

Auburn University Marriage and Family Therapy Program Handbook

Department of Human Development and Family Studies, Auburn
University, Marriage and Family Therapy Center at Glanton
House, 312 Quad Drive, Auburn, Alabama 36849-5604

The release of a new edition of the Handbook will occur when significant
changes in policies and/or procedures occur.

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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.

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Accreditation

The AU MFT, MS program is fully, accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The COAMFTE first granted the AU MFT MS program accreditation in 1979. Most recently, renewal of accreditation occurred in 2012 for six years, with the current re-accreditation 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 multi-culturally informed, ethically competent, marriage and family therapists. Graduates will be prepared to provide relational/systemically based therapy to individuals, couples, and families and produce evidence of their effectiveness. Graduates will be prepared to gain admission to the doctoral program of their choosing should they decide to pursue a doctoral degree.

Educational Objectives

The establishment of the AU MFT Program's educational outcomes follow the following Professional Marriage and Family Therapy Principles:

1. The AAMFT Code of Ethics;
2. The AMFTRB Examination Domains, Task Statements, and Knowledge Statements; and
3. The "Marriage and Family Therapy Licensure Act." (Acts 1997, No. 97-170, S1).
<http://www.mft.alabama.gov/law.aspx> and rules and regulations set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT) <http://www.mft.alabama.gov/rules.aspx>

Overall Program Goals for the AU MFT Program:

1. Graduate professionally and ethically competent, multi-culturally 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 multi-culturally 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 informed by an understanding of developmental issues affecting individuals, couples and families.
2. Possess a breadth of theoretically informed clinical techniques utilized to demonstrate effective therapy skills.
3. Function professionally and ethically as marriage and family therapists in communities.
4. Acquire research skills utilized to produce evidence of clinical effectiveness, evaluate published research, and conceive and complete original research.
5. Be multi-culturally informed MFTs who demonstrate 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 (Program) requires a minimum of 24 months (six consecutive semesters including summers) to complete. The Program strives 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 and/or 50 semester credit hours completed (for MS only students) the student may no longer be eligible for an assistantship, nor a tuition waiver. Students should familiarize themselves with the requirements and timelines provided in this handbook to complete the program satisfactorily and promptly.

The purpose of this Handbook is to provide perspective and current MFT students with information and answers to questions concerning the Auburn University MFT Program and the Program Policies and Procedures. The MFT faculty expect all MFT students to know the information and follow the

policies and procedures contained in this handbook. **All students are required to sign the *Affidavit of Compliance* found in Appendix A.** When completed, give the *Affidavit of Compliance* to the MFT Admin who will place it in the student’s file. Please direct questions regarding the MFT policies and procedures to any of the MFT clinical faculty.

MFT Core Faculty and Supervisors

Tom Smith, PhD., LMFT.....334-844-4476
AAMFT Approved Supervisor, Clinical Fellow.....smitht8@auburn.edu
Associate Professor, MFT Program Director, Director,
Auburn University Marriage and Family Therapy Center.
MFT Center @ Glanton House

Scott Ketring, PhD., LMFT.....334-844-4479
AAMFT Approved Supervisor, Clinical Fellow.....ketrisa@auburn.edu
Associate Professor
MFT Center @ Glanton House

Margaret Keiley, Ed.D., LMFT.....334-844-2644
AAMFT Approved Supervisor, Clinical Fellow.....keilemk@auburn.edu
Professor, Director of Clinical Research
Human Sciences Annex

Non-Core, On-Campus Clinical Supervisors

Sarah Cox, M.S., LMFT.....334-703-6091
AAMFT Approved Supervisor and Clinical Fellowelizsal@hotmail.com

Ann Bethea, M.S., LMFT.....251-776-4986
AAMFT Approved Supervisor and Clinical Fellow.....ann.bethea@gmail.com

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

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

Raven Pyle, MS, LMFT.....706-575-8516
AAMFT Supervisor Candidate and Clinical Fellow.....ravenpyle@gmail.com

HDFS Faculty with Clinical Fellow Status

Jamie Sailors, Ph.D., LMFT.....334-844-3217
Director of Undergraduate Programs
Spidle Hall

HDFS Emeritus Faculty with Clinical Fellow Status

Connie Salts, Ph.D., LMFT
Professor Emeritus

Arthur Avery, Ph.D., LP.....334-844-3790
Professor Emeritus

HDFS Graduate Faculty

Joe Pittman, Ph.D.....334-844-3242
Professor, HDFS Department Head
Spidle Hall

Francesca Adler-Baeder, Ph.D.....334-844-4151
Professor
Spidle Hall

Katrina Akande, Ph.D.....334-844-3778
Assistant Professor, Extension Specialist
Spidle Hall

David Chae, Ph.D.....334-844-3321
Associate Professor, Director, Center
for Children, Youth, and Families

Adrienne Duke, Ph.D.....334-844-4091
Assistant Professor, Extension Specialist
Spidle Hall

Mona El-Sheikh, Ph.D.....334-844-3294
Professor
Spidle Hall

Stephen Erath, Ph.D.....334-844-3236
Professor, Graduate Program Officer,
Spidle Hall

Thomas Fuller-Rowell, Ph.D.....334-844-3218
Associate Professor
Spidle Hall

Jatunn Gibson, Ph.D.....334-844-3610
Assistant Professor, Extension Specialist
Spidle Hall

Megan Haselschwerdt, Ph.D.....	334-844-4149
Assistant Professor Spidle Hall	
Ben Hinnant, Ph.D.....	334-844-4451
Associate Professor Spidle Hall	
Jennifer Kerpelman, Ph.D.....	334-844-4149
Professor, Associate Dean for Research Spidle Hall	
Diana Samek, Ph.D.....	334-844-3173
Assistant Professor Spidle Hall	
Brian Vaughn, Ph.D.....	334-844-3235
Professor Human Sciences Annex	
Silvia Vilches, Ph.D.....	334-844-3772
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 prepares 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 Handbook and the MFT Center Handbook.
2. Observe a total of 35 hours of therapy during the first two semesters in the program.
3. Complete and submit an AAMFT student membership application no later than September 01 of the first year.
4. Meet with the MFT Program Director during the spring semester of the first year to make preliminary arrangements for internship placement.
5. Turn in a signed Internship Placement Agreement by August 15 of the second year.
6. Complete 500 direct client contact hours by the end of the third semester of internship, 250 of which must be relational hours.
7. 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.
8. 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.
 9. A completed final audit of all of your clinical files at the AU MFT Center must occur before your final semester of HDFS 7920 has a grade turned in.
 10. 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 multi-culturally informed therapy (awareness, knowledge, and skills) and diversity throughout the curriculum.

Follow the hyperlink below for the Auburn University/AU MFT Program definition of diversity:
<http://www.humsci.auburn.edu/main/diversity.php>

Admissions

International students must obtain a TOEFL score that meets or exceeds the required score identified by the Auburn University Graduate School (<http://bulletin.auburn.edu/thegraduateschool/admissions/>) for consideration for admission.

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 receive invitations to submit a video for consideration of admission by the MFT core faculty in lieu of in-person interviews before admission decisions.

Applicants who accept an offer of admission and enroll will receive an Affidavit of Compliance for the program policies, procedures and requirements found in the program handbook. A signed copy of the affidavit goes in the students' file, while the student receives a copy.

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 occur, the student's advisor and/or full program committee will follow the policies and procedures outlined in the AU Academic Grievance Policy

<https://sites.auburn.edu/admin/universypolicies/Policies/StudentAcademicGrievancePolicy.pdf>).

This process is developmental with the goal being remediation of the problem(s) when possible.

If a student's progress in the program is unsatisfactory, written notification of the evaluation committee's concerns goes to the student. The student referred to their advisor to discuss these concerns. The advisor and the student will develop a plan of remediation. If the 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. timeline 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 adequately remedy the problem, which may include being dismissed from the Graduate School; and
5. student rights during the process.

A copy of the grievance(s), 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, determines that remediation has occurred, all of the individuals listed above receive notification by letter of that determination.

If the student's committee determines that the remediation fell short in the time designated, the student will be given the opportunity to prepare and present his/her case to the core MFT faculty and the student's advisory committee. The MFT core faculty will make a recommendation based on input from the student and the student's committee.

If the student remains in good standing in the Department of Human Development and Family Studies in relation to the HDFFS M.S. option, following disposition, the department head, and departmental graduate faculty may offer the student the option of formally transferring into the HDFFS M.S. option.

If the recommendation is made to withdraw 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, AU Office of Information Technology (OIT) (<http://www.auburn.edu/oit/>) creates your computing global user ID. This gives you access to free e-mail and some 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: 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 the listed addresses. ***It is important that you check your university-assigned e-mail address regularly. Dissemination of departmental communication, course information from your professors, and other important information occurs via university e-mail.***

The AU MFT program does not require technology purchases to become a degree-seeking student. The AU MFT Center has several 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

The Instructional Media Group (IMG) offer technology workshops on campus. The IMG provides support and information regarding instructional technology and multimedia for Auburn University faculty. Graduate students have 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 in 0015 Haley Center. For more information about the workshops: <http://www.auburn.edu/img/>

Endorsement Policy

Direct student requests for endorsements to appropriate individual faculty. Relevant faculty will decide the appropriateness of an endorsement request for professional credentialing and/or employment based on the student's experience, training and/or coursework completed. Disposition of requests are decided on an individual basis relevant to the specific endorsement being sought and the qualifications of the student requesting the endorsement. No student endorsement, under any circumstance, will occur for employment outside their area(s) of demonstrated competence.

Policy Concerning Academic Integrity

The AU MFT program does not tolerate plagiarism or any other form of academic dishonesty. The Auburn University Student Academic Honesty Code (<https://sites.auburn.edu/admin/universitypolicies/Policies/AcademicHonestyCode.pdf>) applies in all classes you take at Auburn University during your degree program. All instructors have access

to resources to assess for the authenticity of student work and may submit any suspect assignment for assessment. <http://www.auburn.edu/img/apps/misc/plagiarism.html>

The following is a hyperlink to AU Academic Honesty Resources for Students that includes possible sanctions: <http://www.auburn.edu/academic/provost/academicHonestyStudents.html>

Grievances

In all instances, the Marriage and Family Therapy Program adheres to the Auburn University Student Academic Grievance Policy.

<https://sites.auburn.edu/admin/universypolicies/Policies/StudentAcademicGrievancePolicy.pdf>

This policy provides a means for students to resolve academic grievances resulting from actions from faculty and administration. The grievance policy includes types of grievances, grievance committee procedures, and policy for revisions.

MFT Licensure and Portability of Degree Statement

The AU MFT curriculum and clinical experience requirements reflect the former clinical membership requirements for AAMFT that served as the foundation for the model licensure law that was in place during the enactment of the vast majority of MFT licensure laws. Specific therapy models, new research findings, and evolving best practices lead to curriculum changes. The AU MFT educational experience: courses taken; clinical experience; supervision required, and the ongoing efforts to maintain accreditation ensure that your AU MFT degree will put you in position for successful licensing as an MFT in the vast majority of US states. Additionally, completing the MFT degree at Auburn maximizes portability with minimum disruption or need to meet additional standards. During your second Fall semester you are assigned to research the licensure laws of the state you wish to reside post-graduation (besides Alabama). This information, combined with the information other cohort students develop will help ensure you take the coursework, etc. you may need beyond what our degree program requires. It is ultimately the student's responsibility to prepare for post degree licensure for any state other than Alabama. The program faculty/staff will reasonably assist you with licensure and portability issues both in your immediate post-degree days, as well as in 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 prospective 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 (p. 4-5) a description of the annual evaluation, what degree progress means and the outcomes of the evaluation.

Academic Resources and Student Support Services

Auburn University has extensive information for students available online, including academic resources and student support services

<http://www.auburn.edu/main/currentstudents.html#StudentServices>

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. Faculty urge students to familiarize themselves with the following resources and services:

The Wellness and Recreation Center <http://campusrec.auburn.edu/>

The Medical Center <https://cws.auburn.edu/aumc/>

The AU Office of Accessibility <https://cws.auburn.edu/accessibility/>

The Office of Inclusion and Diversity: <https://cws.auburn.edu/diversity>

Diversity resources: <https://cws.auburn.edu/diversity/pm/resources>

The Office of International Students: www.auburn.edu/academic/international/iss/

The Student Counseling Center: <http://wp.auburn.edu/scs/>

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

Safe Harbor: <https://cws.auburn.edu/studentaffairs/healthandwellness/programs/safeharbor/>

Safe Harbor is committed to advocating and assisting students who have experienced sexual violence, stalking, harassment, and other sexual misconduct situations.

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

Writefest: <http://wp.auburn.edu/writing/writing-center/writefest/> Graduate student writing.

AU Office of Information Technology: <http://www.auburn.edu/oit/students/>

Student Financial Services: <http://www.auburn.edu/administration/business-finance/finaid/>

Ralph Brown Draughon Library: <http://www.lib.auburn.edu/about/>

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 gain exposure to a variety of therapist styles and theoretical approaches. Third, students learn to observe rather than “watch” therapy.

Completing observation hours occurs in three ways: (1) by watching live cases 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 up to five (5) hours of these videotapes. We recommend that the student make the commitment 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

It is our experience that the most successful students have the goal of 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 are on-line at www.AAMFT.org. Students are encouraged to become familiar with the AAMFT website to learn about professional opportunities and enrichment. Students are required to maintain their AAMFT membership throughout the entire program.

Marriage and Family Therapy Codes 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 similar to 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* are in Appendix D. In relation to any differences between the two sets of Standards, the higher Standard related to the particular issue applies. Failure to follow the professional code of ethics could result in dismissal from the program and/or receive a lowered grade in the MFT Labs or MFT Internship, depending on the infraction.

Liability Insurance

Currently, Auburn University carries students under a blanket liability insurance policy that covers students at their on-campus and off-campus sites. Additionally, the AAMFT liability policy covers you as a student member.

Personal Therapy

Some students find that undergoing therapy has enhanced their growth and effectiveness as a therapist. Appointments are available at the Student Counseling Center: <http://wp.auburn.edu/scs/>

If a student requests a referral, program faculty will assist the student in locating affordable service

providers. Students may not 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 and group contact with students, as well as general functioning within the 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. Each spring semester during the student's two-year program a formal evaluation process occurs, completed by the departmental graduate faculty for all HDFS graduate students. In addition, MFT faculty supervisors during first year labs and second-year internship, as well as off-campus placement supervisors during the internship placement, provide feedback based on an evaluation of clinical skills and ethical/professional behavior.

Throughout the student's program, MFT clinical faculty share their observations and evaluations with one another on an as-needed basis. Instructors of non-clinical HDFS graduate classes taken by MFT students as well as assistantship supervisors may request and provide feedback to MFT Core faculty members. If a student receives a grade of C or lower in any of the HDFS 7600 series courses, there will be discussions among the MFT faculty concerning the student's ability to understand the concepts and/or demonstrate the skills necessary to begin or continue in the clinical labs and internship. Additionally, throughout the 2-year program, the MFT core faculty assess student maturity as well as personal and professional integrity, in relation to becoming a successful marital and family therapy practitioner. A student, in a questionable position, receives counsel to make positive changes within a certain timeframe. If the necessary change(s) does not occur, and the student is in good standing in the HDFS Department, she/he may seek a non-clinical 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 change his/her program of study, the Department will prevent enrollment in 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 three 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. Students are expected to attend supervision on one night of the week for clinical training, and be

responsible for seeing clients another night of the week. 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 must be coordinated with both on and off-campus supervisors.

Internship placement in a community agency allows students to experience MFT outside the academic community, providing an invaluable opportunity to become, functionally, a member of the professional staff. Community placement site supervisors strive to treat students as if and expect students to function 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.

Both on and off-campus supervisors evaluate each student therapist 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 (two or more clients in the therapy room). COAMFTE defines direct client contact as 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 on live cases may count toward the 500 hours. However, students must faithfully serve as a team member, attending and actively participating in the therapy on an ongoing basis. Merely being an observer behind the mirror or member of the live supervision group sporadically 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.

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 supervision each week they see clients and to receive a minimum of 1 hour of supervision for every 5 hours of therapy conducted. Obtaining the 1:5 ratio of supervision to direct client contact occurs through participation in: group case consultation; live supervision (primarily on clinic nights); and individual supervision with their on-campus supervisor. Additionally, if the internship supervisor is an AAMFT Approved Supervisor or Supervisor Candidate, the supervision received at the site also counts toward the program supervision requirement. Furthermore, a minimum of 50 hours of supervision must utilize raw data, meaning live supervision or use of live recorded session material in supervision.

Recording of Supervision and Therapy Hours

Students must keep an accurate account of all supervision and therapy hours accumulated. First, they must show that they are meeting the requirements of the program. Second, when applying for licensure as an MFT or for AAMFT 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 useful throughout your career. By learning to keep an ongoing record, you will save time and hassle in the future.

Guidelines for Obtaining 500 Client Contact Hours (Specific Examples)

Below are four examples of cumulative numbers of client contact hours. The basis for the statistical average is five 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. The faculty recommends you avoid the severe anxiety route and use the other three as guides to how you are doing.

MONTH	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

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. Record the following information in the supervision section: 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:

Date	Case Type	Client Code	Session	Presenting Problem
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 used to evaluate clinical training, assess the status and needs of the MFT Center, and maintain AAMFT accreditation. Turn in completed forms to the MFT admin the first Friday of the month.

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

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, two supervisees present with one supervisor is individual supervision.

GROUP SUPERVISION: All hours when a group of no more than 6 therapists and one supervisor are discussing cases, including live supervision behind the mirror and audio and videotape presentation of cases.

Accounting of Contact and Supervision Hours during Clinic Nights

To account for therapy contact and supervision during clinic nights, utilize the following standardized procedure and criteria for students/supervisors. The underlying assumption is each group consists of six students with the supervisor dividing 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 follow 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/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 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 last internship semester, 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. Consistency between the written description of therapeutic practice in the paper and the video/digital production is expected.

The paper should include:

1. 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;
4. A self-assessment of one's strengths and weaknesses; and
5. Apply what you have learned both experientially and academically about multi-culturally informed mental health treatment utilizing your personal therapy model, with a specific diverse client (individual, couple or family).

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 supporting their therapeutic approach. The excerpt usually comes from several cases. Thirty minutes is the maximum length of the video. Use short excerpts of 3-5 minutes in length. The focus should be on the therapist, not the client. Provide brief introductions 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 attend, while MFT faculty and first year MFT students may attend. Allow for 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. Turn in your video/digital presentation to the internship faculty member, who will have the MFT admin file it in the MFT Center library of videos. **Remember that the information contained in this presentation is confidential. All confidential information, by law, is to remain secured inside the AU MFT Center at all times. You cannot keep a copy of your completed presentation.**

Final Audit of 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, pass review by the MFT Administrator. You will provide a comprehensive list of **ALL** files you opened as cases while a student therapist at the AU MFT Center. You will also include a copy of your clinical and supervision logs. Verification of your client list against the AU MFT Center records then occurs. All records require auditing of the therapy files prior to official case closing. First, the therapist completes an audit for the client case, after which a verifying audit is performed by a first-year student, or an undergraduate practicum/intern student. Therapists are responsible for ensuring that audits are timely (one week), and correcting all errors before closure of the case. The therapist will notify the Office Admin when the therapy case file is ready for archiving. The Office Admin will send an email to the internship faculty member to verify that the physical audit is complete. The Office Admin archives all audited and closed case files.

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 improvements. Although the students are encouraged to provide feedback and suggestions throughout the two years, 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 in which the faculty request feedback, both positive and negative, concerning 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) Academic & support services;
- (11) Diversity within the curriculum, program, and department;
- (12) Diversity among the clients served;
- (13) Needed changes, additions, or deletions; and
- (14) Additional suggestions not fitting any of the above categories.

Please provide suggestions for improvement. Student suggestions maintain the program quality.

Before Leaving the Program

1. Provide the MFT administrative staff with your new contact information.
2. Turn in your MFT Center key to the AU Facilities Division, where you checked it out.

Appendix A

Affidavit of Compliance

AUBURN UNIVERSITY MARRIAGE AND FAMILY THERAPY PROGRAM

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

I understand that, as a clinical graduate student in the Auburn University MFT (AU MFT) program, I will learn and abide by, both the Code of Ethics of the American Association for Marriage and Family Therapy (AAMFT) and the Standards of Conduct of Marriage and Family Therapists set forth by the Alabama Board of Examiners in Marriage and Family Therapy (ABEMFT). In the case of any contrary standards, I will follow the higher standard. Both ethical codes are included in the MFT Handbooks. _____ (INITIALS)

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

Furthermore, I understand that, before I begin observing, and later working, with clients at the AU MFT Center, I must review, learn and begin following all policies and procedures of the MFT Center, contained in the MFT Center Handbook. _____ (INITIALS)

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

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 7010 Child and Adolescent Development in Context (3) and HDFS 7930: HDFS Seminar (1)

_____ Apply for AAMFT Student Membership - before September 1

_____ Review *AU MFT Program 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-V) (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 7020 HDFS 7020 Adult Development in Context (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 Administrator 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 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:

- i. 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.
- ii. 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.
- iii. Fraud or misrepresentation in obtaining a license.
- iv. 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:
 - i. Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner.
 - ii. 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:
 - i. Permitting another person to use the license for any purpose.
 - ii. Practice outside the scope of the license.
 - iii. Obtaining, possessing, or attempting to obtain or possess a controlled substance without lawful authority; or selling, prescribing, giving away, or administering controlled substances.
 - iv. Verbally or physically abusing clients.
 - v. Any sexual intimidation or sexual relationship between a licensee and a client.
 - vi. Unethical business practices, consisting of any of the following:
 - vii. False or misleading advertising.
 - viii. Betrayal of professional confidence.
 - ix. Falsifying client's records.
 - a. Failure to report to the Board a change of name or address within 60 days after it occurs.
 - b. 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, the 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 in 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 Supervisee

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 the 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.

The Agency _____ will:
Name of Agency

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:
 - a. assignment of a sufficient caseload to provide _____ direct client contact hours per week, 50% of which should be relational,
 - b. opportunity to attend education sessions, and
 - c. participation in on-going projects.
 - d. 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; and 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 weekly 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. Auburn University provides professional liability insurance for all AU students, enrolled in clinical practicums/internships as part of their AU degree program.

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

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, the 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 the 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 abuse or neglect are: 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 on 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