

Auburn University Marriage and Family Therapy Program Handbook

Department of Human Development and Family Studies,
Auburn University, Marriage and Family Therapy Center,
Glanton House, Auburn, Alabama 36849-5604

Past and Present MFT Clinical Faculty
Last updated 09-30-2016

Any changes in policies and procedures between editions of the Handbook are to either be put into a memo to all MFT students, faculty, and staff and appended to this Handbook, or a new edition of the Handbook should be issued.

The Auburn University Marriage & Family Therapy Program and the Auburn University Marriage & Family Therapy Center provide education, employment, and clinical services without regard to age, ethnicity, gender, disability, race, religion and spiritual beliefs and/or affiliation, sexual orientation, gender identity, socioeconomic status, health status, relationship status, and/or national origin.

Table of Contents

Accreditation	1
Mission Statement of the AU Marriage and Family Therapy Program.....	1
Educational Objectives.....	1
Purpose of MFT Program Handbook.....	2
MFT Core Faculty and Supervisors	3
Non-Core, On-Campus Clinical Supervisors	3
MFT Emeritus Faculty	3
HDFS Faculty with Clinical Fellow Status	4
HDFS Emeritus Faculty with Clinical Fellow Status	4
HDFS Graduate Faculty	4
Auburn University MFT Program Requirements	5
Student Diversity Admission and Commitment Statement.....	6
Admissions	6
Student Remediation, Retention and Dismissal Process.....	7
Computer Access and Use	8
Technology Workshops on Campus.....	8
Endorsement Policy	9
Grievances.....	9
MFT Licensure and Portability of Degree Statement.....	9
Additional Graduate Policies and Useful Information:	10
Student Support Services	10
Observation Hours	11
AAMFT Membership	11
Marriage and Family Therapist Code of Ethics	11
Liability Insurance	12
Personal Therapy	12
Clinical Readiness Evaluation	12
Internship Placements.....	13
500 Direct Client Contact Hours.....	14
100 Supervision Hours	14
Guidelines for Obtaining 500 Client Contact Hours (Specific Examples)	14
Recording of Supervision and Therapy Hours	15
Supervision and Therapy Notebook	15
MFT Clinical Hours Report Form.....	16
Accounting of Contact and Supervision Hours during Clinic Nights	17
Formal Statement of Therapy Approach and Video/Digital Illustration	18
Final Audit of All Clinical Files	18
Exit Interview	19
Before Leaving the Program	19
Appendix A	20
Appendix B	21
Graduate Student Record Form	21
Appendix C.....	23

Videotape Library Listings	23
Appendix D	25
Ethical Standards and Standards of Conduct.....	25
AAMFT Code of Ethics.....	31
Honoring Public Trust	31
Commitment to Service, Advocacy, and Public Participation.....	31
Seeking Consultation	31
Ethical Decision-Making.....	31
Binding Expectations.....	32
Resolving Complaints.....	32
Aspirational Core Values.....	32
Ethical Standards.....	32
STANDARD I RESPONSIBILITY TO CLIENTS	33
STANDARD II CONFIDENTIALITY	34
STANDARD III PROFESSIONAL COMPETENCE AND INTEGRITY	35
STANDARD IV RESPONSIBILITY TO STUDENTS AND SUPERVISEES	37
STANDARD V RESEARCH AND PUBLICATION.....	38
STANDARD VI TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES	40
STANDARD VII PROFESSIONAL EVALUATIONS	41
STANDARD VIII FINANCIAL ARRANGEMENTS	42
STANDARD IX ADVERTISING.....	43
Appendix E.....	45
Internship Placement Agreement.....	45
Agency.....	45
Intern	46
Specifics of the Dual Assistantship/Internship Agreement.....	46
Appendix F.....	48
Explanation of Certain Provisions of the Child Abuse and Neglect Reporting Law	48
Mandatory Reporting.....	49
Permissive Reporting.....	49
Appendix G	51
Job Description AU MFT Program and Center Director	51
Job Description MFT Core Faculty Member*	52
Appendix H	54
Demographics of AU MFT Faculty, Supervisors and Students 2016-17	54

Accreditation

The AU MFT program is fully accredited with the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) through the American Association for Marriage and Family Therapy. The MS program in MFT at AU was granted accreditation by the COAMFTE in 1979. Our most recent renewal of accreditation was granted in 2012 for a period of six years, with the current reaccreditation process occurring October 2016 – April 2018.

Mission Statement of the AU Marriage and Family Therapy Program

The mission of the Marriage and Family Therapy Program is to enhance human well-being and quality of life worldwide through the training of multiculturally-informed, ethically competent marriage and family therapists. Graduates will be prepared to provide relational/systemically grounded therapy to individuals, couples, and families and produce evidence of their effectiveness. Graduates will also be prepared to apply to and be admitted to a doctoral program of their choosing in order to increase their abilities to conduct research and teach and train future marriage and family therapists.

Educational Objectives

The AU MFT Program is guided in the establishment of educational outcomes by the *Professional Marriage and Family Therapy Principles*. Specifically: 1) we continue to offer the former Standard Curriculum as outlined in the *MFT Educational Guidelines* specifically crafted to meet all academic, experiential, and supervisory requirements required during an applicant's graduate degree program as set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT) by regulation (<http://www.mft.alabama.gov/rules.aspx>) and the "Marriage and Family Therapy Licensure Act." (Acts 1997, No. 97-170, S1.). (<http://www.mft.alabama.gov/law.aspx>); 2) the Association of Marital and Family Therapy Regulatory Board's (AMFTRB) Examination Domains; and 3) the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics.

Overall Goals for the AU MFT Program:

1. Graduate professionally and ethically competent, multiculturally-informed marriage and family therapists.
2. Graduate students prepared to apply to and be accepted by at least one doctoral program.

Specific Program Goals for the AU MFT Program:

1. Graduates will be able to apply their knowledge of relational/systemic theories, human development and a variety of MFT approaches to develop an effective, personalized therapy approach.
2. The program will instill in students the importance of and ability to, practice in an ethical, professional manner.
3. Graduates will be able to apply research methods to create evidence of their therapeutic effectiveness as well as the ability to contribute to the research base for their profession.
4. The program will emphasize a multiculturally- informed perspective to MFT throughout the curriculum, on and off campus clinical supervised experiences and the interpersonal experience of students during their program.

Student Learning Outcomes for the AU MFT Program are as follows:

1. Possess a strong relational/systemic theoretical foundation upon which to base therapy practice
2. Possess a breadth of theoretically informed clinical techniques of the field.
3. Understand how developmental issues impact the functioning of individuals, couples and families.
4. Demonstrate effective therapy skills.
5. Acquire research skills and knowledge to evaluate published research as well as conceive and complete original research projects.
6. Function professionally and ethically as marriage and family therapists in communities.
7. Be multiculturally- informed MFTs by demonstrating knowledge and mindfulness of the contextual issues of race, gender, gender identity, religion, socioeconomic status, ethnicity, national origin and sexual orientation.

Purpose of MFT Program Handbook

The Auburn University MFT program requires a minimum of 24 months (6 consecutive semesters including summers) to complete. Every effort is made to provide graduate assistantships that qualify each MFT student for full tuition waivers over this 2-year period. However, it is important for the student to be aware that following the 2-year time frame and/or 50 semester credit hours completed (for MS only students) the student may no longer be provided with an assistantship, therefore in and out-of-state tuition may no longer be waived. Thus students should familiarize themselves with the requirements and timelines provided in this handbook in order to complete the program satisfactorily and in a timely manner.

The purpose of this Handbook is to provide perspective and current MFT students with information and answers to questions about the Auburn University MFT

program and MFT Center. The information will assist the student in meeting the requirements of the program and in following the MFT program policies and procedures. Students are expected to know and follow the information contained in this handbook. **All students are required to sign the *Affidavit of Compliance* in Appendix A.** When completed, the *Affidavit of Compliance* should be given to the MFT Admin to be placed in the student's file. Questions regarding the MFT policies and procedures may be directed to any of the MFT clinical faculty.

MFT Core Faculty and Supervisors

Tom Smith, PhD., LMFT844-4476
 AAMFT Approved Supervisor and Clinical Fellow.....smitht8@auburn.edu
 Associate Professor, Program Director and Director,
 Auburn University Marriage and Family Therapy Center
 MFT Center @ Glanton House

Scott Ketring, PhD., LMFT844-4479
 AAMFT Approved Supervisor and Clinical Fellow.....ketrisa@auburn.edu
 Associate Professor
 MFT Center @ Glanton House

Margaret Keiley, Ed.D., LMFT.....844-2644
 AAMFT Approved Supervisor and Clinical Fellow
 Professor and Director of Clinical Research
 Human Sciences Annex

Non-Core, On-Campus Clinical Supervisors

Sarah Cox, M.S., LMFT.....703-6091
 AAMFT Approved Supervisor and Clinical Felloweliza1@hotmail.com

Carla Hamler, M.S., LMFT..... 333-0765
 AAMFT Approved Supervisor and Clinical Fellowcarlashamler@gmail.com

Yesenia Perez, M.S., LMFT..... 281-814-6423
 AAMFT Approved Supervisor Candidate and Clinical Fellow.....yeseniay.perez@gmail.com

Rebecca Goodman, MS, LMFT.....803-381-2857
 AAMFT Approved Supervisor Candidate and Clinical Fellow.....rjg0011@@auburn.edu

MFT Emeritus Faculty

Connie J. Salts, PhD., LMFT821-0318
 Professor Emeritus.....conniesalts@bellsouth.net
 AAMFT Approved Supervisor and Fellow

HDFS Faculty with Clinical Fellow Status

Jamie Andersen, Ph.D., LMFT844-3217
Visiting Assistant Professor
Spidle Hall

June Henton, Ph.D.844-3790
Professor and Dean, College of Human Sciences
Spidle Hall

HDFS Emeritus Faculty with Clinical Fellow Status

Arthur Avery, Ph.D., LP844-3790
Professor Emeritus
Spidle Hall

HDFS Graduate Faculty

Joe Pittman, Ph.D.844-3242
Professor, HDFS Department Head
Spidle Hall

| Francesca Adler-Baeder, Ph.D.....844-4151
Professor and Extension Specialist
Spidle Hall

Katrina Akande, Ph.D.844-3778
Assistant Professor and Extension Specialist
Spidle Hall

David Chae, Ph.D.....844-3321
Associate Professor and Director,
Center for Children, Youth and Families

Adrienne Duke, Ph.D.844-4091
Assistant Professor and Extension Specialist
Spidle Hall

Mona El-Sheikh, Ph.D.844-3294
Professor
Spidle Hall

Stephen Erath, Ph.D.....844-3236
Associate Professor & Graduate Program Officer

Spidle Hall

Thomas Fuller-Rowell, Ph.D. 844-3218
Associate Professor
Spidle Hall

Jatunn Gibson, Ph.D. 844-3610
Assistant Professor & Extension Specialist
Spidle Hall

Megan Haselschwerdt, Ph.D. 844-4149
Assistant Professor
Spidle Hall

Ben Hinnant, Ph.D. 844-4451
Associate Professor
Spidle Hall

Jennifer Kerpelman, Ph.D. 844-4149
Professor, Extension Specialist & Associate Dean for Research
Spidle Hall

Diana Samek, Ph.D. 844-3173
Assistant Professor
Spidle Hall

Donna Sollie, Ph.D. 844-3230
Professor and Assistant Provost for Women's Initiatives
Spidle Hall

Brian Vaughn, Ph.D. 844-3235
Professor
Human Sciences Annex

Silvia Vilches, Ph.D. 844-3772
Assistant Professor & Extension Specialist
Spidle Hall

Auburn University MFT Program Requirements

The purpose of this section is to familiarize potential and current students with requirements specific to the MFT program. The MFT program is designed to prepare students to become competent clinicians and to eventually obtain licensure as a Marriage and Family Therapist and become a Clinical Fellow in the American Association for Marriage and Family Therapy (AAMFT). Therefore, it is imperative that the student takes responsibility for fully meeting all requirements listed below.

As part of and in addition to courses in the plan of study, students must complete the following requirements. **Students are to record their progress on the *MFT Graduate Student Record Form* (located in Appendix B).**

1. Read and follow the MFT Program and Center Policies and Procedures Handbook.
2. Observe a total of 35 hours of therapy during the first two semesters (Fall 1st Semester).
3. Complete and submit an AAMFT student membership application no later than September 1 of the first year.
4. Participate in the Clinical Readiness Evaluation process.
5. Meet with the MFT Program Director during the spring semester of the first year to make preliminary arrangements for internship placement.
6. Turn in a signed Internship Placement Agreement by August 15 of the second year.
7. Complete 500 direct client contact hours by the end of the third semester of internship, 250 of which must be relational hours.
8. Obtain a minimum of 100 hours of supervision, 50 of these hours must be individual supervision and 50 hours' group supervision. The student must also have a total of 50 hours of raw data supervision. Supervision/direct client contact hours must be at a minimum ratio of 1:5.
9. Present a formal statement of your therapy approach with video during the last semester of internship. The video will become part of the video library at the MFT Center.
10. A final audit of all of your clinical files from your cases at the AU MFT Center must be completed before your final semester of HDFS 7920 has a grade turned in.
11. Attend an exit interview.

Student Diversity Admission and Commitment Statement

The Marriage and Family Therapy Program is committed to admit and retain students with diverse backgrounds and those from traditionally under-represented groups in our profession. The program's goal is to admit and graduate a greater percentage of diverse students than Auburn University does, as a whole. The program continues its' commitment to integrate issues related to multiculturally-informed therapy (awareness, knowledge, and skills) and diversity throughout the curriculum.

Admissions

International students, who are admitted into the Marriage and Family Therapy Program, must have a TOEFL score that meets or exceeds the required score identified by the Auburn University Graduate School(<http://bulletin.auburn.edu/thegraduateschool/admissions/>) Previous academic record, personal characteristics and prior experience relevant to success as a marriage and family therapist, and congruence between professional goals and the marriage and family therapy program offered at Auburn University are also considered. A selection of the top applicants will be invited to submit a video to be considered in the admission process by the MFT core faculty in lieu of in-person interviews prior to admission decisions. Applicants who accept an offer of admission and enroll will receive an Affidavit of Compliance in regards to the program policies, procedures and requirements stated in the program handbook. A signed copy of the affidavit will be retained in the students file and a copy provided to the student.

The following hyperlinks go directly to: 1) specific admission materials and deadlines for the Department of Human Development and Family Studies and the MFT option and 2) the Auburn University Academic Calendar:

<http://www.humsci.auburn.edu/hdfs/grad-admissions.php>

http://www.auburn.edu/main/auweb_calendar.html

Student Remediation, Retention and Dismissal Process

If inadequacies are identified, procedures described in the AU Academic Grievance Policy (<https://sites.auburn.edu/admin/universitypolicies/Policies/StudentAcademicGrievancePolicy.pdf>) will be followed by the student's advisor and/or the student's full program committee. This process is developmental with the goal being remediation of the problem(s) when possible.

If a student's progress in the program is deemed unsatisfactory, the student will be notified in writing of the evaluation committee's concerns. The student will be asked to contact their advisor to discuss these concerns. The advisor and the student will develop a plan of remediation. If that remediation plan does not achieve the desired results, the advisory committee may recommend the following step(s).

The student's advisory committee prepares a statement of grievances (outlining problems or inadequacies), and in a meeting with the student, discusses these grievances and suggests the steps necessary for remediation. The statement of grievances must have the unanimous support of all members of a student's advisory committee. The remediation plan must include, but is not limited to, the following:

1. specific measures to be taken;
2. time line for completing the plan;
3. the means for determining whether the measures taken have resulted in remediation;
4. the consequences to the student if there is a failure to remedy the problem within the specified time line, which includes being dropped from the Graduate School;
5. notification of the student's rights in this process.

A copy of the grievances, the plan for remediation, and a summary of the committee meeting will be given to the student, department head, and when appropriate the academic dean, and the dean of the graduate school.

If the student's committee, at the end of the designated time line, determines that the remediation efforts have been successful all of the individuals listed above will be notified by letter of that determination.

If the student's committee determines that the conditions for remediation have not been met in the time designated, the student will be given time to prepare and present his/her case to the full time marriage and family therapy faculty and the student's committee

members. The faculty will make a recommendation based on input from the student and the student's committee.

If the grievances had to do solely with processes within the marriage and family therapy program leaving the student in good standing in the Department of Human Development and Family Studies in relation to the other M.S. option, the department head and departmental graduate faculty could offer the student the option of transferring into the other M.S. option in the department.

If the recommendation is made to drop the student from the marriage and family therapy program and the student is not offered to transfer programs within the department, the committee will prepare a statement reiterating the grievances and forward it to the student, department head, and when appropriate the academic dean, and the dean of the graduate school.

The graduate school dean will give the student an opportunity to respond, and will then make a decision regarding the committee recommendation.

If the final decision is to drop the student from the graduate school, the student's advisory committee will be responsible for facilitating this transition for the student.

Computer Access and Use

As soon as you register for classes, an AU Office of Information Technology (OIT) (<http://www.auburn.edu/oit/>) computing global user ID is created for you. This gives you access to free e-mail and a number of other computing resources (See *Survival Guide for New Students* <http://www.auburn.edu/oit/students/> for details on activating your computer user ID.) Your e-mail address on the Exchange server is: userID@tigermail.auburn.edu.

If you have an off-campus account as well, and wish your on-campus e-mail forwarded to your off-campus account, please contact OIT at 844-4944, or through the web or e-mail as per the addresses given above. ***It is important that you check your university-assigned e-mail address regularly. Departmental communication, course information from your professors, and other important information will be disseminated through this account.***

The AU MFT program does not require any technology purchases to become a degree seeking student. The AU MFT Center has a few computer stations available to graduate students while our college's main classroom building, Spidle Hall maintains a large computer lab with updated technology available for graduate student use.

Technology Workshops on Campus

Workshops are offered on campus through the Instructional Media Group (IMG). The IMG provides support and information regarding instructional technology and multimedia for

Auburn University faculty. Graduate students are also given access to the workshops offered quarterly. IMG is a subgroup of the Auburn University Division of Telecommunications and Educational

Television. The IMG office is located at 0015 Haley Center. More information about the workshops can be found at: <http://www.auburn.edu/img/>

Endorsement Policy

Student requests for endorsements are to be directed to appropriate individual faculty. Decisions about the appropriateness of an endorsement for professional credentialing and/or employment will be based on the student's experience, training and/or course work completed. These requests will be addressed on an individual basis relevant to the specific endorsement being sought and the qualifications of the student requesting the endorsement. Under no circumstances will students be endorsed for employment outside their area(s) of demonstrated competence.

Grievances

In all instances, the Marriage and Family Therapy Program adheres to the Auburn University Student Academic Grievance Policy. This policy provides a means for students to resolve academic grievances resulting from actions from faculty and administration. This policy, types of grievances, grievance committee procedures, and policy revisions may be found at: <https://sites.auburn.edu/admin/universitypolicies/Policies/StudentAcademicGrievancePolicy.pdf>

MFT Licensure and Portability of Degree Statement

The AU MFT curriculum and clinical experience requirements are modeled on the former clinical membership requirements for AAMFT that served as the foundation for the model licensure law that was in place during the time the vast majority of MFT licensure laws were enacted. While, of course, specific therapy models, new research findings and evolving best practices lead to content changes, the AU MFT educational experience, courses taken and clinical experience and supervision received requirements along with the program's continuing accreditation efforts ensure the most likely scenario that your AU MFT degree will put you in position for successful licensing as an MFT in the vast majority of US states as well as situate you for portability with minimum disruption or need to meet additional standards. The assignment you will have during your second Fall semester, to research the licensure laws in the state you most likely will live in post-graduation (besides Alabama), combined with the information other cohort students develop will help insure you take the coursework etc. you may need beyond what our degree program requires. It is ultimately the student's/graduate's responsibility to prepare for eventual instances of attaining/moving your LMFT post degree.

The program faculty/staff will assist you in whatever reasonable way we can with licensure and portability issues both in your immediate post degree days as well as your future as seasoned alumni.

Additional Graduate Policies and Useful Information:

The *HDFS Guide to Graduate Programs and Supplementary Application Material* (<http://www.humsci.auburn.edu/hdfs/files/guidetogradprograms.pdf>) is a helpful document for perspective applicants and current students to review. Of specific interest for those interested in the MFT program are:

- 1) A description of the MFT MS option (p.2);
- 2) A listing of the course of study for the MFT option (p. 7) and
- 3) A listing of the current fees, tuition and assistantship information (p.12)

A Procedural Guide for Master of Science Students, Department of Human Development and Family Studies, Auburn University (http://www.humsci.auburn.edu/hdfs/files1/ms_web_procedural_guide.pdf) includes on p. 4-5 a description of the annual evaluation, what degree progress means and the outcomes of the evaluation.

Student Support Services

Being a graduate student in a rigorous clinical training program is often an arduous and stressful undertaking. It is important to strive for a balance of focus, commitment and replenishment. Following are support services available to students at Auburn University that the faculty urge each student to familiarize themselves with:

<http://wp.auburn.edu/scs/> hyperlink to the Student Counseling Center

<https://cws.auburn.edu/mcc> hyperlink to the Cross-Cultural Center for Excellence

<http://campusrec.auburn.edu/> hyperlink to CAMPUS RECREATION & the Recreation and Wellness Center

<https://cws.auburn.edu/aumc/> hyperlink to the Medical Clinic

<https://cws.auburn.edu/studentaffairs/healthandwellness/programs/safeharbor/> hyperlink to Safe Harbor. Safe Harbor is committed to advocating and assisting students who have experienced sexual violence, stalking, harassment, and other sexual misconduct situations.

<http://www.auburn.edu/main/currentstudents.html#Student%20Services> hyperlinks to a variety of services available to current students, including various support services

<http://wp.auburn.edu/writing/writing-center/> hyperlink to the Miller Writing Center

<http://wp.auburn.edu/writing/writing-center/writefest/> hyperlink to Writefest - Focus on graduate student writing

Observation Hours

Students are required to observe 35 therapy hours as part of the HDFS 7601 lab. The requirement serves several purposes. First, students learn from watching other therapists work. Second, students are exposed to a variety of therapist styles and theoretical approaches. And third, students learn to observe rather than “watch” therapy.

The observation hours can be obtained in three ways: (1) by watching live cases being conducted at the MFT Center, or (2) by watching recorded sessions. The recorded sessions allow the therapist to stop the tape and process the session. (3) There are master therapist tapes in the library. Appendix C lists some of the available videotapes. Students can observe five (5) hours from these tapes. It is recommended that the student makes the effort to follow at least one live case for 5-6 sessions, beginning with the first session.

It is the student’s responsibility to arrange, with the therapist, to observe therapy. By interacting with the second year students before, during, and after the therapy session, the observations become a meaningful experience. Keep a record of the observations. (See section on Recording of Supervision and Therapy Hours.) Observations of therapy require the same confidentiality requirements as conducting therapy.

AAMFT Membership

As student’s professional goals should eventually include becoming a Clinical Fellow in the AAMFT. Students must apply and be accepted as a student member of AAMFT. Information about AAMFT and the student application can be found on-line at www.AAMFT.org. Students are encouraged to become familiar with the AAMFT website to learn about professional opportunities and enrichment.

Marriage and Family Therapist Code of Ethics

Whenever students are practicing or observing therapy, they **must** follow the standards of ethical conduct set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT) and the AAMFT. The ABEMFT ethical standards are modeled after the AAMFT Code of Ethics; however, there are various additions, just as there may be subtle differences among the standards from state to state. The *AAMFT Code of Ethics* and the *ABEMFT Standards of Ethical Conduct* can be found in Appendix D. If there are differences in the two sets of Standards the higher Standard related to any particular issue should be

followed. Failure to follow the professional code of ethics could result in dismissal from the program and/or receiving a lowered grade in the MFT Labs or MFT Internship, depending on the infraction.

Liability Insurance

Currently, the MFT Center carries students under a blanket liability insurance policy that covers students at their on-campus and off-campus sites. Additionally, you will be covered by the AAMFT liability policy as a student member.

Personal Therapy

Some former students have found that undergoing therapy has enhanced their growth and effectiveness as a therapist. If the student requests a referral, every attempt will be made to locate services economically feasible to the student. It is considered inappropriate, however, for students to receive psychotherapy from fellow students or from program academic or supervisory faculty.

Clinical Readiness Evaluation

The intensive and effective nature of work with marital and family problems requires maturity on the part of marital and family therapy practitioners. Individuals in training to become marital and family therapists must possess personal and professional integrity, must be able to state mature motives and professional goals, and must demonstrate clinical readiness. Therefore, it is the responsibility of the MFT faculty to maintain an ongoing evaluation of trainees' personal, academic and professional growth. This process begins with a student's first contact with the MFT faculty and continues throughout his or her involvement in the program.

During the two-year program, the MFT as well as the departmental faculty observe the MFT students' interactions with faculty, one-on-one contact with students, and functioning within the sometimes stressful program environment. The faculty provides feedback to the students regarding these observations and evaluations. It is the student's responsibility to act on recommendations for personal and professional growth. During both spring semesters during the student's two-year program a formal evaluation process is conducted by the departmental graduate faculty of all graduate students. In addition, MFT faculty supervisors during first year labs and second year internship as well as off-campus placement supervisors provide feedback based on an evaluation of clinical skills and professional behavior.

Throughout the student's program, MFT clinical faculty share their observations and evaluations with one another on an as-needed basis. Feedback may be requested from the instructors of other graduate classes taken by MFT students as well as assistantship supervisors. If a student receives a grade of C or lower in any of the HDFs 7600 series courses, there will be concern about the student's ability to adequately understand the concepts or possesses the skills necessary to begin or continue in the clinical labs and internship. Throughout the 2-year program, the clinical faculty assesses the student's personal and

professional integrity and maturity in accordance to that needed on the part of marital and family therapy practitioners. Students will be advised of problems and given an opportunity to make necessary changes in behavior deemed unacceptable. If the necessary changes are not made, the student will be counseled to seek another area of study within the Department of Human Development and Family Studies. If the student should not accept the decision of the MFT faculty and refuses to voluntarily change his or her program of study, the Department will prevent enrollment in the MFT clinical labs and internship since the prerequisite for these courses includes departmental approval.

Internship Placements

The internship requirement includes an on-campus clinic experience and an off-campus agency experience. The on-campus experience requires the student to maintain a minimum caseload of 3 clients per week at the MFT Center, receive one hour of individual supervision, attend group supervision and spend sufficient time maintaining client files and attending to administrative issues. The off-campus agency experiences vary according to the placement and the agreement with the agency. To meet requirements for on-time graduation students should carry a caseload sufficient to obtain a minimum of 10 client weekly contact hours. Cancellations and no-shows by clients are frequent; therefore, the student should aim to schedule a total of 17-20 sessions per week between placements. Students may plan leave-time throughout the year, coinciding with semester breaks. Leave should be arranged with the on-campus and off-campus supervisors.

Internship placement in a community agency allows students to experience how MFT is practiced outside the academic community and provides an invaluable opportunity to become a member of professional staff. While students are placed in a site, they are to be treated and expected to act as an employee of the placement. Historically, most of these placements are in conjunction with paid assistantships.

The MFT faculty will work to secure and work out an agreement with internship sites unless the student has reason to have an internship outside the Auburn University geographical area. During the spring/summer terms when students interview with (a) potential site(s), they should approach these interviews as a job interview(s). All internship sites have the right to interview prospective students and accept or reject students for reasons related to the student's ability to function or perform specific tasks and assignments of the placement. Therefore, it is important that students make a good impression with the on-site supervisor. Using input from students, faculty, and off-site personnel, the MFT Director will make the final decision regarding site placement. Once assigned to a site, the student, the on-site supervisor, and the MFT Program Director sign a contract (See Appendix F for an example). This contract outlines the requirements for the placement. The year spent in an internship is an intense experience.

Evaluations of the student's performance during internship semesters will be given by the on and off-campus supervisors at the end of each semester. Evaluation format may vary by supervisor.

500 Direct Client Contact Hours

Students are required to complete 500 direct client contact hours of therapy, 250 of these must be relational (2 or more clients in the therapy room). Direct client contact is defined by the COAMFT to mean face-to-face (therapist and client) therapeutic intervention. Activities such as telephone contact (other than calls of extended duration), case planning, observing therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision are not considered direct client contact. A maximum of 100 hours teaming behind the mirror may count toward the 500 hours. However, students must serve as a team member by jointly and actively participating in the therapy in an ongoing basis. Merely being an observer behind the mirror or member of the live supervision group does not count as team therapy hours.

To obtain the 500 hours within two years, students carry a caseload sufficient to obtain a minimum of 10 client contact hours per week. Cancellations and no-shows by clients are frequent; therefore, the student should aim to schedule a total of 17-20 sessions per week between all placements. Since student therapists experience client cancellations and no-shows and periods of low client load, the guidelines will help determine if the student is on schedule.

100 Supervision Hours

Concurrent with the required 500 hours of direct client contact, students are required to obtain a minimum of 100 hours of supervision from approved supervisors. This supervision will consist of both individual/dyadic and group. A minimum of 50 individual or dyadic supervision hours is required. Students are required to receive at least 1 hour of individual or dyadic supervision each week they see clients and to receive 1 hour of supervision for every 5 hours of therapy conducted. The 1:5 ratio of supervision to direct client contact is easily obtained through participation in the required group case consultation and live supervision on clinic nights. Furthermore, a minimum of 50 hours of supervision must be based on raw data, meaning live supervision or use of audio/video or digital equipment.

Guidelines for Obtaining 500 Client Contact Hours (Specific Examples)

Below are four examples of cumulative numbers of client contact hours. The statistical average is based on 5 students in the same cohort who completed all hours by the end of July. However, they accumulated these at different rates and levels of anxiety. I recommend you avoid the severe anxiety route and use the other three as guides to how you are doing.

MONTH	STATISTICAL AVERAGE	NO PROBLEM	THINK I'LL BE OK	SEVERE ANXIETY
MARCH	7	9	7	7

APRIL	20	21	18	18
MAY	26	26	24	23
JUNE	35	36	31	33
JULY	38	40	33	35
AUGUST	63	57	64	55
SEPTEMBER	97	98	93	83
OCTOBER	133	137	132	104
NOVEMBER	161	168	158	140
DECEMBER	197	220	200	165
JANUARY	243	276	248	203
FEBRUARY	297	330	295	230
MARCH	351	391	351	280
APRIL	400	443	409	331
MAY	434	477	443	385
JUNE	472	506	478	439
JULY	510	514	502	504

Recording of Supervision and Therapy Hours

Students must keep a running account of all supervision and therapy hours which they are participants. First, they must show that they are meeting the requirements of the program. Second, when applying for licensure as an MFT or for AAMFT Clinical Membership they must indicate the number of hours and dates when they occurred, as well as have a signed report provided by the supervisor. Third, when applying for jobs, many employers want to know the experience level, and the types of clients served while in training. Fourth, this establishes a professional routine of record keeping needed to be maintained throughout your career. By learning to keep an ongoing record, you will save time and hassles in the future

Supervision and Therapy Notebook

It is recommended that students use a notebook and divide it into three sections; one for observation hours, one for supervision hours, and one for therapy hours. In the supervision section the following information must be recorded: date, type of supervision (i.e., individual or group), the name of supervisor, the length of supervision, and mode of supervision (i.e., case consultation, live, videotape review, or audiotape review).

A typical supervision entry is as follows:

Length of
Date Type Supervisor Amount Supervision Mode

9-2-03 Ind. Smith 1 hr. Live Supervision

In the observation and therapy sections, keep the following data: date, case type (i.e., individual, couple, or family,) client file number, the length of session, whether it is a team hour, and presenting problem. Begin the notebook immediately upon entering the program. During the first two semesters, you should include your therapy observations in the appropriate section.

Examples of four typical entries for either observation or therapy are:

<u>Date</u>	<u>Case Type</u>	<u>Client Code</u>	<u>Session</u>	<u>Presenting Problem</u>
8-21-11	Family	201108049	1 (TT)	Adolescent Depression
8-21-11	Couple	201108052	1.5	Marital conflict
8-30-11*	Family	201108056	1.0	DHR referred
8-30-11*	Couple	201108048	2.0	Marital Affair

*Indicates initial session.

(TT) Participate behind the mirror as a member of a therapy team.

To assure that therapists are correctly accounting for supervision and contact hours, students and supervisors should review the correct procedure for counting and reporting of client contact and supervision hours each term.

MFT Clinical Hours Report Form

Once students begin doing therapy, they must complete an MFT Clinical Hours Report Form (pink sheet) at the end of each month (Appendix H). This form provides important information that is used to evaluate clinical training, assess the status and needs of the MFT Center, and maintain AAMFT accreditation. Forms are given to the MFT secretary the first Friday of the month.

The MFT Clinical Hours Report Form (Appendix H) tallies therapy and hours.

These categories are defined as:

THERAPY HOURS: Hours the student is the therapist in direct client contact.

TEAM THERAPY HOURS: The hours the student therapist is behind the mirror functioning as a team member. This entails taking notes for the therapist during each session and participating from the beginning until termination.

INDIVIDUAL SUPERVISION: This includes all the hours the student therapist is conducting therapy while a supervisor is viewing the session. It also includes face-to-face interaction with the supervisor and the student therapist concerning the treatment of marital and family therapy cases. Finally, dyadic supervision, when two supervisees are present with the supervisor, is considered individual supervision.

GROUP SUPERVISION: All hours when a group of 3-6 therapists and a supervisor are discussing cases, including live supervision behind the mirror and audio and video tape presentation of cases.

Accounting of Contact and Supervision Hours during Clinic Nights

The following standardized procedure and criteria were developed for students/supervisors to utilize when accounting for therapy contact and supervision during clinic nights. This scheme is based on the assumptions that each group consists of six students and that the supervisor divides his/her time equally between the cases during each therapy hour. If these assumptions do not apply, the supervisor will instruct how to count the supervision.

- 1) During a therapy hour when there is only one session in progress, the following applies:
 - a) The primary therapist receives one hour of therapy and one hour of individual live supervision.
 - b) The teammate receives one hour of team therapy contact and one hour of group live supervision unless no one else but the supervisor observed with them then they receive individual live supervision.
 - c) All other students present for the session receive no therapy contact but do receive an hour of group live supervision if they participate in the supervision discussion.
- 2) During a therapy hour when there are two sessions in progress, the following applies:
 - a) The two primary therapists each receive one hour of therapy contact and one half hour of individual live supervision.
 - b) The two teammates each receive one hour of team therapy contact and one-half hour of the group live supervision; unless no one else but the supervisor observed with them in which case they receive one half hour of individual live supervision.
 - c) All other students present who participate in the supervision discussion receive no therapy contact but do receive an hour of group live supervision if they move with the supervisor, or one-half hour if they stay with one of the cases.
- 3) During a therapy hour when three sessions are in progress, the following applies:
 - a) The three primary therapists each receive one hour of therapy contact and one-third of an hour of individual live supervision.
 - b) The teammates each receive one hour of team therapy contact and one-third of an hour of individual live supervision

In addition to the live supervision, second year MFT students have group case-report or video supervision prior to seeing clients (this has traditionally been from 2-4:00 p.m. on Tuesdays.)

During the clinic night for first-year students, which typically runs from 4-10:00 p.m., the supervisor usually assists students in calculating the appropriate amount and kind of supervision.

Formal Statement of Therapy Approach and Video/Digital Illustration

As a requirement for the summer internship class students are required to present a statement and video/digital illustrations of their personal approach to therapy. This formal statement is an opportunity for students to integrate, synthesize, and organize their ideas about change and therapy.

The statement of therapy should be a referenced, scholarly paper that acts as a foundation for the presentation. Student description regarding their therapeutic practice in the paper is to be illustrated in the video/digital production.

The paper should include:

1. The student's underlying assumptions about change, health, and therapy.
2. The theoretical principles that guide the student's clinical work,
3. Descriptions of the student's repertoire of techniques, and
4. A self-assessment of one's strengths and weaknesses.

The video should have commentary and should illustrate engagement, assessment, intervention, and termination. Additionally, the student will need to introduce clips of technique and style which support their therapeutic approach. The excerpts usually come from several cases. The video presentation should be no longer than 30 minutes. Use short excerpts of 3 -5 minutes in length. The focus should be on the therapist, not the client. Provide a brief 1-2-sentence introduction of the excerpts, listing interventions. Examples of recent graduate videos are available from the MFT Center library of videos.

The 45-minute presentation will occur in connection with the internship class meetings. The faculty supervisor and second-year students regularly attend, while MFT faculty and first year MFT students are invited. Organize the presentation to allow a minimum of 15 minutes for faculty and student questions. Make the presentation scholarly and creative. The internship instructor, using input from other faculty, will assign a grade to be incorporated as part of the internship grade. The video/digital presentation must be turned in to the internship faculty member, who will have the MFT secretary file it in the MFT Center library of videos. Remember that the information contained in this presentation is confidential and may not be removed from the MFT Center.

Final Audit of All Clinical Files

You will not receive an Internship grade until the actual hard copy of All client files for which you served as the primary therapist is reviewed by the Office Administrator. You will provide a

listing of each file you have record of seeing while an intern at the Marriage and Family Therapy Program. You will also include a copy of your clinical and supervision log books. This record will need to be verified with the electronic records. All records require that the primary therapist provide an audit for the client case and have a verifying audit performed by a first year student, or an undergraduate practicum or intern student. The Office Administrator will send an email to the internship faculty member to verify that the physical audit is complete.

Exit Interview

The primary purpose of the exit interview is for the student to provide the MFT faculty with an overall evaluation of the MFT program and to give suggestions for its improvement. Although the faculty encourages and expects students to provide feedback and suggestions throughout their program, it is during the exit interview that students can reflect back regarding the program as a whole. It is through student feedback that the Auburn program has continued to maintain and improve in quality.

Areas the faculty request feedback, both positive and negative, include: (1) course content and sequencing, (2) type and amount of supervision; (3) internship placements; (4) thesis; (5) program policies and procedures; (6) department policies and procedures; (7) assistantships; (8) center policies and procedures; (9) faculty; (10) university support services (11) Diversity within the curriculum, program, and department; (12) Diversity among the clients served; (13) things needing to be changed, added, or deleted and (14) any other suggestions you may have.

It is important that you provide suggestions for improvement, as this Auburn MFT Program tradition is one of the main ways we keep our program a quality experience.

Before Leaving the Program

1. Provide the MFT administrative staff with your new contact information.
2. Turn in your MFT Center key to MFT administrative staff.

Appendix A

Affidavit of Compliance

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY PROGRAM

I, _____, having fully read the *Auburn University Marriage and Family Therapy Program Policies and Procedures Handbook* (Handbook), understand that it is my responsibility to meet the academic and clinical requirements of the MFT program and to comply with the policies and procedures set forth in the Handbook.

I understand that as a graduate student in the Auburn University MFT Program and as an MFT Intern at the Auburn University MFT Center I will be expected to follow the Standards of Conduct of Marriage and Family Therapists set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT). I also understand that I will be expected to follow the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT). I am aware both of these documents are contained in the MFT student handbook.

I acknowledge having already read and signed the *Auburn University Marriage and Family Therapy Center Confidentiality Agreement*.

Furthermore, I understand that once I begin working with clients at the Auburn University MFT Center, I will be expected to follow the policies and procedures of the MFT Center, which are contained in the *Auburn University Marriage and Family Therapy Center Policies and Procedures Handbook*.

Should I have an academic grievance during my tenure as a student in the MFT program, I am aware that I should follow the Auburn University Student Academic Grievance Policy found at <https://sites.auburn.edu/admin/universitypolicies/Policies/StudentAcademicGrievancePolicy.pdf>

This grievance policy states that a student should first consult with the instructor involved, in person or by written contact. If the grievance is of a programming nature, then the student may choose to consult with the MFT Program Director and/or with the MFT clinical faculty as a whole. If agreement on or compromise of the problem is not achieved, the student will then take the grievance to the department head.

By signing this document, I am signifying that I will abide by the terms of this affidavit of compliance.

Signature of Student Date

Signature of Witness Date

Appendix B

Graduate Student Record Form

Name: _____

Fall - 1st year

_____ Courses:

HDFS 7600: MFT Theories I (3); HDFS 7601: MFT Lab I (1); HDFS 7050: Research Methods for HDFS (3); HDFS 7020 Developmental Science II: Adulthood & Aging (3) and HDFS 7960: HDFS Seminar (1)

- _____ Apply for AAMFT Student Membership - before September 1
- _____ Review MFT Program/Clinic Handbook and complete the "Affidavit of Compliance."
- _____ Complete 35 hours of observation (5 Hours can be Master's Series Tapes)
- _____ Select a major professor and thesis topic
- _____ Begin work on thesis as directed by major professor
- _____ Select thesis committee members
- _____ File Program of Study
- _____ Meet with MFT Lab I supervisor to receive feedback on Clinical Readiness.

Spring - 1st Year

_____ Courses:

HDFS 7620: MFT Clinical Issues I: Families (3); HDFS 7621: MFT Lab II (1); COUN 7250: Advanced Assessment and Diagnosis in Counseling (DSM-IV) (3); HDFS 7060: Research Methods for HDFS (3)

- _____ Become familiar with MFT Center policies and procedures
- _____ Complete first draft of thesis proposal
- _____ Meet with MFT Lab II supervisor to receive feedback on Clinical Readiness

Summer - 1st year

_____ Courses:

HDFS 7630: MFT Clinical Issues II: Individuals (3); HDFS 7631: MFT Lab III (1); HDFS 7650: MFT Professional Issues & Ethics (3) and HDFS 7990: Thesis (1)

- _____ Meet with MFT director regarding internship placement
- _____ Interview with internship site
- _____ Continue work on thesis proposal
- _____ Meet with MFT Lab III Supervisor to receive feedback on Clinical Readiness

Fall - 2nd year

_____ Courses:

HDFS 7610 Marriage and Family Therapy Theory II (3); HDFS 7640: MFT Clinical Issues III: Couples (3); HDFS 7920: MFT Internship (3) and HDFS 7990: Thesis (1)

- _____ Turn-in signed internship contract to MFT Program Director prior to July 31st
- _____ Meet Client Contact Hours goal – total = approximately 200/100 being relational
- _____ Meet Supervision Hours goal – total = approximately 40 hours; 20 being individual
- _____ Thesis proposal meeting scheduled and completed
- _____ Evaluation meeting with off-campus supervisor; turn-in completed form to faculty supervisor
- _____ Evaluation meeting with faculty supervisor

Spring - 2nd year

_____ Courses:

HDFS 7010 Developmental Science I: Childhood and Adolescence (3); HDFS 7920: MFT Internship (3) and HDFS 7990: Thesis (1)

- _____ Meet Thesis Progress Goal – completion of results
- _____ Meet Client Contact Hours Goal – total = approximately 400/200 relational
- _____ Meet Supervision Hours Goal – total = approximately 80 hours, 40 being individual
- _____ Evaluation meeting with off-campus supervisor; turn-in completed form to faculty supervisor
- _____ Evaluation meeting with faculty supervisor
- _____ Request graduation check

Summer - 2nd Year

- _____ Course: HDFS 7920: MFT Internship (3) and HDFS 7990: Thesis (1)
- _____ Complete and defend Thesis
- _____ Complete Theory Statement and Video Presentation
- _____ Turn in Video
- _____ Meet Client Contact Hours Goal – total = 500/250 relational
- _____ Meet Supervision Hours Goal (100, 50 individual, 50 group, 50 raw data)
- _____ Evaluation meeting with off-campus supervisor; turn-in completed form to faculty supervisor
- _____ Evaluation meeting with faculty supervisor
- _____ Exit Interview
- _____ Turn in MFT Center key to MFT secretary
- _____ Provide MFT secretary with forwarding address

Appendix C

Videotape Library Listings

Master Therapists At Work - Located in the MFT Center Student Office

1. Harry Aponte, A.C.S.W. - A twenty-two-year-old homosexual young adult and his family, are interviewed regarding his inability to leave home successfully.
2. The family of an acting-out teen-age girl is interviewed. (Part I of tape I, 2-2)
3. Jim Coyne - MRI strategic with Couples. Interview during a conference. Miscommunication and lack of conflict resolution.
4. Norman Paul/ Part I - Conference Interview with a Reconstituted Family
5. Norman Paul/ Part 2 - Conference Interview continued
6. Don Bloch, M.D. - A Family Systems Medicine Conference
7. Milton Erickson, M.D. - "The Living Artistry of Milton Erickson" (2 hours)
8. Richard Fisch, Ph.D. - Dr. Fisch works with a simulated family during a state conference.
9. Fishman, M.D. - Therapy with a chronic diabetic and his family "I'd Rather Forget It."
10. Jay Haley - Actors portray a couple experiencing marital problems because of a wife's affair in "A Jealous Husband." Haley also explains the strategic therapy.
11. Lynn Hoffman, M.S.W. - Family Interview during a State Conference
12. Lynn Hoffman, M.S.W. - Family Interview during a State Conference
13. Kaslow, Ph.D. and Hawthorne, A.C.S.W. - "A Marital Therapy Consultation."
14. Salvador Minuchin, M.D. - Dr. Minuchin works structurally with a stepfamily in "A House, Not a Home" and with an acting-out child in "Taming Monster."
15. Salvador Minuchin, - M.D. - Structural with an adolescent in "The Dumb Delinquent."
16. Carl Whitaker, M.D. - Family Interview during a State Conference
17. Olga Silverstein- Putting the Brakes on Mother
18. Betty Carter - Becoming a Wicked Stepmother
19. Evan Imber-Black - If Only We Could Cancel Christmas

20. Joseph LoPiccolo - Echoes from the Past
21. Jeri Hepworth - Medical Family Therapy
22. Harlene Anderson - Collaborative Language Systems Therapy
23. Ivan Bvoszermenyi-Nagy - I Would Like to Call You Mother
24. Marianne Walters - Laughing Till It Hurts
25. Harry Aponte - A Daughter who needs a Mother
26. Virginia Satir - The Lost Boy
27. Frank Pittman - The Lone Ranger
28. Insoo Berg; Steve de Shazer - Success Story
29. Carl Whitaker - Usefulness of Non-Presented Symptoms
30. Salvador Minuchin - Unfolding the Laundry
31. August Napier - An Underfunctioning Father
32. Steve de Shazer - Brief Therapy - Constructing Solutions
33. Shirley Glass, Thomas Wright - Reconstructing after Extramarital Involvement
34. Joseph LoPiccolo - Treatment of Sexual Deviation
35. Systemic Family Therapy Series - Family of Origin Family Therapy
36. Jo-Ann Krestan (Master series)
37. Anthony Jurich - Learning Edge
38. Learning Edge series - Object Relations/Couples Therapy
39. Erickson - The Living Artistry of Milton
40. Michael White - Narrative Therapy
41. Karl Tomm - Constructivist Therapy
42. Bill O'Hanlon - Brief Solution-Oriented Therapy

Student Therapist at Work and Others

Appendix D

Ethical Standards and Standards of Conduct

ALABAMA BOARD OF EXAMINERS IN MARRIAGE AND FAMILY THERAPY ADMINISTRATIVE CODE

CHAPTER 536-X-6

GROUND FOR DISCIPLINE AND ETHICAL STANDARDS

The Board may deny, revoke, or suspend a license granted pursuant to the Marriage and Family Therapy Act on any of the following grounds:

11. Conviction of a crime which the Board determines to be of nature as to render the person convicted unfit to practice marriage and family therapy. The Board shall compile, maintain, and publish a list of the crimes.
12. Violation of ethical standards of nature as to render the person found by the Board to be unfit to practice marriage and family therapy. The Board shall publish and maintain the ethical standards. Either as an alternative to, or as an additional disciplinary action, the Board may levy an administrative fine of up to five hundred dollars (\$500) for an ethical violation.
13. Fraud or misrepresentation in obtaining a license.
14. Other just and sufficient cause which renders a person unfit to practice marriage and family therapy, such as, but not limited to the following:
 - a) Violations of rules, regulations, and standards set forth by the Board.
 - b) Violations of the ethical standards for marriage and family therapists.
 - c) Professional incompetence.
 - d) Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice that is harmful or detrimental to the public. Proof of actual injury need not be established.
 - e) Habitual intoxication or addiction to drugs.
 - f) Conviction of a felony related to the profession or occupation of the licensee or the conviction of any felony that would affect the licensee's ability to practice within the profession. A copy of the record of conviction or plea of guilty shall be conclusive evidence.
 - g) Fraud in representations of overall therapy skill or ability.
 - h) Use of untruthful or improbable statements in advertisements.
 - i) Willful or repeated violations of the provisions of the Marriage and Family Therapy Licensure Act and the Rules and Regulations of the Alabama Board of Examiners in Marriage and Family Therapy.
 - j) Personal disqualifications:
 - 1) Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.
 - 2) Involuntary commitment for treatment of mental illness, drug addiction or alcoholism.
 - k) Holding oneself out as a licensee when the license has expired, been suspended or revoked or no license has been granted.
 - l) Revocation, suspension, or other disciplinary action taken by a mental health

- licensing authority of any state, territory, or country; or failure by the licensee to report in writing to the Board a revocation, suspension, or other disciplinary action taken by a mental health licensing authority of any state, territory, or country.
- m) Negligence by the licensee in the practice of the profession, which is a failure to exercise due care including negligent delegation to or supervision of employees or other individuals, whether or not injury results; or any conduct, practice or conditions which impair the ability to safely and skillfully practice the profession.
 - n) Prohibited acts consisting of the following:
 - 1) Permitting another person to use the license for any purpose.
 - 2) Practice outside the scope of the license.
 - 3) Obtaining, possessing, or attempting to obtain or possess a controlled substance without lawful authority; or selling, prescribing, giving away, or administering controlled substances.
 - 4) Verbally or physically abusing clients.
 - 5) Any sexual intimidation or sexual relationship between a licensee and a client.
 - o) Unethical business practices, consisting of any of the following:
 - 1) False or misleading advertising.
 - 2) Betrayal of professional confidence.
 - 3) Falsifying client's records.
 - p) Failure to report to the Board a change of name or address within 60 days after it occurs.
 - q) Failure to comply with a subpoena issued by the Board, or to otherwise fail to cooperate with an investigation conducted by the Board.

CHAPTER 536-X-7

STANDARDS OF CONDUCT FOR MARRIAGE AND FAMILY THERAPISTS

- (1) *Responsibility to clients.* Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance and make reasonable efforts to ensure that their services are used appropriately.
 - (a) Marriage and family therapists do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin, or sexual orientation.
 - (b) Marriage and family therapists are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists take appropriate professional precautions to ensure judgment is not impaired, and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients. Sexual intimacy with clients is prohibited. Sexual intimacy with former clients is prohibited for two years following the termination of therapy.
 - (c) Marriage and family therapists do not use their professional relationships with clients to further their own interests.
 - (d) Marriage and family therapists respect the right of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise a client that a decision on marriage status is the responsibility of the client.

- (e) Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.
 - (f) Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.
 - (g) Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.
 - (h) Marriage and family therapists obtain written, informed consent from clients before videotaping, audio recording, or permitting third-party observation.
- (2) *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 confidences of each individual client.
- (a) Marriage and family therapists may not disclose client confidences and the confidential relations and communications between licensed marriage and family therapists and clients are placed upon the same basis as those provided by law between attorney and client, and nothing in these rules and regulations or the Marriage and Family Therapy Licensure Act shall be construed to require any such privileged communication to be disclosed, except in the following circumstances:
 - i. As mandated by law;
 - ii. To prevent a clear and immediate danger to a person or persons;
 - iii. Where the therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case client confidences may be disclosed only in the course of that action;
 - iv. Where the client is a defendant in a criminal proceeding, and the use of the privilege would violate the defendant's right to a compulsory process or the right to present testimony and witnesses in his or her own behalf or both;
 - v. If there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver. In circumstances where more than one person in a family receives therapy conjointly, each family member who is legally competent to execute a waiver must agree to the waiver required by this subparagraph. Without such a waiver from each family member legally competent to execute a waiver, a therapist cannot disclose information received from any family member.
 - vi. Where there is a duty to warn under the limited circumstances set forth in Section 23 of the Marriage and Family Therapy Licensure Act.
 - vii. If both parties to a marriage have obtained marriage and family therapy by a licensed marriage and family therapist, the therapist shall not be competent to testify in an alimony or divorce action concerning information acquired in the course of the therapeutic relationship. This section shall not apply to custody actions.
 - (b) Marriage and family therapists use client or clinical materials in teaching, writing, and public presentations only if a written waiver has been obtained, or when appropriate steps have been taken to protect client identity and confidentiality.

- (c) Marriage and family therapists store, for a period of no less than seven years, and dispose of client records in ways that maintain confidentiality.
 - (d) Records of the therapy relationship, including interview notes, test data correspondence, tape recordings, electronic data storage, and other documents are to be considered professional information for use in therapy, and they should not be considered a part of the records of the institution or agency in which the therapist is employed unless specified by state statute or regulation. Revelation to others of therapy material must occur only upon the expressed consent of the client.
- (3) *Professional competence and integrity.* Marriage and family therapists maintain high standards of professional competence and integrity.
- (a) Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.
 - (b) Marriage and family therapists, as teachers, supervisors, and researchers, are dedicated to upholding high standards of scholarship and presenting accurate information.
 - (c) Marriage and family therapists remain abreast of new developments in family therapy knowledge and practice through educational activities.
 - (d) Marriage and family therapists do not engage in sexual or other harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.
 - (e) Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.
 - (f) Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.
 - (g) 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.
- (4) *Responsibility to students, employees, and supervisees.* Marriage and family therapists do not exploit the trust and dependency of students, employees, and supervisees.
- (a) Marriage and family therapists are aware of their influential position with respect to students, employees, and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid dual relationships that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists take appropriate professional precautions to ensure judgment is not impaired, and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees, or supervisees; or provision of therapy to students, employees, or supervisees. Sexual intimacy with students or supervisees is prohibited.

- (b) Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.
 - (c) Marriage and family therapists do not disclose supervisee confidences except:
 - 1. As mandated by law,
 - 2. To prevent a clear and immediate danger to a person or persons;
 - 3. Where the therapist is a defendant in a civil, criminal, or disciplinary action arising from the supervision (in which case supervisee confidences may be disclosed only in the course of that action);
 - 4. In educational or training settings where there are multiple supervisors, and then only to other professional colleagues who share responsibility for the training of the supervisee; or
 - 5. If there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver.
- (5) *Responsibilities to research participants.* Researchers respect the dignity and protect the welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.
- (a) Researchers are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, researchers seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.
 - (b) Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding or communication, or when participants are children.
 - (c) Researchers respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when researchers 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 dual relationships with research participants that could impair professional judgment or increase the risk of exploitation.
 - (d) 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.
- (6) *Responsibility to the profession.* Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities which advance the goals of the profession.
- (a) Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.

- (b) Marriage and family therapists attempt to address any suspected violation of standards with the party in question prior to reporting such suspected violation to the Board.
 - (c) Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.
 - (d) Marriage and family therapists who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.
 - (e) Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.
- (7) *Financial arrangements.* Marriage and Family Therapists make financial arrangements with clients, third-party payers, and supervisees that are reasonably understandable and conform to accepted professional practices.
- (a) Marriage and Family Therapists do not offer or accept payment for referrals.
 - (b) Marriage and Family Therapists do not charge excessive fees for services
 - (c) Marriage, and Family Therapists disclose their fees to clients and supervisees at the beginning of services.
 - (d) Marriage and Family Therapists represent facts truthfully to clients, third party payers, and supervisees regarding services rendered.
 - (e) Marriage and Family Therapy Interns do not direct bill for services provided; such services may be billed through the agency or LMFT employing or providing a placement for the MFT Intern.
 - (f) Marriage and Family Therapy Associates may direct bill for services rendered.
- (8) *Advertising.* Marriage and Family Therapists engage in appropriate informational activities, including those that enable lay persons to choose professional services on an informed basis.
- (a) Marriage and Family Therapists accurately represent their competence, education, training, and experience relevant to their practice of marriage and family therapy.
 - (b) Marriage and Family Therapists do not use a name which could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name and do not hold themselves out as being partners or associates of a firm if they are not.
 - (c) Marriage and Family Therapists do not use any professional identification (such as business card, office sign, letterhead, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:
 - 1. contains a material misrepresentation of fact;
 - 2. fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or
 - 3. is intended to or is likely to create an unjustified expectation.
 - (d) 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.
 - (e) Marriage and Family Therapists make certain that the qualifications of persons under their employment are represented in a manner that is not false, misleading, or deceptive.
 - (f) Marriage and Family Therapists may represent themselves as specializing within a

limited area of marriage and family therapy, but only if they have the education and supervised experience in settings which meet recognized professional standards to practice in that specialty area. Professional association designations may only be represented by persons who have been qualified by the respective association, and may only be represented as permitted by that professional association.

AAMFT Code of Ethics

Effective January 1, 2015

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 the inclusion of a diverse membership.
2. Distinctiveness and excellence in the 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 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 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 the 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 publication based on 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 adheres 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 the 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 the 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, the 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.

This Code is published by:
American Association for Marriage and Family Therapy
112 South Alfred Street, Alexandria, VA 22314
Phone: (703) 838-9808 - Fax: (703) 838-9805 www.aamft.org

Appendix E

Internship Placement Agreement

Agreement of cooperation between the Marriage and Family Therapy Program (MFT), in the Department of Human Development and Family Studies, Auburn University, and _____ (agency).

The MFT Program will:

- 1) Assume initial responsibility for screening appropriate applicants.
- 2) Provide the placement with an opportunity to review any candidate and appropriate records prior to placement.
- 3) Assign a student to work at the placement for approximately _____ hours per week from _____ to _____. (4 weeks of leave allowed with a 12-month placement).
(date)
- 4) Conduct a weekly 2-hour group supervision session (max. of 6 students) and a weekly 1-hour individual supervision session (1 to 2 students) during each term.
- 5) Assign an on-call faculty member for any emergency supervision during University breaks.
- 6) Require students to meet all internship placement requirements.
- 7) Provide a faculty member as a liaison between the placement and MFT Program. The liaison person will:
 - a) Visit the student on site at least once each term, unless otherwise agreed,
 - b) Discuss with the on-site supervisor the progress of the student at least once each term, and
 - c) Be available to the on-site supervisor regarding issues pertaining to the student or the placement.
- 8) Be responsible for the final determination of the student's grades based partially on the feedback of the on-site supervisor.

_____ will:

Agency

1. Have the right to interview prospective students and accept or reject students for placement for reasons related to the student's ability to function or perform specific tasks and assignments of the placement.
2. Accept students in internship placements without regard to age, culture, ethnicity, gender, physical disability, race, religion, or sexual orientation.
3. Provide a student with a professional experience including the:
 1. assignment of a sufficient caseload to provide _____ direct client contact hours per week, 50% of which should be relational,

2. opportunity to attend education sessions, and
3. participation in on-going projects.
4. Assign an on-site supervisor who will:
 1. inform the university supervisor of any concerns regarding the placement or student immediately,
 2. evaluate the student's performance in writing at least once during the term according to the university's format or the agency's format.
 3. discuss the student's performance at least once during the term, and
 4. provide on-site supervision at least once per week.

Intern

1. Provide the placement with approximately_____hours per week of professional services including:
 - ☐ actively work to maintain ___billable hours per week,
 - ☐ complete all required paperwork,
 - ☐ attend any required staff meetings.
2. Adhere to the policies and procedures of the internship placement.
3. Notify on-site and University supervisor of any concerns.
4. Conduct her or himself according to the ABEMFT & AAMFT Professional Codes of Ethics.
5. Attend on-campus Thursday supervisions.
6. Complete the Clinical and Supervision Monthly Report Form of the MFT Program.
7. Understand that the internship is for approximately _____ months and continues over breaks. Four weeks of leave may be scheduled appropriately during a 12-month assignment.
8. Procure and maintain for the life of this agreement, a policy of professional liability insurance with minimum limits of \$100,000 for each occurrence and an annual aggregate of \$300,000.

Proof of insurance or certificate of insurance must be submitted to the Director of the Marriage and Family Therapy Program unless the Auburn University MFT program obtains the insurance for the student.

Additional Comments and conditions specific to the student and agency named in this contract:

Agency Placement Representative

Date

MFT Director, Auburn University

Date

Family Therapy Internship Student

Date

Specifics of the Dual Assistantship/Internship Agreement

A second year MFT graduate student is hired by the (agency) at the current 12-month ¼ time graduate assistantship rate within the Department of Human Development and Family Studies

(400 total hours) to be completed at the (agency). While Auburn University will administer the assistantship (e.g. handle payroll), the student will function as an employee of the (agency), answering to the (agency) Executive Director, carrying out duties as assigned by the Director. This individual will be able to carry a clinical caseload, seeing children, couples, and/or families as directed, as well as serving as a group therapy co-leader. They will be a professional level staff member working for the (agency).

The student will also be placed at the (agency) for an additional 8 hours per week, 48 weeks (384 total hours) internship over the course of the year. Thus the student will work a total of 784 hours at the agency serving in the role of MFT Intern.

Appendix F

Explanation of Certain Provisions of the Child Abuse and Neglect Reporting Law

The 1975 Alabama Legislature has made considerable changes in the reporting of child abuse and neglect by the passage of Act No. 1124, (*now codified in Code of Alabama 1975, Sections 26-14-1 through 26-14-13*) which amended and reenacted the former Child Abuse Reporting Act.

The purpose of this law is to protect children whose health and welfare may be adversely affected by abuse and neglect, by providing for the reporting of such cases to duly constituted authorities.

Certain key definitions have been provided by the statute. Abuse has been defined as harm or threatened harm to a child's health or welfare which can occur through non-accidental physical or mental injury, sexual abuse, or attempted sexual abuse; or sexual exploitation or attempted sexual exploitation. Sexual abuse includes rape, incest, and sexual molestation, as those acts are defined by Alabama law. Sexual exploitation includes allowing, permitting, or encouraging a child to engage in prostitution; and allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming, or depicting of a child for commercial purposes. Neglect has been defined as negligent treatment or maltreatment of a child, including the failure to provide adequate food, medical treatment, clothing, or shelter.

However, a special exception has been made by a parent or guardian legitimately practicing his religious belief in the provision of medical treatment for a child. A child has been defined as a person under the age of 18 years. Certain persons and institutions are *required by law* to report known or suspected child abuse or neglect *under a penalty of a misdemeanor fine or sentence*. Those who are *required by law to report are*: hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals, or any other person called upon to render aid or medical assistance to a known or suspected victim of child abuse or neglect.

Besides those persons who are required by law to report child abuse and neglect, any person may make such report, if such person has reasonable cause to suspect that a child is being abused or neglected.

The initial report should be made orally either in person or by phone, normally to your local chief of police (if in a city), county sheriff (in rural areas), or your local County Department of Human Resources. In addition, a written report will be made containing all of the prescribed information that is known.

The law also contains *immunity* provisions so that any person participating in the good faith making of a report pursuant to the statute is immune from any civil or criminal liability that might otherwise be incurred or imposed.

The law further provides that all reports of child abuse and neglect, investigative by the

Department of Human Resources, and certain other records of child abuse and neglect are to be considered *confidential* under penalty by criminal law. However, disclosure of certain information contained in the reports and records is permitted to individuals, such as physicians or law enforcement officials, under rules and regulations established by the Department of Pensions and Security. The law explains the various duties of the Department of Pensions and Security in following up a report of child abuse or neglect. It contains provisions for protective custody when the child's life or health is in imminent danger. The law also provides for the appointment of attorneys to serve as guardian for abused or neglected children when they are involved in judicial proceedings and changes certain evidentiary requirements concerning the doctrine of privileged communication in court proceedings.

If you desire more specific information on the content of *Code of Alabama 1975, Sections 26-14-1 through 26-14-13*, you may contact your local probate judge, sheriff, a lawyer, or clerk of register of your circuit court, or the local County Department of Human Resources to review a copy of the statute.

Mandatory Reporting

Persons and institutions specifically identified by statute as required to report are as follows: all hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals or any other person called upon to render medical assistance to any child when such child is known or suspected to be a victim of child abuse or neglect. *Code of Alabama 1975, Section 26-14-13* also provides that any person who shall knowingly fail to make the report required by the Act shall be guilty of a misdemeanor and shall be punished by a sentence of not more than six months or a fine of not more than \$500. If the worker/supervisor has knowledge of a mandatory report (acting in his/her official position) failing to report child abuse and neglect, the local District Attorney should be notified in writing.

Because child abuse and neglect are problems which must be approached with assistance from many different disciplines, effective communication, coordination, and cooperation among all community resources are essential. The County Department has the responsibility to persons and institutions mandated to inform them of this responsibility, provide them with reporting forms and instructions, and acquaint them with the protective services available. Prompt response to reports referred by these persons and institutions and sharing information as to the Department's decision on the referral are important components in maintaining a cooperative relationship.

When a report is made to a law enforcement official, such official subsequently shall inform the department of pensions and security of the report so that the department can carry out its responsibility to provide protective services to the respective child or children. (*Acts 1965, No. 563, p. 1049, §1; Acts 1967, No. 725, p. 1560; Acts 1975, No. 1124, § 1.*)

Permissive Reporting

In addition to those persons and institutions mandated to report child abuse and neglect, *Code of*

Alabama 1975, Section 26-14-4 provides that any person may make such a report if that person has reasonable cause to suspect that a child is being abused or neglected.

Appendix G

Job Description AU MFT Program and Center Director

Administrative:

The Program Director (PD) is responsible for the overall administration of the Marriage and Family Therapy Program (Program) under the administrative oversight of the HDFS Department Head on a 12-month basis, even if officially on a 9-month appointment.

Duties include:

- Initial screening of MFT applicants. In cooperation with the entire MFT faculty, determination of final applicant ranking and selection of each year's cohort
- Correspondence/communication with potential applicants throughout the year
- Development and maintenance of assistantship opportunities for MFT students
- Interface with COAMFTE, AAMFT, and ALAMFT, including all required reporting
- Representation of the Program to all internal (university) and external entities
- Development, maintenance and evaluation of the MFT curriculum (didactic & clinical)
- Development, maintenance and evaluation of all Program policies and procedures
- Development, maintenance and evaluation of all Program enhancement of quality

Processes

- Oversight of all types of MFT student evaluation and record keeping
- Development, maintenance, and placement involving MFT Clinical Internships

Clinical Administration:

The Program Director (PD) also serves as the Director of the Auburn University Marriage and Family Therapy Center (Center) and is responsible for the everyday administration of the Center under the administrative oversight of the HDFS Department Head on a 12-month basis, even if officially on a 9-month appointment.

Duties include:

- Oversight of all clinical services at the Center, coordinating with the faculty supervisors.
- Oversight of all clinical issues related to the Program through Lab and Internship courses, in coordination with the other clinical faculty and their on-site supervisors.
- Supervision of office administrative personnel housed at Center.
- Oversight of Center finances and approving expenditures
- Approval all marketing/advertising of the Center
- Completion of all required University, College, and Departmental reporting for the Center
- Approval and enforcement of all Center operating policies and procedures
- Representation of the Center to all internal (university) and external entities

Academic:**Duties include:**

- Teach graduate MFT classes as assigned
- Direct theses and serve on departmental/university thesis/dissertation committees
- Maintain an active scholarly research program
- Maintain an active record of service at the departmental, college, university and professional levels

Job Description MFT Core Faculty Member***Administrative:**

MFT faculty members are partners with the MFT Program Director in relation to determining the overall direction, implementation, maintenance and evaluation of the MFT Program, as operationalized through the Educational Objectives (EOs) of the program. This process occurs administratively by being on-going members of the MFT Committee.

Duties include:

- In cooperation with the entire MFT faculty: determining final ranking of applicants and selection of each year's class of six students

- In cooperation with the entire MFT faculty: recruiting selected applicants
- In cooperation with the entire MFT faculty: development; implementation; maintenance and evaluation of the MFT curriculum and clinical requirements
- In cooperation with the entire MFT faculty: development; maintenance; and evaluation of Program and Center policies and procedures
- In cooperation with the entire MFT faculty: development; implementation; and evaluation of MFT student evaluation and record keeping

Clinical:

Duties include:

- Provide clinical supervision, as assigned, via Lab and/or Internship classes. This includes coordination and implementation of student clinical evaluation with on-site, internship supervisors

Academic:

Duties include:

- Teach MFT classes as assigned, in relation to the professional marriage and family therapy principles utilized by the program to underpin the program's EOs.
- Direct theses and serve on departmental thesis committees, especially for MFT students
- Maintain an active scholarly research program appropriate to a marriage and family therapist

SERVICE:

Duties include:

- Maintain a record of professional service to the marriage and family therapy profession. This may include service to professional associations and/or editorial/reviewer service for professional journals and/or
- Maintain a record of professional and/or volunteer service in the community, utilizing marriage and family therapy based knowledge and/or skills
- * This job description does not represent the entire scope of duties associated with being an Auburn University tenure-track faculty member, instead focusing upon duties related to the MFT program.

Appendix H

Demographics of AU MFT Faculty, Supervisors and Students 2016-17

AU MFT Faculty Demographics 2016-17

Total teaching faculty, core and adjunct = 6

Ethnicity

White/non- Hispanic = 5

Other = 1 (German who immigrated to the US as an adult, naturalized US citizen now)

Gender

Female = 4

Male = 2

Non-MFT teaching faculty = 6

Ethnicity

White/non- Hispanic = 4

African-American = 1

Other = 1 (English who immigrated to the US as an adult, naturalized US citizen now)

Gender

Female = 2

Male = 4

AU MFT Supervisor Demographics 2016-17

Total supervisors, core and on campus = 7

Ethnicity

White/non- Hispanic = 5

Hispanic/Latino/Chicano = 1

Other = 1 (German who immigrated to the US as an adult, naturalized US citizen now)

Gender

Female = 5

Male = 2

Supervisory Status

AAMFT Approved Supervisors = 5

AAMFT Supervisor Candidates = 2

Off campus, internship supervisors = 6

Ethnicity

White/non- Hispanic = 3

African-American = 2

Hispanic/Latino/Chicano = 1

Gender

Female = 6

Male = 0

Supervisory Status

AAMFT Approved Supervisors = 2

AAMFT Supervisor Candidates = 1

Licensed MH Professional, Eligible to supervise in AL Community MH System = 3

AU Student Demographics 2016-17

Total students in the program = 12

Ethnicity

White/non- Hispanic = 9

African-American = 2

Hispanic/Latino/Chicano = 1

Gender

Female = 10

Male = 2