion of oral comprehensive exam
_____	_________	Completion of Portfolio
_____	_________	Admission to Candidacy
_____	_________	Passed Final Clinical Exam Prior to Internship
_____	_________	Completion of Off-Campus Internship
_____	_________	Completion of 1000 client contact hours
_____	_________	Completion of Dissertation
_____	_________	Exit Interview

(Continued)

Additional Semester Requirements:

Practicum Evaluations (due each semester student is enrolled in practicum)

Year I _____Date _____Initial _____Date _____Initial

Year 2 _____Date _____Initial _____Date _____Initial

Year 3 _____Date _____Initial _____Date _____Initial

Bi-annual self-reports due January (after Fall semester) and May (end of Spring Semester) each year.

Year I _____Date _____Initial _____Date _____Initial

Year 2 _____Date _____Initial _____Date _____Initial

Year 3 _____Date _____Initial _____Date _____Initial

Year 4 _____Date _____Initial _____Date _____Initial

Year 5 _____Date _____Initial _____Date _____Initial

Updated June 2017

Appendix C

MFT Program meeting schedules and review of minutes Marriage and Family Therapy Program

Program Improvement Meetings

Monthly

- MFT Faculty review of program (August through May) including student representative or Graduate Student Organization representative in half of those meetings
    1. Yearly review of curriculum
    2. Yearly review of evaluations of faculty teaching
    3. Review of student applicants) Students -Fall Aspire orientation meeting Joint
- MFT faculty-student meetings to go over program updates, concerns and feedback -Evaluation meeting every semester with practicum supervisor
- MFT Program meeting - students and faculty will meet monthly (Around August/May)
    1. Review of physical resources annually May
    2. Review of fiscal resources annually May
    3. Review of academic support services annually May
- Monthly meeting between Aspire Director and Program director

Bi-Annual

- Bi-annual meeting of Aspire advisory board
- Faculty Bi-annual student evaluations based on annual report (May and January)

Annual

- Annual review of faculty done annually with Department head (Around May/June)
- Faculty retreat annually (August)
    1. Review and revision of educational outcomes, PMFTPs, curriculum, faculty evaluations, based on data collected for the previous year
    2. Review of program policies
    3. Review and assessment of fiscal resources
    4. Review of physical resources
    5. Review of academic support services
    6. Review alumni survey
    7. Review feedback from communities of interest

Appendix D

JOB DESCRIPTION FOR DIRECTOR OF THE MFT PROGRAM AND MFT FACULTY

1. **Develop and maintain program curriculum to meet COAMFTE Standards** • Facilitate the review of the MFT curriculum with other MFT faculty.
   - Formulate (with clinical faculty) MFT courses and teaching assignments as needed for the department head and graduate coordinator.
   - Develop and implement necessary MFT Program policies and documents.
   - Schedule and chair clinical faculty meetings.
   - Keep data on graduates of the program.
   - Solicit feedback on the program from past graduates.
   - Conduct exit interviews with graduates of the program.
   - Oversee the preparation of the annual report for COAMFTE. Respond and rectify concerns from COAMFTE.
   - Write policies and update the Policy and Procedures Handbook annually
   - Schedule and chair an annual retreat with the MFT Faculty
   - Coordinate and write the self-study required for COAMFTE re-accreditation. Work with MFT faculty and graduate assistants on this task.
   - Coordinate the COAMFTE site visit.
   - Respond to COAMFTE regarding issues pertaining to accredited programs.
   - Do the registration and coordinate the program's display at the COAMFTE showcase at the annual conference.

2. **Coordinate the MFT Program within the Human Development and Family Science Department** and program liaison with HDFS Department Head.
   - Address MFT Program issues as necessary in HDFS faculty meetings.
   - Meet with the HDFS Department Head and the Graduate Coordinator regarding programmatic concerns.
   - Serve on one of the following Departmental committees (Graduate Program and Policy Committee, Admissions, Comps/portfolio).
   - Coordinate the promotion and advertisement of the MFT Program through managing the Web page, and other methods.
   - Be involved with fund raising for the program.

3. **Work with student recruitment and current student issues**
   - Oversee recruitment activities for prospective MFT doctoral students.
   - Coordinate and schedule the new MFT student orientation.
   - Coordinate the interview schedule for prospective students to the MFT Program.
   - Coordinate meetings with students and clinical faculty.
   - Provide faculty supervision for undergraduate student interns in the clinic
   - Attend clinical presentations.
   - Participate in practicum evaluations.

4. **Coordinate with the ASPIRE Clinic**
   - Meet monthly with the ASPIRE director to coordinate MFT students involvement in the clinic, develop policies and address concerns.
   - Serve on advisory board for ASPIRE
   - Review and coordinate research projects conducted at ASPIRE

5. Other responsibilities

- Maintain a clinical practice.
- Organize clinic meetings of the students and faculty.
- Respond to emergency situations at the clinic, as needed.
- Collect the annual evaluation forms from students and chair annual evaluations of students.
- Maintain files for all of the students' clinical work and evaluations.
- Develop forms for evaluating clinical progress.
- Work with the Clinic Director to track all client contact and supervision hours.
- Work with the Office of Legal Affairs regarding clinical liability.
- Monitor insurance coverage for all students enrolled in practicum and internships.
- Meet with students to discuss clinical training issues as needed.
- Monitor COAMFTE clinical training requirements including the completion of all paperwork related to clinical training for the annual report and the self-study for reaccreditation.
- Serve on the Interdisciplinary MFT Certificate Program

DIRECTOR OF CLINICAL TRAINING AND RESEARCH (Does not exist yet) (INTERNSHIP COORDINATOR) JOB DESCRIPTION

(Presently Dr. Bermudez is now coordinating internships and the other responsibilities involving clinical training have been shifted to the program director)

- Coordinate internships for students (MOUs)
- Secure approved internship sites for students and coordinate placements, including the management of all contracts between the university and the internship site.
- Track and keep files of all supervision evaluations for practicum and internship settings.
- Meet with interns and internship supervisors at local sites for initiation of the internship as well as evaluation meetings at the midpoint and end of the internship experience. Conference calls are utilized for those students who leave the state. Be available to internship supervisors should concerns arise with the student or the placement.
- Work with the Program Director on developing and maintaining the website.

Responsibilities and Requirements of all Tenured Line MFT Faculty with Regard to the MFT Program

- Attend clinic meetings.
- Attend clinical faculty meetings.
- Serve on the dissertation committee of all MFT students
- Attend ASPIRE meetings as necessary
- Participate in the review of prospective students and in the interview process and meet with students when they visit campus.
- Participate in the new student orientation.
- Maintain a family therapy clinical practice.
- Attend and participate in the COAMFTE showcase at the annual conference (when attending the conference).
- Participate in the evaluation of practicum students.
- Be available for student recruitment activities (meet with students when they visit campus, help with the group visit, etc.).
- Respond to emergency situations at the clinic, as needed.
- Attend final clinical presentations
- Maintain a MFT License in Georgia
- Maintain AAMFT supervisor status

- Attend accreditation meetings
- Assist with accreditation tasks as assigned
- Annual retreat
- Maintain CEUs
- Renew supervisor status and AAMFT membership as clinical fellows and approved supervisors
- Continuously write recommendation letters for students for licensure, approved supervisors and to become licensed in their state
- ASPIRE Advisory Committee
- Review ASPIRE policies, documents, and measures
- Attend student interview day dinner
- Attend student interview day conference and events
- Review all MFT student applicant files
- Interview all MFT student applicants invited on campus

Appendix E

Professional Marriage and Family Therapy Principles Applied to Student Learning Outcomes PMFTPs: PhD Educators Summit Doc, AAMFT Code of Ethics, Domain of Core Competencies, AMFTRB National Exam, AAMFT Code of Ethics

AMFTRB National Exam Domains

Domain 01	**The Practice of Systemic Therapy (23.0%)**
	Tasks related to incorporating systemic theory and perspectives into practice activities, and establishing and maintaining ongoing therapeutic relationships the client[1] system.
Domain 02	**Assessing, Hypothesizing, and Diagnosing (16.0%)**
	Tasks related to assessing the various dimensions of the client system, forming and reformulating hypotheses, and diagnosing the client system in order to guide therapeutic activities.
Domain 03	**Designing and Conducting Treatment (23.0%)**
	Tasks related to developing and implementing interventions with the client system.
Domain 04	**Evaluating Ongoing Process and Terminating Treatment (13.0%)**
	Tasks related to continuously evaluating the therapeutic process and incorporating feedback into the course of treatment, as well as planning for termination.
Domain 05	**Managing Crisis Situations (10%)**
	Tasks related to assessing and managing emergency situations, and intervening when clinically indicated and/or legally mandated.
Domain 06	**Maintaining Ethical, Legal, and Professional Standards (15%)**
	Tasks related to ongoing adherence to legal and ethical codes and treatment agreements, maintaining competency in the field, and professionalism.

[1]The term client refers to the individual, couple, family, group, and other collaborative systems that are a part of treatment.

Task Statements

01.01	Practice therapy in a manner consistent with the philosophical perspectives of the discipline of systemic therapy.
01.02	Maintain consistency between systemic theory and clinical practice.
01.03	Integrate individual treatment models within systemic treatment approaches.
01.04	Integrate individual treatment models within systemic treatment approaches.
01.05	Establish a safe and non-judgmental atmosphere using a systemic perspective.
01.06	Establish therapeutic relationship(s) with the client system.
01.07	Attend to the interactional process between the therapist and client (including but not limited to therapeutic conversation, transference, and counter-transference) throughout the therapeutic process using a systemic perspective.

02 Assessing, Hypothesizing, and Diagnosing (16%)	
02.01	Join with the client system to develop and maintain therapeutic alliance.
02.02	Assess client's verbal and non-verbal communication to develop hypotheses about relationship pattern.
02.03	Identify boundaries, roles, rules, alliances, coalitions, and hierarchies by observing interactional patterns within the system.
02.04	Assess the dynamics/processes/interactional patterns to determine client system functionality.
02.05	Assess how individual members of the client system perceive impacts of relational patterns on the presenting issues.
02.06	Formulate and continually assess hypotheses regarding the client that reflect contextual understanding [including but not limited to acculturation, abilities, diversity, socio- economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s)]
02.07	Assess external factors (including but not limited to events, transitions, illness, and trauma) affecting client functioning.
02.08	Review background, history, context, dimensions of diversity, client beliefs, external influences, and current events surrounding the origins and maintenance of the presenting issue(s).
02.09	Identify client's attempts to resolve the presenting issue(s).
02.10	Identify members of the client, community, and professional systems involved in the problem resolution process.
02.11	Assess client's level of economic, social, emotional, physical, spiritual, and mental functioning.
02.12	Assess effects of substance abuse and dependency on client functioning.
02.13	Assess effects of domestic abuse and/or violence on individual and family system.
02.14	Assess effects of addictive behaviors (including but not limited to gambling, shopping, sexual activities, and internet use) on individual and family system.
02.15	Assess effects of sexual behaviors and disorders on client functioning.
02.16	Assess the impact, both positive and negative, of use of technology on client system.
02.17	Assess the impact of the developmental stage of members of the client system and the family life cycle stage on presenting problem formation, maintenance, and resolution.
02.18	Assess strengths, resources, and coping skills available to client.

02.19	Administer, review, and/or interpret results of standardized instruments consistent with training, competence and scope of practice.
02.20	Assess and diagnose client in accordance with current formal diagnostic criteria (e.g., DSM and ICD), while maintaining a systems perspective.
02.21	Integrate diagnostic impressions with system(s) perspective/ assessment when formulating treatment hypotheses.
02.22	Assess reciprocal influence of psychiatric disorders within the client system.
02.23	Assess influence of biological factors and medical conditions on the client system.
02.24	Assess impact of early childhood experiences and traumas on behavior, physical and mental health, and the individual and family systems.
02.25	Assess effects of occupational issues on individuals (including but not limited to military personnel, workers in geographically-dispersed locations, first responders, and medical providers).
02.26	Assess effects of occupational issues on the family system (including but not limited to families of military personnel, workers in geographically dispersed locations, first responders, and medical providers).
02.27	Determine need for evaluation by other professional and community systems.
02.28	Collaborate with client, professional, and community systems, as appropriate, in establishing treatment priorities.
02.29	Determine who will participate in treatment.
02.30	Develop a relational diagnosis for the client system.
02.31	Refer client when appropriate.
03 Designing and Conducting Treatment	
03.01	Evaluate and maintain quality of continuing therapeutic alliance.
03.02	Establish therapeutic contract(s).
03.03	Formulate short- and long-term goals by interpreting assessment information, in collaboration with client as appropriate.
03.04	Develop a treatment plan reflecting a contextual understanding of presenting issues.
03.05	Identify criteria upon which to terminate treatment.
03.06	Develop and monitor ongoing safety plan to address identified risks (including but not limited to domestic violence, suicide, elder abuse).

03.07	Develop shared understanding of presenting issues.
03.08	Select therapeutic interventions based on theory and relevant research (individual, couple, group, and family).
03.09	Clarify with client system the rationale for selection of therapeutic intervention.
03.10	Determine sequence of treatment and identify which member(s) of the client system will be involved in specific tasks and stages.
03.11	Choose therapeutic modalities and interventions that reflect contextual understanding of client [including but not limited to acculturation, abilities, diversity, socio-economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s)].
03.12	Develop and monitor recovery-oriented care for treatment of substance use disorders across the lifespan.
03.13	Collaborate with collateral systems, as indicated, throughout the treatment process.
03.14	Use genograms and/or family mapping as therapeutic interventions as indicated.
03.15	Facilitate client system change through restructure and reorganization.
03.16	Identify and explore competing priorities of client issues to be addressed in treatment.
03.17	Assist client(s) in developing decision- making, coping, and problem-solving skills.
03.18	Assist client(s) in developing effective verbal and non-verbal communication skills in their relational context(s).
03.19	Attend to the homeostatic process and its impact on the system's ability to attain therapeutic goals.
03.20	Assist client to develop alternative perspective(s) of the presenting issues to facilitate solution(s).
03.21	Effect client behavior and/or perceptions through techniques (including but not limited to metaphor, re-framing, rewriting narratives, mindfulness, and paradox).
03.22	Facilitate client to attempt new/alternate ways of resolving problems.
03.23	Integrate client's cultural knowledge to facilitate effective treatment strategies.
04 Evaluating Ongoing Process and Terminating Treatment (13%)	
04.01	Use theory and/or relevant research findings, including culturally relevant research findings, in the ongoing evaluation of process, outcomes, and termination.
04.02	Evaluate progress of therapy in collaboration with client and collateral systems as indicated.

04.03	Modify treatment plan in collaboration with client and collateral systems as indicated.
04.04	Plan for termination of treatment in collaboration with client and collateral systems.
04.05	Develop a plan in collaboration with client to maintain therapeutic gains after treatment has ended.
04.06	Terminate therapeutic relationship as indicated.
05 Managing Crisis Situations (10%)	
05.01	Assess severity of crisis situation to determine if and what immediate interventions may be needed.
05.02	Assess for presence and severity of suicide potential to determine need for intervention.
05.03	Assess for risk of violence to client from others to determine need for intervention.
05.04	Assess client's potential for self- destructive and self-injurious behavior to determine type and level of intervention.
05.05	Assess client's potential for destructive and injurious behavior toward others, including the therapist, to determine type and level of intervention.
05.06	Demonstrate professional responsibility and competence in forensic and legal issues (e.g., court-ordered cases, testimony, expert witness, custody hearings, etc).
05.07	Evaluate severity of crisis situation by assessing the level of impairment in client's life.
05.08	Assess client's trauma history to determine impact on current crisis.
05.09	Assess the impact of factors (including but not limited to acculturation, abilities, diversity, socio-economic status, spirituality, age, gender, sexuality, sexual orientation, culture, and power differential(s)) on client's current crisis.
05.10	Develop and implement an intervention strategy in collaboration with a client designed to reduce potential harm when the client has indicated thoughts of causing danger to self.
05.11	Develop and implement an intervention strategy for client who considering causing harm to others.
05.12	Develop and implement an intervention strategy with client in a dangerous or crisis situation to provide for safety of client and relevant others.
05.13	Provide referrals to viable resources to augment management of client's crisis.
05.14	Collaborate with involved parties to augment management of client's crisis.

05.15	Consult with colleagues and other professionals during crisis situations, as necessary.
05.16	Assess and respond to vicarious trauma.
05.17	Teach client techniques to manage crisis situations.
06 Maintaining Ethical, Legal, and Professional Standards (15%)	
06.01	Integrate ethical codes of licensing boards, relevant professional organizations, and associations into professional practice.
06.02	Adhere to relevant statutes, case law, and regulations affecting professional practice.
06.03	Practice within therapist's own scope of competence.
06.04	Maintain awareness of the influence of the therapist's own issues (including but not limited to family-of-origin, gender, sexuality, sexual orientation, culture, personal prejudice, value system, life experience, and need for self-care).
06.05	Maintain continuing competence.
06.06	Demonstrate professional responsibility and competence relating to legal issues (including but not limited to court- ordered cases, testimony, expert witness, and custody hearings).
06.07	Adhere to treatment agreements with clients.
06.08	Respect the rights of clients.
06.09	Address client's expectations and questions about treatment to promote understanding of the therapeutic process.
06.10	Provide clients with written and/or verbal professional disclosures (including but not limited to fees, office policies, professional training and expertise).
06.11	Monitor and mitigate risk for potential exploitation of the client by the therapist.
06.12	Monitor and mitigate risk for potential exploitation of the client by the therapist.
06.13	Assist clients in making informed decisions relevant to treatment (including but not limited to filing third- party insurance claims, collateral systems, alternative treatments, limits of confidentiality).
06.14	Consult with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns.
06.15	Consult with colleagues and other professionals as necessary regarding clinical, ethical, and legal issues and concerns.
06.16	Maintain accurate and timely records.
06.17	Use technology in accordance with legal, ethical, and professional standards.

Knowledge Statements	
01	Foundations of marital, couple, and family therapy
02	Models of marital, couple, and family therapy
03	Development and evolution of the field of marital and family therapy
04	Family studies and science (including but not limited to parenting, step families/blended families, remarriage, out-of-home placement, and same sex couples and families)
05	Marital studies and science
06	General Systems Theory
07	Expressive, experiential, and play therapies
08	Clinical application of couple and family therapy models
09	Empirically-based approaches to couples and family therapy
10	Individually based theory and therapy models (including but not limited to person-centered, Gestalt, RET, and cognitive-behavioral)
11	Impact of couple dynamics on the system
12	Family belief systems and their impact on problem formation and treatment
13	Family homeostasis as it relates to problem formation and maintenance
14	Family life cycle stages and their impact on problem formation and treatment
15	Human development throughout the lifespan (including but not limited to attachment, physical, emotional, social, psychological, spiritual, and cognitive)
16	Diverse family patterns (including but not limited to same sex couples, single parent, multiple partner relationships, and multi-generational families)
17	Strength-based resiliency across the lifespan
18	Human sexual anatomy, physiology, and development
19	Sexually transmitted infections
20	Theories of personality
21	Child, adolescent, and adult psychopathology
22	Psychopathology in aging populations
23	Impact of developmental disorders (including but not limited to child and adolescent, geriatrics, autism spectrum disorders, and pervasive developmental disorders) on system dynamics
24	Trauma (including but not limited to historical, current, anticipatory, secondary trauma response, and multiple/complex)
25	Vicarious trauma

26	Risk factors, indicators, and impact of abuse across the lifespan (including but not limited to abandonment, physical, emotional, verbal, and sexual)
27	Risk factors, indicators, and impact of grief response across the lifespan (including but not limited to end of life, death, sudden unemployment, and runaway children)
28	Risk factors, indicators, and impact of relational patterns of endangerment across the lifespan (rape, domestic violence, suicide, and self-injurious behavior)
29	Behaviors, psychological features, or physical symptoms that indicate a need for medical, educational, psychiatric, or psychological evaluation
30	Diagnostic interviewing techniques
31	Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Statistical Classification of Diseases and Related Health Problems (ICD)
32	Standardized psychological assessment tests (including but not limited to MMPI)
33	Non-standardized assessment tests (including but not limited to genograms, family maps, and scaling questions)
34	Relational diagnostic tests (including but not limited to Dyadic Adjustment Scale, Marital Satisfaction Inventory, FACES, Prepare/Enrich)
35	Dynamics of and strategies for managing transference and counter transference (use of self of therapist, handling/control of the therapy process)
36	Stages of acculturation and multi-ethnic and multi-cultural identities
37	Implications of human diversity factors on client systems
38	Reference materials regarding purpose, use, side effects and classification of medications
39	Effects of non-prescription substances (including but not limited to over the counter medications, and herbals) on the client system
40	Education and counseling for relationship development (including but not limited to pre-marital, same-sex, and co-habiting couples)
41	Divorce and its impact on client system
42	Child custody and its impact on client system
43	Infertility and its impact on client system
44	Adoption and its impact on client system
45	Infidelity and its impact on client system
46	Trauma intervention models
47	Crisis intervention models
48	Sex therapy
49	Sexual behavior

50	Sexual abuse treatment for victims, perpetrators, and their families
51	Sexual behaviors and disorders associated with Internet and other forms of technology (including but not limited to cybersex)
52	Effect of substance abuse and dependence on individual and family functioning
53	Effects of addictive behaviors (including but not limited to gambling, shopping, sexual) on individual and family system
54	Addiction treatment modalities (including but not limited to 12-step programs, individual, couple, marital and family therapy, and pharmacological)
55	Principles and elements of recovery oriented systems of care (for addiction and substance abuse)
56	Spiritual and religious beliefs (including but not limited to eastern and western philosophies) and their impact on the client system
57	Impact of loss and grief on the client (including but not limited to death, chronic illness, economic change, roles, and sexual potency)
58	Physical health status, medical disease state, and experience of acute and chronic illness and disability and their impacts on the client system
59	Impact of clientsâ€™ use of resources (including but not limited to online assessments, educational materials, and support groups)
60	Current research literature and methodology (including quantitative and qualitative methods) sufficient to critically evaluate assessment tools and therapy models
61	Methodologies for developing and evaluating programs (including but not limited to parenting, grief workshops, step parenting group, and eating disorder support group)
62	Statutes, case law and regulations (including but not limited to those regarding clinical records, informed consent, confidentiality and privileged communication, HIPAA, privacy, fee disclosure, mandatory reporting, professional boundaries, and mandated clients)

63	Codes of ethics
64	Business practices (including but not limited to storage and disposal of records, training of office staff, work setting policies, collections, referrals, advertising and marketing, management of the process of therapy, and professional disclosure)
65	Implications of the use of technology (including but not limited to cell phones, fax machines, electronic filing of claims, and websites) by therapist and office staff
66	Ethical considerations in the use of technology (including but not limited to online supervision, electronic records, social networking, and confidentiality) by therapist and office staff
67	Impact of technology on client system (including but not limited to cell phones, sexting, texting, use of social media, chat rooms, and internet gaming)
68	Conduct of Internet therapy
69	Impact of social stratification, social privilege, and social oppression on client system
70	Influence of prevailing sociopolitical climate on the therapeutic relationship
71	Impact of social stratification, social privilege, and social oppression on client system
72	Influence of prevailing sociopolitical climate on the therapeutic relationship
73	Impact of social stratification, social privilege, and social oppression on client system
74	Influence of prevailing sociopolitical climate on the therapeutic relationship

Appendix F

MFT LICENSE REQUIREMENTS IN GEORGIA

http://www.mft-license.com/states/georgia-mft-license.html#context/api/listings/prefilter

The Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists licenses MFTs at two levels. There are currently 697 Georgia professionals with full licensure as MFTs and another 72 working under associate licensing.
The Marriage and Family Therapist license requires graduate education, passing scores on a national board exam, and at least two years of supervised practice. The associate license is a lesser status granted to those who are meeting supervised practice requirements.
Candidates who did their graduate education in allied fields sometimes achieve professional licensure without first being licensed at the associate level.
Capella University, offers one of only two online Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) - accredited master's programs in Marriage and Family Therapy. This program prepares you for MFT state license eligibility. Click here to contact Capella University and request information about their program.

Select a Georgia MFT License topic below (see website link above)

- Education Requirements
- MFT Exam
- Supervision Requirements
- Application & Related Materials (Link to Form)
- Licensing by Credentials and Endorsement
- Contact Information: Board, Professional Organizations and MFT Programs

Georgia Associate MFT Education Requirements

A master's degree or doctoral degree is necessary for licensure at the associate level. Master's degrees must come from institutions that hold regional accreditation. There are several options: Any degree that is earned through a COAMFTE-accredited program is acceptable. It is also possible to be licensed with an MFT degree from a program that holds other accreditation; the candidate will need to demonstrate that the content was equivalent. A third route, typically longer, is to earn a degree in a related field. A candidate with a degree in a related field will need to do additional coursework to establish equivalency.
Qualifying master's degrees include counseling, pastoral counseling, social work, applied psychology, applied sociology, applied child and family development, medicine, and psychiatric nursing. A degree is considered "applied" if the student completed sufficient clinical coursework either as part of the degree or post-master. A theology degree, moreover, is considered pastoral counseling if the applicant completed sufficient clinical coursework post-master.
Any candidate who did not graduate from a COAMFTE-accredited program will need to document courses that meet Georgia's specific coursework requirements. There must be three courses in each the following core content areas:

- Human development
- Marriage and family studies
- Marriage and family therapy

The human development requirement can be met through a variety of courses, emphasizing concepts like personality development, learning theories, psychopathology, and human sexuality. Additionally, there must be one course in each of the following areas:

- Research
- MFT ethics

The research requirement may be met through coursework that emphasizes concepts like study design and statistics. There are other options. The requirement cannot be met through preparation of one's own thesis or dissertation.

The candidate should have a full year of practicum work in marriage and family studies. As part of his practicum/ internship, he should do 500 hours of clinical contact in marriage and family therapy. Having a qualifying MFT practicum is a factor in determining the length of the post-degree supervised practice period. The field where the degree was earned may determine this.

MFT Examination in Georgia

Once a candidate has submitted an associate application to the Board, he will be made eligible to take the national board exam. After receiving notification of eligibility, he will register directly with the organization that developed the exam (http://www.amftrb.org/examdate.cfm). He will pay his testing fees to them.

The candidate will need to take the examination during one of the scheduled examination windows. However, he can opt for the Prometric-Thomson testing site of his choice. (Another smaller fee will be due to Prometric-Thomson.) Candidates are generally expected to complete licensing requirements within a year of submitting the application.

LMFT Requirements: Supervised Practice

In order to achieve full licensure, the master's educated therapist will need the equivalent of three years of post-master experience. However, if he met Georgia's requirements for associate licensing, he can expect to get credit for a year of approved practicum work, reducing his requirement to two years, or 2,000 hours. In all cases, the candidate will need to accrue at least 2,000 clinical contact hours. He must have a minimum of 100 hours of supervision during this time. At least 50 supervision hours must be individual.

A professional who holds a qualifying doctoral degree has lower supervised practice requirements. She will need to accrue a minimum of 1,000 hours of post-degree clinical work under supervision. She will need a minimum of 50 hours of supervision. (Again, this requirement will be higher if her education was in a related field and she did not first meet associate requirements.)

An associate may not accrue experience hours practicing independently. She will need both a supervisor and a director. The director provides administrative oversight and ensures that services are delivered appropriately; she is someone who is on-site at the associate's workplace. The clinical supervisor guides the associate's professional development and assumes clinical responsibility for clients. She may discuss cases, view audio and video recordings of sessions, and observe care directly. She does not have to be stationed at the associate's workplace.

The clinical supervisor is to be someone who has been approved by either the AAMFT or the Georgia Board. In order to be approved, supervisors must meet requirements beyond those required for licensure.

The candidate who is working as an associate will submit a contract affidavit to the Board. Both the supervisor and the director will need to sign. The contract affidavit is included in the associate application package, but a candidate who has not yet secured employment or made the necessary arrangements may turn in an application and send the affidavit later.
Both the supervisee and supervisor must maintain documentation of sessions. The supervisor will later verify the experience and submit an assessment. It is acceptable to work part-time. However, an MFT may work under an associate license for a maximum of five years.

The Application Process for MFT's in Georgia

Applications can be downloaded from the Board site (http://sos.georgia.gov/cgi-bin/plbforms.asp?board=41). Applications are fairly lengthy, and require multiple supplemental materials.
Transcripts are to be sent directly from the school. The applicant will also need two references who are familiar with her work. They may be instructors or supervisors. The applicant will need to sign a consent form that authorizes a background investigation. She will attach a passport-type photograph and have her application notarized. There is a $100 application fee for candidates at either level (http://sos.georgia.gov/acrobat/PLB/41%20Fee%20Schedule.pdf). Candidates can check application status online.

Georgia MFT Licensure by Reciprocity

A marriage and family therapist should submit license verification from all states where he has held licensing.
Alabama will license an out-of-state LMFT by endorsement if the state where he earned his credential had substantially equivalent licensing requirements. The Board notes that so far, the following states have been found to have substantially equivalent requirements: Mississippi, Alabama, Tennessee, and Utah.
An MFT who wishes to be considered for endorsement should send a copy of his state's statutes with his application. If the applicant has taken the required exam, but does not have an MFT license, he can apply by examination waiver.

Additional Information

Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists licenses MFTs at two levels (http://sos.georgia.gov/plb/counselors).
The Board may be contacted by phone at (478) 207-2440. Rule changes, and proposed changes, are found on the Board site. Notification is sent to those who have made written request.
The Board also has a very useful FAQ section.
The Georgia Association for Marriage and Family Therapy is an additional practitioner and student resource.

Appendix G

MARRIAGE AND FAMILY THERAPY CORE COMPETENCIES

1.) **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.

2.) **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.

3.) **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.

4.) **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.

5.) **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.

6.) **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
2.1.7	Conceptual	Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.
2.3.8	Executive	Identify clients' strengths, resilience, and resources.
3.1.1	Conceptual	Know which models, modalities, and/or techniques are most effective for presenting problems.
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence- based practice.
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.
6.1.3	Conceptual	Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
3.3.2	Executive	Prioritize treatment goals.
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.
3.3.6	Executive	Manage risks, crises, and emergencies

3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.
4.1.2	Conceptual	Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.
4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.11	Executive	Move to constructive termination when treatment goals have been accomplished.
4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.
5.2.3	Perceptual	Recognize when a legal consultation is necessary.
5.2.4	Perceptual	Recognize when clinical supervision or consultation is necessary.
5.3.5	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6	Executive	Report information to appropriate authorities as required by law.
5.3.7	Executive	Practice within defined scope of practice and competence.
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.
6.1.3	Conceptual	Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.2	Executive	Use current MFT and other research to inform clinical practice.

Appendix H

MFT Student and Faculty Evaluation of Student's Clinical Skills

This form is used for MFT faculty and students to rate student's clinical progress each semester. Please mark the appropriate response to each question and respond to the open-ended questions that follow. This form should be reviewed and signed by **both** the supervisor and student, and then returned to the MFT Clinical Training Director (Dr. Gale). The purpose of the evaluation is to provide valuable feedback to students about their clinical progress.

Student/Year in Program: Supervising Faculty:

Period of Supervision:

WE HAVE REVIEWED AND DISCUSSED THESE RATINGS AND COMMENTS:

____

Student Signature Date

____

Supervisor Signature Date

As you respond to the questions, consider your goals for practicum this semester.

1.
2.
3.
4.

The student must **CONSISTENTLY** be able to:	Low effectiveness achievement (1)	Moderate effectiveness achievement (2)	High effectiveness achievement (3)
ADMISSION TO TREATMENT			
Follow all MFT clinic policies and procedures with clients Set appropriate boundaries with clients			
Maintain ongoing relationship with clients			
Determine who should attend therapy and in what configuration			
Develop a workable therapeutic contract with clients and attend to goals across sessions			
Attend to larger-system issues that impact treatment (e.g., requesting releases to communicate with other healthcare providers, school and legal systems, etc.).			
Present an awareness and appreciation of diversity (e.g. culture, gender, spirituality, sexual orientation, etc).			
CLINICAL ASSESSMENT AND DIAGNOSIS			
Make accurate DSM-IV diagnostic assessments, knowing both the value and limitations of diagnosis			
Make accurate relational assessments knowing both the value and limitations of diagnosis			
Demonstrate the ability to understand and use the clinical assessments			
Assess each client's engagement in treatment			
Communicate respect for clients			
Attend to issues of relational (client and clinician) power			
Apply systemic interviewing techniques and strategies			
Assess contextual factors impacting the client's system			
Assess how client change may impact extra-therapeutic relationships			
Assess the client's strengths, resiliencies and resources			

Elucidate presenting problem(s) from the perspective of each member of the therapeutic system			
Deliver supervisor/team communications with accuracy and sensitivity			
TREATMENT PLANNING AND CASE MANAGEMENT			
Demonstrate skills in developing a collaborative relationship			
Recognize when treatment plans need modification			
Self-disclose to clients when appropriate			
Complete all clinical and research paperwork in a timely manner			
Manage sessions (time and flow)			
Attend to sessions ethically and professionally			
Demonstrate coherency and consistency with your theory and practice.			
LEGAL ISSUES, ETHICS AND STANDARDS			
Take appropriate action when ethical and legal dilemmas emerge			
Practice within defined scope of practice and competence			
Monitor personal issues and problems to ensure they do not impact the therapy process adversely or create vulnerability for misconduct			
USE OF SUPERVISION			
Have live or video cases to present in practicum			
Actively solicit and implement supervision as an opportunity for learning, regardless of model			
Actively participate in practicum, offering and requesting constructive feedback as appropriate.			
Respect multiple perspectives (clients, team, supervisor)			
Conceptualize and describe presenting problems systemically			
Contribute systemic ideas to team discussions			
Demonstrate knowledge of theory			

Clearly state what you wish to obtain from supervision			
Take risks to expand the use of a variety of theoretical models and techniques			
Respect multiple perspectives (clients, team, supervisor)			
Conceptualize and describe presenting problems systemically			
Contribute systemic ideas to team discussions			
Maintain an active case load			
Collaborate with the supervision team.			
Collaborate with the supervisor(s).			
Articulate a coherent therapeutic model.			
Demonstrate a coherent therapeutic model in team discussions, intervention development, and in practice delivery.			
Be open to discussing and working on self-of-the- therapist issues.			
Make progress on your supervision goals.			

Please comment on each of the areas below

1. What were your specific goals for supervision this semester?

2. In what ways are you satisfied with your effort in reaching these goals?

3. How did supervision help you or hinder your ability to reach these goals?

4. What grade do you believe you've earned in supervision this semester? Please comment.

5. What goals do you have for supervision next semester?

Your supervision grade is: _______

Core Clinical Skills

Specific Core Skills	*Date*	*Comments*
1. Assess safety of clients in situations of substance abuse, child and elder maltreatment, domestic violence, physical violence, and suicide.		
2. Implement safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, and suicide.		
3. Assess problems and strengths in a conversational and interactive way (as opposed to interrogating clients).		
4. Assess the patterns and sequences of a couple in open conflict.		
5. Intervene with a couple in open conflict using a theoretically based plan.		
6. Assess the patterns and sequences of a couple dealing with trust issues.		
7. Intervene with a couple dealing with trust issues using a theoretically based plan.		
8. Assess the patterns and sequences of a family in open conflict.		
9. Intervene with a family in open conflict using a theoretically based plan.		
10. Assess the patterns and sequences of a family dealing with trust issues.		
11. Intervene with a family dealing with trust issues using a theoretically based plan.		
12. Assess the patterns and sequences of a parent/child conflict.		
13. Intervene in a parent/child conflict using a theoretically based plan.		
14. Assess the patterns and sequences of a couple addressing separation or divorce.		
15. Intervene with a couple contemplating separation or divorce using a theoretically based plan.		
16. Assess the patterns and sequences of a person addressing issues of identity.		
17. Intervene with a person addressing issues of identity using a theoretically based plan.		

Date: ________________________________

Appendix I

June 2017

Clinical Exit

SLOs measured 1.1, 1.4, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.2

Theory of Therapy Writing Rubric (TTW)

Student's Name____

Semester, year, and date ____________________________________ Rater: ____________________________

	Written Presentation				
Numeral explanations are on the back of this page	**1**	**2**	**3**	**4**	**N/A**
Conceptualization of Theory of Therapy					
1. Describes philosophical and/or epistemological orientations for conducting therapy					
2. Presents marriage and family therapy literature (foundational and current) that informs theory of therapy					
3. Offers theoretically consistent integration of theory, practice, and research					
4. Discusses how research informs theory of therapy					
5. Describes how issues of context, diversity, gender, and power are addressed in model/theory of therapy					
6. Explains how theory of therapy applies to individual, couples, and families					
7. Describes how the change process occurs with theory of therapy					
8. Describes key practices used in conducting therapy: Assessment					
9. Describes key practices used in conducting therapy: Diagnosis					
10. Describes key practices used in conducting therapy: Intervention					
11. Situates theory of therapy within ethical and professional standards					
12. Describes how self (e.g. intersections of identity, family of origin, personal history, worldview, etc.) informs practice					

	Written Presentation				
	1	**2**	**3**	**4**	**N/A**
Quality of Writing					
13. Adheres to APA style; paper within 20-25 pages					
14. Uses proper grammar, spelling and punctuation					
15. Clear organization- good use of headings, readability					
16. Demonstrates proper and substantial use of scholarly					

Numeral Explanations:

1= Unacceptable
There is lack of organization to the document.
Sentences are difficult to read and understand.
Ideas and concepts are not explored and integrated throughout the paper but simply listed and defined.
2=Below Expectations
Organization of document is difficult to follow due to inadequate transitions or rambling format.
Insufficient or irrelevant information presented.
Poor grammar and sentence mechanics.
Discrepancies among theories and ideas are minimally explained with no rationale provided, or ignored.
Information presented is poorly referenced and key citations are omitted.
3=Meets Expectations
The document can be followed easily (basic transitions and a structured format is provided).
The document contains minimal distractions, such as: flow in thought, grammar, and mechanics.
Idea or concept is partially explored and integrated though out the paper.
Discrepancies among theories and ideas are, for the most, part explained in a logical manner.
Information presented is, for the most part, adequately and appropriate referenced.
4=Exceeds Expectations
Idea or concept is fully explored and integrated throughout the paper.
Discrepancies among theories and ideas are explained in a logical manner.
Information presented is adequately and appropriately referenced.
NA= Not Applicable

Narrative Summary related to specific SLOs (see additional page)
SLO 1.4: *Demonstrate the ability to think critically*

SLO 3.2: *Knowledge of intervention and models.*

SLO 3.3: *Knowledge of research informing clinical practice.*

SLO 3.4: *Clinical competence in core clinical skills*

SLO 3.5: *Conceptualize systemically and theoretically informed intervention.*

SLO 3.6: *The ability to practice ethically*

SLO 4.1: *Knowledge of issues associated with multiculturalism*

SLO 4.2: *An ability to ethically practice as an MFT with cultural sensitivity*

Appendix J

June 2017

Clinical Exit
SLOs measured 1.4, 3.2, 3.3, 3.4, 3.5, 3.6, 4.1, 4.2

Theory of Therapy Oral Presentation Rubric (TTO)

Student's Name____
Semester, year, and date ____ Rater: _______________________________

	Oral Presentation				
Numeral explanations are on the back of this page	**1**	**2**	**3**	**4**	**N/A**
Conceptualization of Theory of Therapy					
1. Describes philosophical and/or epistemological orientations for conducting therapy					
2. Presents marriage and family therapy literature (foundational and current) that informs theory of therapy					
3. Offers theoretically consistent integration of theory, practice, and research					
4. Discusses how research informs theory of therapy					
5. Describes how issues of context, diversity, gender, and power are addressed in model/theory of therapy					
6. Explains how theory of therapy applies to individual, couples, and families					
7. Describes how the change process occurs with theory of therapy					
8. Describes key practices used in conducting therapy: Assessment					
9. Describes key practices used in conducting therapy: Diagnosis					
10. Describes key practices used in conducting therapy: Intervention					
11. Situates theory of therapy within ethical and professional standards					
12. Describes how self (e.g. intersections of identity, family of origin, personal history, worldview, etc.) informs practice					
	Slides and/or video Presentation				
	1	**2**	**3**	**4**	**N/A**
Quality of Slides and video					
13. Clear organization- good use of headings, readability					
14. Video clearly presents points made					

Numeral Explanations:

1= Unacceptable
There is lack of organization to the document.
Sentences are difficult to read and understand.
Ideas and concepts are not explored and integrated throughout the paper but simply listed and defined.
2=Below Expectations
Organization of document is difficult to follow due to inadequate transitions or rambling format.
Insufficient or irrelevant information presented.
Poor grammar and sentence mechanics.
Discrepancies among theories and ideas are minimally explained with no rationale provided, or ignored.
Information presented is poorly referenced and key citations are omitted.
3=Meets Expectations
The document can be followed easily (basic transitions and a structured format is provided).
The document contains minimal distractions, such as: flow in thought, grammar, and mechanics.
Idea or concept is partially explored and integrated though out the paper.
Discrepancies among theories and ideas are, for the most, part explained in a logical manner.
Information presented is, for the most part, adequately and appropriate referenced.
4=Exceeds Expectations
Idea or concept is fully explored and integrated throughout the paper.
Discrepancies among theories and ideas are explained in a logical manner.
Information presented is adequately and appropriately referenced.
NA= Not Applicable

Narrative Summary related to specific SLOs (see additional page)
SLO 1.4: *Demonstrate the ability to think critically*

SLO 3.2: *Knowledge of intervention and models.*

SLO 3.3: *Knowledge of research informing clinical practice.*

SLO 3.4: *Clinical competence in core clinical skills*

SLO 3.5: *Conceptualize systemically and theoretically informed intervention.*

SLO 3.6: The ability to practice ethically

SLO 4.1: *Knowledge of issues associated with multiculturalism*

SLO 4.2: *An ability to ethically practice as an MFT with cultural sensitivity*

Appendix K

CODE OF ETHICS

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

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

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

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

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

Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a

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

Binding Expectations
The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

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

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

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

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

STANDARD I: RESPONSIBILITY TO CLIENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.2 Written Authorization to Release Client Information.
Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of

couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

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

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

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

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

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

STANDARD III: PROFESSIONAL COMPETENCE AND INTEGRITY

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

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

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

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

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

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

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

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

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

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

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

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

3.12 Professional Misconduct.
Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV: RESPONSIBILITY TO STUDENTS AND SUPERVISEES

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

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

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

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

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

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

4.6 Existing Relationship with Students or Supervisees
Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with

supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees.
Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

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

STANDARD V: RESEARCH AND PUBLICATION

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

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

5. 2 Protection of Research Participants.
Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 3 Informed Consent to Research.
Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the

limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

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

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

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

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

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

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

STANDARD VI: TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

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

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

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

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

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

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

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

STANDARD VII: PROFESSIONAL EVALUATIONS

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

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

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

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

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

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

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

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

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

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

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

STANDARD VIII: FINANCIAL ARRANGEMENTS

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

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

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

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

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

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

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

STANDARD IX: ADVERTISING

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

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

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

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

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

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

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

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

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

Download the AAMFT Code of Ethics PDF
Legal and Ethics Consultations

http://dx5br1z4f6n0k.cloudfront.net/imis15/Documents/Legal%20Ethics/AAMFT-code-of-ethics.pdf

Your membership in AAMFT allows you access to various member benefits, including consultations with AAMFT's legal and ethics staff. All members of AAMFT are eligible to receive Ethical Advisory Opinions. Members in the following AAMFT membership categories are eligible for Legal Consultations: Pre-Allied Mental Health Professional Members, Allied Mental Professional Members, Pre-Clinical Fellow, and Clinical Fellow.

Ethics Complaint Process

The AAMFT Ethics Committee has the ability to investigate complaints against AAMFT members for alleged violations of the AAMFT Code of Ethics.