



# **Marriage and Family Therapy Program Internship Handbook**

**Reich College of Education**

**Department of Human Development and Psychological Counseling**

Website

<http://mft.appstate.edu/>

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DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING  
MARRIAGE AND FAMILY THERAPY PROGRAM (MFT)

**FREQUENTLY ASKED QUESTIONS**

1. When do I need to start looking for an internship location?
  - a. Students can begin looking through the online internship database beginning the end of their first fall semester and throughout the beginning of their first spring semester. Students will need to pick five potential internship sites to include in their candidacy process.
  - b. If you have a specific population interest that is not included in the list of sites in the online internship database, it may be possible to add an additional site. Students will need to meet with the internship coordinator to discuss this further. This process must be started in the fall semester. An alternative site should also be chosen as a backup in the event the University is not able to finalize a contract with the original chosen site.
  
2. How do I find an internship location?
  - a. To begin, please visit the online internship database, which can be found on the ASUlearn MFT course site.
  - b. Then meet with your advisor or the internship coordinator to learn more about different sites.
  - c. Feel free to talk to second year students currently in internship about site locations and experiences.
  - d. Attend the annual spring internship fair hosted by the Student Association of Marriage and Family Therapy (SAMFT).

\*\*Please note you may **not** contact internship sites until after you have been approved for candidacy and the internship coordinator has approved your application.\*\*

3. What forms do I need to complete to start the internship process?
  - a. First you must complete the candidacy process. This consists of the training plan, candidacy form, Ethics and Legal Issues Candidacy Questionnaire, and a self-evaluation. You will meet with your advisor to submit these documents in the spring semester.
  - b. After you have been approved for candidacy you will contact your approved sites, with a resume, cover letter, and three references.
  - c. Once a site has accepted you, you will contact the **licensed** on-site supervisor. Your on-site supervisor will then sign your internship contract, which you will submit to the Marriage and Family Therapy Internship Coordinator on campus. (Some sites will have affiliation agreements and a contract will not be necessary, please see the MFT Internship Coordinator for more details.)
  - d. You will also need to complete the “permission to register for internship for MFT.” This form must be submitted to the internship coordinator who will then fill the paperwork in order for you to be registered for the HPC 6904 Internship in MFT course. **You are not able to register for this course yourself.**
  - e. Internship sites require background checks and other requirements, which may include drug screenings or other information. Please speak with the internship coordinator prior to internship applications if you have questions or concerns about any requirements.
  - f. All forms may be found on the ASUlearn Marriage and Family Therapy course site. Please contact your advisor if you have trouble locating any form.

4. How do I complete an internship?
  - a. MFT Internships are for a period of 12 months. You will be on site for 15-20 hours per week for the entire 12 month period.
  - b. You must complete a total of 400 direct client contact hours, 180 of which must be relational to meet program graduation requirements and LMFT requirements in North Carolina. Students must meet with their advisor to determine hour requirements from other state regulatory boards if they plan to pursue licensure outside of NC.
  - c. You must also complete 100 hours of supervision, 50 of which must be raw data/video hours. You will maintain weekly supervision with an appropriate MFT supervisor. Additionally a minimum of 30 hours of individual supervision is required.
  - d. Appropriate paperwork must be submitted at the end of each semester. See Appendix B for semester paperwork. See Appendix C for end of internship paperwork.

## WHAT IS AN INTERNSHIP?

Internships provide the application of theory and the development of therapy skills under supervision. These experiences are an opportunity for students to provide therapy to clients who represent the ethnic and demographic diversity of their community.

Internship may include the following experiences: (a) intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management, (b) techniques and interventions for prevention and treatment of a broad range of mental health issues, (c) strategies for interfacing with the legal system regarding court-referred clients, (d) strategies for interfacing with integrated behavioral health care professionals, and (e) strategies to advocate for persons with mental health issues. All therapeutic activities are based in theories and models related to marriage and family therapy principles.

Student therapists will demonstrate their ability to provide therapy related activities. Therapy related activities include the following:

- (a) document biopsychosocial assessment and case conceptualization,
- (b) use diagnostic processes, including differential diagnoses and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM),
- (c) maintain appropriate client records,
- (d) understand the process of third party reimbursement, and other practice and management issues in marriage and family therapy,
- (e) make appropriate referrals, and
- (f) provide prevention strategies for mental and emotional disorders.

Student therapists will gain an understanding of various important topics through their experiences. The following are topics that each student therapist must have an understanding of prior to graduating:

- (a) potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders,
- (b) impact of crisis and trauma on individuals with mental health diagnoses,
- (c) impact of biological and neurological mechanisms on mental health,
- (d) classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation,
- (e) legislation and government policy relevant to marriage and family therapy, and
- (f) cultural factors relevant to marriage and family therapy.

## PART ONE: INTERNSHIP TIMELINE

1. First Year: Fall Semester
  - a. At the end of the semester, begin to research different internship sites.
    - i. Site list can be found on the ASUlearn MFT page.
    - ii. Meet with internship coordinator if you would like to develop a new site.
  - b. You may not contact any sites without approval. Ask the internship coordinator for assistance.
2. First Year: Spring Semester
  - a. Continue to research potential internship sites.
    - i. Attend the annual SAMFT Internship Fair to meet supervisors and ask questions about the opportunities at potential internship sites.
  - b. Begin the MFT candidacy process.
    - i. Complete candidacy form and self-evaluation, which can be found on the ASUlearn Marriage and Family Therapy site.
    - ii. Meet with your advisor to discuss candidacy and submit all required documentation.
  - c. Once approved for candidacy, you may apply to internship sites approved by the MFT Department.
    - i. The approved internship sites will be included in the email you receive from the internship coordinator when your candidacy is approved.
  - d. When you have been accepted by an internship site, the internship contract or Site Agreement Form must be completed. The contract may not be needed if an affiliation agreement is already in place, the MFT Internship Coordinator will assist with this process.
    - i. This will be signed by you, the licensed site supervisor and the internship coordinator. A new internship contract must be completed and signed by all parties each semester.
  - e. You will also need to complete the Permission to Register for Internship course form. The completed form must be submitted to the internship coordinator, who will then fill the paperwork in order for you to be registered for the HPC 6904 course.
    - i. Normally, registration will occur at the end of the spring semester to begin internship during the following fall semester.
  - f. You must be covered by professional liability insurance, which will be triggered by your enrollment in the HPC 6904 course.
    - i. Insurance is triggered by enrollment in certain internship course(s) and a fee will be added to your tuition charges through your student account. Please be sure all fees and tuition payments are made prior to beginning your internship or you will not have insurance coverage for your internship.  
All students are required to have liability insurance during the time they are completing internship requirements.
3. Second Year: Fall, Spring, and Summer Semesters
  - a. Begin internship when classes start in fall, though orientation may occur before the beginning of the fall semester.
    - i. You must wait to have client contact until after your 6904 course begins.
    - ii. Attend internship orientation and/or onboarding trainings.
    - iii. Complete teletherapy/telehealth training if you will engage in or facilitate teletherapy/telehealth sessions.
  - b. Make sure you meet the supervision requirements. They are:
    - i. 1 hour of on-site supervision with your licensed supervisor each week you are seeing clients (minimum is 1 hour every other week)
    - ii. 1 hour of individual supervision with University provided supervisor each week of the class semester (AAMFT Approved Supervisor or supervisor in training; minimum is 1 hour every other

week)

4. 2 hours of group supervision with University supervisor each week of class semester. This is the HPC 6904 course and it will be taught by an AAMFT Approved Supervisor or supervisor in training.
- a) Overall, a minimum of one hour of supervision with an AAMFT approved supervisor (or candidate) is required each week that you see clients, including during University breaks or closures. This can be in a group or individual supervision.
  - b) Group supervision will continue to be held over university breaks and attendance is required.
  - c) In order to earn a passing grade for HPC 6901, only one absence from individual supervision and one absence from group supervision is allowed each semester for unavoidable internship or course conflicts, emergencies, or illness. In the event you must be absent please contact your supervisor immediately.
  - d) For additional information, please see the HPC 6901 syllabus for minimum hours for individual and group supervision requirements for each semester.
- b. Make sure you maintain the weekly supervision – so that you have supervision for each week you are seeing clients. At the end of each semester, you are required to complete and submit the documentation listed below to the MFT Internship Coordinator and be sure to retain copies for your own files. These forms are available in Appendix B. The following documentation is required to be submitted at the end of each semester:
- i. Form C (cumulative internship hours, divided up by site)
  - ii. Copies of your weekly hour sheets
  - iii. Diversity survey
  - iv. Evaluations of supervisors (onsite and University)
  - v. Supervisor evaluation of you
  - vi. Goals sheet
  - vii. Evaluation of off-campus internship



## Overview of Regular Timeline of Internship and Program Responsibilities

<b>Fall 1<sup>st</sup> year</b>	<b>Spring 1<sup>st</sup> year</b>	<b>Summer 1<sup>st</sup> year</b>
<ul style="list-style-type: none"> <li>-Begin looking at internship sites</li> <li>-Meet with your internship coordinator if you'd like to intern at a new site.</li> </ul>	<ul style="list-style-type: none"> <li>-Candidacy</li> <li>-Gain approval for continuing on internship process</li> <li>-Attend internship fair</li> <li>-Apply for internship</li> <li>-Secure internship</li> <li>-Complete paperwork for internship course registration</li> <li>-Complete background check</li> </ul>	<ul style="list-style-type: none"> <li>-Prepare to begin internship, may attend orientation</li> <li>-Complete telehealth training if facilitating telehealth therapy at internship</li> </ul>
<b>Fall 2<sup>nd</sup> year</b>	<b>Spring 2<sup>nd</sup> year</b>	<b>Summer 2<sup>nd</sup> year</b>
<ul style="list-style-type: none"> <li>-Begin internship (not before the first week of classes)</li> <li>-Complete end of semester internship documentation and provide to internship coordinator</li> <li>-Site visit completed by 6904 instructor</li> </ul>	<ul style="list-style-type: none"> <li>-Continue internship</li> <li>-Comprehensive exams – written and oral</li> <li>-Complete end of semester internship documentation and provide to internship coordinator</li> <li>-Site visit completed by 6904 instructor</li> </ul>	<ul style="list-style-type: none"> <li>-Continue internship</li> <li>-Complete internship (usually the end of July)</li> <li>-Complete end of semester &amp; end of program documentation and provide to internship coordinator</li> <li>-Site visit completed on as needed basis</li> </ul>

## PART TWO: INTERNSHIP EXPERIENCE AND EXPECTATIONS

1. Time at site:
  - a. You will be expected to be on site 15-20 hours per week during the entirety of your internship experience. Plan for an average of 10-12 direct client contact hours each week.
2. Video tape footage of sessions:
  - a. You will be required to videotape your sessions and include audio.
  - b. You should do your best to have both you and your client in frame at all times.
  - c. These videos will be used in your oral comprehensive exams.
  - d. You will also show these videos during group and individual supervision.
  - e. Maintain the security of videos according to HIPAA standards. Students are required to follow any on-site policies related to confidentiality as well.
3. Onsite supervisor:
  - a. You will have a licensed onsite supervisor.
    - i. The onsite supervisor must have an active mental health license.
  - b. You will meet with them each week for one hour (a minimum of 1 hour every other week) for the entirety of the internship experience. These hours are not to be recorded on your hours sheet unless your onsite supervisor is an AAMFT Approved Supervisor (or candidate).
4. Documented hours:
  - a. You will document both your client contact hours and your supervision hours on the weekly hour form.
    - i. Definition of an “Hour” can be found on pages 14-15 of this handbook.
5. Documentation due each semester (students should retain copies for their own use):
  - a. Form C (cumulative internship hours, divided up by site)
  - b. Copies of your weekly hour sheets
  - c. Diversity survey
  - d. Evaluations of supervisors (onsite and University)
  - e. Supervisor evaluations of you
  - f. Goals sheet
  - g. Evaluation of off-campus internship
  - h. Note – additional paperwork is due your last semester of internship. This includes a closure letter from your site, and Form D. See Appendix C for forms.
6. By the end of internship you should be able to demonstrate your ability to:
  - a. Build relationships with diverse clients;
  - b. Perform assessments and understand diagnostic practices according to the DSM-V;
  - c. Complete and carry out treatment plans with clients and families;
  - d. Maintain client records;
  - e. Work competently and ethically in a professional clinical setting;
  - f. Plan and execute interventions with clients consistent with a systemic model of therapy; and
  - g. Make appropriate referrals as necessary.
7. Following AAMFT code of ethics and legal codes
  - a. Throughout your time in the program and during your internship experience you will need to follow the AAMFT code of ethics and NC legal codes overseeing the practice of marriage and

family therapy, including teletherapy/telehealth practices. Failure by any student to adhere to these requirements, may result in remediation, immediate removal from your internship site and/or dismissal from the program

- b. Background checks are mandated before you begin any internship, see the NC licensure statutes (specifically § 90-270.60. Denial, revocation, or suspension of license; other disciplinary or remedial actions) for more details about what may interfere with your ability to gain employment as an MFT and MFT licensure in NC. These statutes are available on-line and in the MFT Student Handbook.
- c. You are required to report to the program any arrests or convictions of misdemeanors or felonies, any potential or actual ethical violations, and/or professional/academic sanctions that occur during the internship experience.

#### 8. Supervisor Requirements:

- a. You will have one AAMFT approved supervisor (or supervisor candidate) for individual supervision assigned by the University.
  - i. You will meet with your University supervisor for individual (usually dyadic) supervision for 1 hour a week (minimum of 1 hour every other week) during the semester.
- b. You will also have an AAMFT approved supervisor (or supervisor candidate) assigned to you by the University for group supervision sessions, through your registration in the HPC 6904 course.
- c. This group will meet weekly for 2 hours during the semester. Supervision is required for every week you see clients during your internship experience.
  - i. Outside of normal University schedules, you are expected to continue your internship. You must follow any on-site policies related to vacation time (i.e., internships follow a 12-month schedule, not an academic one, when the University is on break, you are not on break from internship responsibilities.)
  - ii. During University breaks (i.e., winter break) you are required to maintain ongoing supervision.
- d. You will have one on-site supervisor at the internship site. The on-site supervisor shall:
  - i. Possess an active license in the mental health profession;
  - ii. Schedule regular face-to-face individual (can be dyadic) supervision meetings with you, usually one hour per week, a minimum of 1 hour every other week;
  - iii. Provide an appropriate evaluation of your performance (see Appendix B), and be present for site visits;
  - iv. Provide a safe, secure, and non-discriminatory workplace where you can meet your educational objectives; and
  - v. Accept legal and financial responsibility for the client hours you are logging at the internship site. While the Marriage and Family Therapy program provides clinical supervision, it must be clear that the internship site is responsible for case assignment, protecting client welfare, and other client issues.

#### 9. Telehealth Requirements

- a. All teletherapy/telehealth practices must be compliant with applicable federal, state, or local regulatory requirements.
- b. You must complete teletherapy/telehealth training if you are engaging in or facilitating telehealth therapy at your internship site prior to participating in any teletherapy/telehealth sessions.
  - i. Teletherapy/telehealth training should include such issues as emerging legal and ethical requirements, documentation, response to crises, awareness of the therapeutic space, joining, appropriate individual and systemic interventions (e.g., couples, play therapy), or other topics of importance to the context of the program and with diverse populations.
  - ii. You may not conduct teletherapy/telehealth with clients who are located in a different state from your internship is located.
- b. Your supervisor must be competent to supervise teletherapy/telehealth cases.

### **PART THREE: INTERNSHIP POLICIES AND PROCEDURES**

Both direct client contact hours and supervision hours will be documented in records maintained by the student. The student is responsible for having their supervisor co-sign these records. At the end of each semester the student will forward these records to the Marriage and Family Therapy Internship Coordinator who will maintain these records on file. These records will be considered the definitive record of the student's therapy and supervision hours. Students will have periodic opportunities (i.e., at least at the end of every semester) to correct errors in these records, with their supervisor's approval. Records are not subject to further change as the result of student action after this review. Students must make and retain copies of all documentation submitted, and are responsible for maintaining the copies for future needs (such as licensure applications).

In order to obtain the Master of Arts in Marriage and Family Therapy, students must continue to accumulate direct client contact and supervision hours until all requirements are met. If requirements are not completed within one year, the student must develop his/her own plan for completing the requirement and submit the plan to the MFT Program Director for faculty review and approval.

Students are encouraged to complete their internships within the academic year they are enrolled in HPC 6904, since space constraints limit the number of students who can be enrolled in the HPC 6904 (Internship in Marriage and Family Therapy) course per semester.

An evaluation of the intern's performance is completed each semester, at which time the student therapist and the internship on-site supervisor meet to review the student's performance. The student will be allowed to review this document, and must sign the last page to certify the review. The student's signature does not imply agreement with the supervisor's comments or evaluation. The student may add his/her own comments regarding the evaluation; however, these comments do not constitute an appeal of the grade for internship (See "Grievance and Dismissal Policies and Procedures" for grade appeal procedures). Each student will also be asked to evaluate the internship experience and supervision process in writing. Copies of the student evaluations are circulated to all Marriage and Family Therapy faculty members, including the internship supervisor. Students are encouraged to type their responses to provide anonymity for the student.

#### **Off-Campus Internship Sites**

Client contact hours will be obtained at off-campus internship sites. Off-campus sites must meet the following criteria:

1. Completion of a Marriage and Family Therapy Program contract or affiliation agreement.
2. Legal and financial responsibility must be accepted and acknowledged by the internship site. While the Marriage and Family Therapy program provides clinical supervision, it must be clear that the internship site is responsible for case assignment, protecting client welfare, and similar issues;
3. Administrative supervision is the right and responsibility of the internship site. Supervision of therapy may be provided (1) by the staff of the internship site and/ or (2) by members of the Marriage and Family Therapy Program faculty who are AAMFT Approved Supervisors or Supervisors-in-Training. A specific person must be named as the on-site supervisor. The person must hold a current appropriate Mental Health license. The Marriage and Family Therapy faculty member assigned as supervisor will maintain regular contact with the on-site supervisor, consulting with the on-site supervisor before assigning a grade for internship; and
4. The internship site and the on-site supervisor must agree to assist in completing an evaluation of the student's performance at the end of each semester. This document will be the major basis for grade assignment for the student. The observations of and information provided by the on-site supervisor are crucial in this process. However, the responsibility for final grade assignment rests with the supervising Marriage and Family Therapy faculty member. When the student is providing services through the Marriage and Family Therapy Program's on-campus Marriage and Family Clinic and an off-campus site, an evaluation will be completed for each placement. The student will also complete a written evaluation of the internship experience.

### **Guidelines for Internships in Private Practice Settings**

The Marriage and Family Therapy Program recognizes that students can benefit greatly from opportunities to have an internship in a private practice setting; however, we also recognize that there is a potential for exploitation in such a setting. To avoid exploitation, we have adopted the following guidelines:

1. You are not allowed to practice in a private setting with the instructor for your section of the course HPC 6904.
2. You shall make full disclosure of your status as a student intern and obtain written consent from all clients that you are involved in treating.
3. Students are not allowed to receive payment for their services.
4. Students cannot be required to contribute to the overhead costs of the practice (internship site).
5. Students are not allowed to be employed by their site or to receive payment related to direct client contact hours completed.
6. If there is a conflict or a problem with any site, the Marriage and Family Therapy Program's normal policies, as spelled out in this Handbook, apply.
7. Each site must be approved by the Marriage and Family Therapy faculty.
8. The student should make a formal proposal to the Marriage and Family Therapy faculty requesting the site be considered and approved. The proposal shall address each requirement stated here and how it will be met by the additional site location.

### **Course Requirements for HPC 6904**

Students shall do the following to receive a passing grade for this course:

1. Attend all supervision classes and individual sessions.
2. Complete all assigned readings.
3. Keep a list (which is signed off weekly) of all clients and the type of therapy provided.
4. Videotape therapy sessions, when approval for such videotaping is provided by the client.
5. Bring a minimum of one videotape to each internship session.
6. Abide by the code of ethics of the AAMFT at all times.
7. Work 15-20 hours a week at the internship site.
8. Other requirements as stated by your supervisor.
9. Additional requirements as outlined in the syllabus.

Students are expected to have some awareness of their interpersonal functioning in their intimate relationships and in their family of origin. While the supervision is not a therapy group, the student is expected to be willing to explore these relationships because parallel issues will occur in the group and with the clients the student is seeing in therapy. Some part of the group experience may be devoted to working on these issues.

A student whose behavior is disruptive to the supervision group and/or who appears unprepared for supervision may be asked to suspend his/her supervision until such a time that the Marriage and Family Therapy faculty feel the student has met criteria to continue. A student may be referred to the counseling center for counseling when his/her issues appear beyond the scope of the supervision group.

Students are encouraged to communicate directly with other students or the supervisor about issues that arise in the group. Triangulating with others outside the group will be viewed as disruptive to the group process.

## PART FOUR: CONTACT HOURS

Marriage and Family Therapy interns are required to complete at least 400 hours of direct client contact under the supervision of an AAMFT approved supervisor prior to graduation, which meets North Carolina Marriage and Family Therapy Licensure Board requirements. Students must meet with their advisor to review clinical contact hour requirements set forth by regulatory boards outside of North Carolina. Students who are planning to pursue MFT licensure in other states whose required clinical contact hours exceed 400 must develop a plan for completing additional hours.

Hours are achieved through an approved off-campus site. Beginning Fall 2017, some students may also be placed at the on-campus Appalachian Family Therapy Clinic.

At least 180 of the 400 direct client contact hours must be relational hours, as defined below. The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) provides the following definition of direct client contact.

1. Direct client contact is defined as:
  - COAMFTE defines direct clinical **contact hours** as the following: **Direct Clinical Contact Hours** are defined as a therapeutic meeting of a therapist and client (individual, relational, or group) occurring in-person synchronously, either physically in the same location or mediated by technology. Assessments may be counted if they are in-person processes that are more than clerical in nature and focus. Also, therapy services delivered through interactive team modalities may provide direct client contact for specific team members who have in-person interaction with the client/system during the session. Therapy team members who engage the therapeutic process only behind the mirror may not count the experience as direct client contact. Activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.
  - A 45 minutes therapy session must be counted as 45 minutes, not one hour or as a contact hour.” Therefore, a 50-60 minute session may count as 1 hour of direct client contact and a 25-30 minute session may count for .5 of a direct client contact hour. 15 minutes can be counted as .25 of a direct client contact hour and anything less than 15 minutes may not be included in your hour record.
  - Direct client contact therefore includes: face-to-face (therapist and client) therapy with individuals, couples, families, and/or groups from a relational perspective, assessment, and psychoeducation.
  - Two therapists working together in the room with the client is considered direct client contact for both therapists. Following definitions from the NC state licensure board, **relational hours** are defined as: “a category of direct clinical contact hours in which a clinician delivers therapeutic services with two or more individuals conjointly, who share an ongoing relationship beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, enduring friendship/community support subsystems, and residential, treatment, or situationally connected subsystems.
    - Relational hours also may be counted with relational subsystems that include a person whose only available means to participate in the in-person therapeutic meeting is telephonic or electronic (e.g., incarcerated, deployed or out-of-town subsystem members.)
    - Group therapy can be counted as relational hours if those in the group therapy have a relationship outside of (above and beyond) the group itself. Conversely, group therapy sessions of otherwise non-related individuals are **not** considered as relational hours.”
  - Students are required to complete a significant portion of their relational hours in work specifically with couples and families. This will be reviewed on an individual basis and discussed with students if a concern arises to ensure a foundation of adequate relational experience is gained by each student during their internship experience.

Any questions about how to record hours should first be directed to your group supervisor/instructor for HPC 6904. If there are questions beyond those that can be answered by your supervisor, or if your faculty member/supervisor disagree on how to record your hours, please consult with the MFT internship coordinator.

- The following are not approved as direct client contact:
  - Activities such as telephone contact, case planning, observation of therapy, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision, are not considered direct client contact.
  - Observation of another therapist's work, although valuable, does not constitute direct client contact.

2. Direct client contact and supervision stipulations:

- a. Students must meet weekly with an appropriate supervisor (AAMFT Approved Supervisor or AAMFT Supervisor Candidate, see below) in order to have direct client contact hours counted toward the 400-hour requirement.
- b. Students are required to obtain a total of 100 hours of supervision which includes the following:
  - i. At least 30 hours of individual supervision, which is defined as supervision of one or two individuals.
  - ii. No more than 70 hours of group supervision. Group supervision shall not exceed six students per group.
  - iii. Of the 100 hours of required supervision, at least 50 must be based on raw data - live (i.e., the supervisor viewing case via a two way mirror or being present in the room) or involve a student presenting videotaped case material.
- c. Students observing someone else's clinical work may receive credit for group supervision provided that at least one supervisor is present with the students during the session. (no more than six)
- d. Supervision will be distinguishable from psychotherapy or teaching.
  - i. The supervisory process, as distinguished from teaching, involves the observation and development of clinical skills in an applied setting, which, although it may have teaching components, requires more student autonomy and application of previously learned concepts and skills.
  - ii. The supervisory process, as distinguished from psychotherapy, requires the processing of student concerns only as they relate to the clinical competency of the student.
- e. If a student is simultaneously being supervised and having direct clinical contact, the time may be counted as either supervision time or direct clinical contact time.
- f. When a supervisor is conducting live supervision, only the therapist(s) in the room with the client (up to two therapists) may count the time as individual supervision.
- g. Supervision hours are counted towards fulfillment of clinical requirements only when the supervisor is either an AAMFT-designated Approved Supervisor or Supervisor-in- Training.
- h. The Marriage and Family Therapy Program currently provides supervision by AAMFT approved supervisors and supervisors in training.
- i. According to COAMFTE standards, students must receive at least one hour of supervision for every five hours of direct client contact.
  - i. Supervision will occur at least once every week in which students have direct client contact hours.
  - ii. Individual supervision will occur at least once every other week in which students have direct client contact hours.
- j. In order to meet the 400-hour direct client contact requirement within a one-year period, the student will need to conduct ten hours of therapy each week under appropriate weekly supervision.
  - i. It is advisable that students leave a couple of evenings each week free for clinical work, in addition to the regularly scheduled group supervision class.
  - ii. Good clinical practice dictates setting aside 2-3 large blocks of time for clinical work, rather than trying to fit clients into odd free hours scattered throughout the week.
  - iii. In reality, more than 10 client contact hours per week must be scheduled to allow for vacation periods, slow times, illness, clients who fail to attend appointments, etc. Similarly, supervision

sessions should be scheduled to allow for vacation times, conferences, illnesses, etc.

- iv. Under normal circumstances, students in the Marriage and Family Therapy Program receive more hours of supervision than required.

3. If a student is found to be clinically impaired and is unable to provide competent and ethical services to his/her clients on internship, action will be taken by the MFT faculty.

- a. If possible, a remediation plan will be co-created with a student to address deficits and ways to remedy them (see Appendix A). In more serious cases, a recommendation may be made for personal therapy in order to assist a student in performing the functions of the internship appropriately.



## PART FIVE: CLIENT SECURITY AND HIPAA

Marriage and family therapists are under an ethical obligation to avoid exploiting the trust and dependency of students and supervisees (AAMFT Code of Ethics, Section IV).

Students are expected to share personal information about themselves and their family of origin in marriage and family therapy classes and in supervision as it pertains to their competence as therapists. We believe that dealing with such material is essential to the process of marriage and family therapy training. Such information will be treated sensitively by the MFT faculty, and we will encourage the same treatment by fellow classmates. However, in a group setting, confidentiality cannot be guaranteed and students should consider this before sharing sensitive information with others.

Students will be videotaping sessions and transporting those videos from internship site to supervision. These videos must be kept secure at all times so that they remain confidential and protected. Videos must remain in locked boxes or on password encrypted, HIPAA compliant encrypted flash drives stored in secure areas as determined and provided by the facility.

Additionally, students may not use any recording devices that connect to the internet (i.e., tablets, cell phones, etc.), and may not upload videos to any internet connected devices (i.e. laptops) or cloud-based data storage programs (unless they meet HIPAA standards of security). When viewing videos, students must always maintain the privacy and security of videos; videos should only be shown to others in supervision settings. All videos must be deleted at the time of the student's graduation from the program, if not sooner.

Additional security of client information is important in a time when technology is pervasive in clients' and therapists' lives. Students should not have any client information uploaded or stored on personal electronic devices (i.e., laptops, tablets, cell phones.) This includes client names, phone numbers, artwork, information from client files, etc. This also means that students should not be transmitting information about or from clients, clinical sites, or clinical work via electronic methods, including, but not limited to, social media, text message, and email (except in accordance with appropriate privacy practices and onsite policies through official work email addresses). Failure to abide by this guideline can result in a serious break in trust between clients and therapists, as well as legal and ethical violations that can lead to disciplinary action in the program.

Section 4.7 of the AAMFT Code of Ethics; Limits of confidentiality for supervisees:

- Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law.
- In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee.
- Verbal authorization will not be sufficient except in emergency situations.
- The Marriage and Family Therapy Program has a clear responsibility to protect clients under the care of student therapists from unethical or incompetent practices.
- We have an additional responsibility to protect the integrity and well-being of the Marriage and Family Therapy Program as well as an obligation to the profession of marriage and family therapy to prevent unethical and/or impaired individuals from entering the profession.
  - In response to our ethical obligations to avoid exploiting students, any decision regarding the fitness of any student to continue training as a marriage and family therapist must be made in consultation with the entire clinical faculty.
- Additionally, students' clinical skills grow over time. Comparative evaluations of students must be made among faculty members. Such information will not be shared with other students. For these reasons, the clinical faculty must operate as a confidentiality unit.
  - A confidentiality unit means that information defined as sensitive will be retained within the group. The information gathered in supervision or classes, which is relevant to the well-functioning and ongoing evaluation of the student, must be shared among the clinical faculty

but will not be shared with other students.

- Regarding the transportation, storage and transmission of confidential media, supervisees must keep tapes under lock and key and under their direct control at all times.
  - Trainees are responsible for maintaining the confidentiality of tapes.
- Information related to students' clinical performance will not be shared with other non-Marriage and Family Therapy faculty or administration, unless when permitted by law.
  - In the event that a student is dismissed from the program, personal information of the student shall not be shared.
  - If a student appeals any decision regarding standing in the program, then confidentiality cannot be maintained in the appeal process.

It is imperative that supervisee confidentiality be maintained within these outlined parameters. This confidentiality statement is provided to help students understand the limits of confidentiality. Successful Marriage and Family Therapy training and supervision is, in a large part, dependent on the quality of relationships between faculty and students. These relationships are built over time. The Marriage and Family Therapy faculty is committed to the respect and dignity of students. We feel that maintaining a faculty confidentiality unit is the most effective way of dealing with students' personal issues in a respectful manner, which allows us to fulfill our obligations to clients and the profession of marriage and family therapy.

## **PART SIX: MANAGING DIFFICULTIES AT INTERNSHIP SITES, REMEDIATION PLAN, AND PROTOCOL FOR PREMATURE TERMINATION**

If issues arise on the internship site, the student should first speak with the onsite supervisor and the University group internship course instructor (group supervisor). If an on-site supervisor has difficulties with an intern, he/she should first speak directly with the intern. If this conversation and level of intervention does not resolve the issues, the person having difficulties should contact the MFT Internship Coordinator who will schedule a meeting with the on-site supervisor, intern, and additional parties as needed (i.e., a co-therapist) to discuss what issues have arisen and to create a written plan for moving forward if possible. This plan may follow the remediation form at the end of this document, or an alternative format that also includes concerns, actions needed, and dates to review these concerns. If satisfactory progress is not made by the dates on the plan, termination/removal from the internship site and/or the MFT program may occur. If students or on-site supervisors request a premature termination from an internship site, the above process should be followed if possible, though depending on circumstances a remediation plan may not be needed.

Emergency situations, harassment or discrimination, violations of ethical codes of conduct, and other dangerous situations perpetuated by interns or employees at clinical placement sites will be evaluated on an individual basis and addressed immediately. In the event a student has experienced one of these situations, the student should contact the MFT Internship Coordinator immediately.

Should students require disability accommodations, medical leave, religious accommodations, or other special considerations, appropriate Department and University policies will be followed.

Students with such needs should discuss them as soon as possible with the MFT Internship Coordinator.

**Appendix A:**

**Documents for students and faculty in the Marriage and Family Therapy Program.**

## REMEDIATION PLAN

(Adapted from Kress, V.E. & Protivnak, J.J. (2009). Professional Development Plans to Remedy Problematic Counseling Student Behaviors. *Counselor Education and Supervision*, 48, 154-166)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

MFT Internship Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

### Section I. Area(s) for Professional Development

It has been noted that \_\_\_\_\_ (student name) would benefit from professional development to remediate the following professional development issue(s):

(Areas for professional development may include progress toward degree completion, quality of foundational coursework, quality of specialization coursework, quality of clinical skill, quality of scholarly skill, cooperativeness, initiative, attendance, punctuality, dependability, empathy, acceptance of diversity, ethics, and/or professionalism.)

### Section II. Professional Development Activities

For you to continue to progress toward receiving your MFT degree, the MFT faculty is collectively requiring that you engage in the following professional development activities that relate to the competencies addressed within our program's retention policy. For each competency listed, a date by which satisfactory progress must be made should be documented. Please consider that the faculty member developing the plan with the student will share the information on this form with site supervisors.

### Section III. Faculty and Supervisor Comments:

### Section IV. Student Comments:

**Section V. Professional Development Activities Revised** (check here if revision not needed)

**Section VI. Commitment to Professional Development Plan**

I understand and agree to all of the conditions of this document. If I do not follow through on completing all of the tasks outlined in this contract by the prescribed deadlines, I will be subject to termination from the internship site and/or the Marriage and Family Therapy Program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MFT Internship Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

# **Ethics and Legal Issues Candidacy Questionnaire**

## **Appalachian State University**

### **MFT Program**

Name:

Date:

1. Have you been convicted of a felony or entered a plea of guilty or nolo contendere to any felony charge under the laws of the United States or of any state of the United States, including a military court martial?  Yes  No
2. Have you been convicted of or entered a plea of guilty or nolo contendere to any misdemeanor involving moral turpitude, misrepresentation, or fraud in dealing with the public, or conduct otherwise relevant to fitness to practice marriage and family therapy, or a misdemeanor charge reflecting the inability to practice marriage and family therapy with due regard to the health and safety of clients.  Yes  No
3. Have you engaged in fraud or deceit in securing or attempting to secure a license or have you willfully concealed from the Board material information in connection with an application for a license?  Yes  No
4. Have you practiced any fraud, deceit, or misrepresentation upon the public, the Board, or any individual in connection with the practice of marriage and family therapy, the offer of professional marriage and family therapy services, the filing of Medicare, Medicaid, or other claims to any third-party payor, or in any manner otherwise relevant to fitness for the practice of marriage and family therapy?  Yes  No
5. Have you made fraudulent, misleading, or intentionally or materially false statements pertaining to education, licensure, license renewal, supervision, continuing education, any disciplinary actions or sanctions pending or occurring in any other jurisdiction, professional credentials, or qualifications or fitness for the practice of marriage and family therapy to the public, any individual, the Board, or any other organization?  Yes  No
6. Have you had a license or certification denied, suspended or revoked, or have you been disciplined by or are you currently under investigation by a licensing or certification board in any other jurisdiction?  Yes  No
7. Have you aided or abetted the unlawful practice of marriage and family therapy by any person not licensed by the Board?  Yes  No
8. Have you demonstrated or been advised of an inability to practice marriage and family therapy with reasonable skill and safety by reason of illness, inebriation, misuse of drugs, narcotics, alcohol, chemicals, or any other substance affecting mental or physical functioning, or as a result of any mental or physical condition.  Yes  No
9. Have you practiced marriage and family therapy outside the boundaries of demonstrated competence or the limitations of education, training, or supervised experience?  Yes  No
10. Have you been guilty of immoral, dishonorable, unprofessional, or unethical conduct as defined in this subsection or in the current code of ethics of the American Association for Marriage and Family Therapy?  Yes  No
11. Have you ever been involved in, reprimanded for or disciplined by an employer or educational institution for misconduct including acts of dishonesty, fraud or deceit; lying or misrepresentation of credentials; academic misconduct including acts such as cheating or plagiarism; theft; or sexual harassment?  Yes  No

---

**Signature**

**Date**

## **Admission to Candidacy Training Plan**

Along with your self evaluation, submit for candidacy a 1-2 page statement articulating your training plan, beginning at internship and extending out 5 years after graduation. Be sure to answer the question: Where do you want to work (geographically and type of placement, and preferred population) in 5 years? Describe what credentials will be required to meet that goal. Also include your plan a timeline to be licensed as a LMFT and the requirements that you need to complete in order to be licensed in the state/area you plan to practice.



**ADMISSION TO CANDIDACY EVALUATION FORM**

**MFT PROGRAM**

The following is an evaluation of each student's progress during the preceding academic year. The evaluation is based on a discussion among all clinical faculty members. The evaluation will be based on the student's expected progress and development given where he/she is in the MFT Program.

Student's Name: \_\_\_\_\_

Faculty present: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**I. ACADEMIC**

A. Strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Growth Areas \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. CLINICAL**

A. Strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Growth Areas \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. SOCIALIZATION INTO THE PROFESSION OF MFT**

A. Strengths \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Growth Areas \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IV. OTHER COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. OVERALL EVALUATION

A. Major Strengths \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Major Concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VI. RATING

1 = Unsatisfactory Progress

2 = Fair Progress

3 = Good Progress

4 = Very Good Progress

5 = Excellent Progress

Student's Signature \_\_\_\_\_

## **Advancement to Candidacy MFT Program Guidelines**

When reviewing applications for candidacy, faculty use the following criteria to determine readiness to begin internship. Does the student demonstrate the following?

### **ACADEMIC**

- Understanding of basic MFT theories
- Understanding of family assessment
- Understanding of basic clinic processes

### **CLINICAL**

- Flexibility
- Demonstrates active listening skills and appropriate confrontational skills in classroom role plays
- Willingness to develop further interpersonal skills
- Ability to acknowledge, understand and address problems when identified
- Cooperative behavior
- Willingness to invite and accept feedback and incorporate changes in behavior
- Awareness of impact on others
- Ability to deal with conflict
- Ability to accept personal responsibility
- Ability to decide when and how to express personal feelings, values or beliefs in an appropriate way
- Use of good judgment and appropriate emotional functioning; emotional stability
- Respectful assertive behavior
- Willingness to risk new behaviors to further their professional growth
- Acceptance of diversity among clients and peers
- A willingness to examine issues raised by others with differing value systems
- Ability to maintain appropriate personal boundaries
- If recovering from a personal addiction to drugs or alcohol, has maintained 15 months continuous sobriety.

### **SOCIALIZATION TO THE PROFESSION**

- Demonstrated commitment to professional ethics and standards established by AAMFT
- Ability to integrate professional standards into behavior
- Ability to control personal stress, psychological dysfunction and/or excessive emotional reactions and maintain adequate professional functioning
- Positive attitude toward professional growth
- Consistently arrives on-time
- Dependability
- Honesty
- Ability to require appropriate amount of attention by training personnel

APPALACHIAN STATE UNIVERSITY  
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING MARRIAGE AND  
FAMILY THERAPY PROGRAM

**SITE FORM FOR INTERNSHIP**

**Agency/School Site Information**

Name of Agency/School: \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone: \_\_\_\_\_ Website \_\_\_\_\_

**Agency Site Supervisor Information**

Site Supervisor Name: \_\_\_\_\_  
Direct Phone Line: \_\_\_\_\_ Email: \_\_\_\_\_  
Highest Degree and Field: \_\_\_\_\_  
Supervisor Area of Specialization \_\_\_\_\_  
Years of Therapy Experience: \_\_\_\_\_ Years of Supervision Experience \_\_\_\_\_  
AAMFT Approved Supervisor: yes no AAMFT Supervisor Candidate: yes no  
Supervisors Current Licensure/Certification Held (NCC, LPCS, LPCS, LPC, LMFT, LCAS, CCS, or specify):  
\_\_\_\_\_  
Professional Memberships (ASCA, ACA, NCCA, AAMFT, NCAAMFT, or specify): \_\_\_\_\_  
Agency Clientele and Description of Site:

**Type of Direct Service Offered (Check all that apply)**

Individual counseling \_\_\_\_\_ Couples counseling \_\_\_\_\_ Family counseling \_\_\_\_\_  
Group counseling \_\_\_\_\_ Career counseling \_\_\_\_\_ Intake Assessments \_\_\_\_\_  
Appraisal Services \_\_\_\_\_ Diagnosis Assessment \_\_\_\_\_ Others \_\_\_\_\_

**Site Supervision Provided (Check all that apply)**

Individual supervision \_\_\_\_\_ Group supervision \_\_\_\_\_

**Education Opportunities for Interns (Check all that apply)**

Professional training seminars \_\_\_\_\_ In-service training \_\_\_\_\_  
Research opportunities \_\_\_\_\_ Others \_\_\_\_\_

The following are requirements that the student intern must meet for primary internship site placements:

1. Onsite supervision

Supervision should be one hour a week, individual (or dyadic), with the supervisor on record who holds an active mental health license, and focused on clinical (not administrative) issues. One hour of supervision every other week is the minimum.

2. Direct client contact

Completion of 400 hours of direct client contact, and a minimum of 180 relational hours; Clinical contact can only happen when a clinician with a mental health license is also on-site

3. Time of placement

12 month placement at the agency, usually August to July; Interns are expected to be on site 15-20 hours, with an average of 10-12 direct client contact hours per week though some sites may require more hours.

4. Ability to video tape client session

5. Evaluations, communication, and paperwork

Supervisors and interns complete end of semester evaluations and participate in site visits with faculty from Appalachian State University. If issues arise with the site or intern, they are communicated with the internship coordinator.

**Audio and/or Video Tape of Clients Permitted\*\*** Yes \_\_\_\_\_ or No \_\_\_\_\_

\*\* The Department of Human Development and the Marriage and Family Therapy Program is accredited nationally by COAMFTE. As part of this accreditation requirement, and to facilitate optimum and ethical professional development through supervision of developing clinical skills, practicum and internship students must be permitted, with proper informed consent, to audio and/or videotape counseling sessions. Audio and/or videotaped sessions are to be heard and/or viewed **ONLY** by the following: onsite supervisor, university site supervisor, and supervision group. All internship students are pledged to the ethical codes of the AAMFT, including all aspects of confidentiality and transporting of video back and forth from the internship site.

The Reich College of Education and the Department of Human Development would like to thank you for your support of our students. We could not effectively train marriage and family therapists without your help and expertise. Thank you for your assistance and cooperation.

Site Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Internship Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission to Register for Practicum, Internship or Prof. Practice in CSD Human Development and Psychological Counseling

**Instructions:**

1. Student fills out form...**all information is required.**
2. Student's advisor signs form.
3. Student submits signed form to the following (based on your degree program):
  - a. CSD students submit form to Instructor
  - b. MFT students submit form to Program Director
  - c. CMHC students submit form to 5900/6900 Coordinator
  - d. PSC students submit form to 5900/6900 Coordinator

Semester course is to be taken: \_\_\_\_\_

Subject: HPC Course #: \_\_\_\_\_ Section #: \_\_\_\_\_ Credit Hours \_\_\_\_\_ Course Title: \_\_\_\_\_

\_\_\_\_\_ Course Instructor \_\_\_\_\_ DOMESTIC

(WITHIN U.S.) INTERNSHIP: \_\_\_\_\_ or

INTERNATIONAL INTERNSHIP: \_\_\_\_\_

**Student Information:**

Banner ID: \_\_\_\_\_

Student's Name: \_\_\_\_\_

ASU Email: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Student's Phone: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Major: \_\_\_\_\_

**Compensation Information:**

Paid: \_\_\_ Unpaid: \_\_\_ If paid: pay rate is \_\_\_\_\_

<i>Student's Emergency Contact Information</i>	<i>Internship Agency Contact</i>
Name: _____	Agency Name: _____
Relationship: _____	Address: _____
Phone: _____	_____
_____	Agency Site Supervisor Name and Title: _____
	Address: _____
	Phone: _____ Fax: _____
	E-mail: _____
	Location of Internship, if different from Agency: _____

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_







**Appendix B:**  
**Internship Documents**

The following documents are for students to submit to the MFT Internship Coordinator at the end of each semester of internship.

# FORM C

## CLIENT CONTACT AND SUPERVISION HOURS REPORTING FORM

### Master's/Certificate Graduates

If the program is submitting a self-study, complete Form D for ALL master's graduates since the last Annual Report. Doctoral graduates should be listed on Form D (Internship). See attached instructions before completing this form.

Graduate's Name: _____		Did student transfer in hours from another program? # Yes # No (If yes, please list these hours as a separate site below.)					Date Entered Program (mo/yr):			Date Graduated Program (mo/yr):		
Graduate's employment setting (check one): # MFT Setting # Non-MFT Setting # Unemployed # Other												
		<b>CLIENT CONTACT HOURS</b>					<b>SUPERVISION HOURS</b>					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 180 hrs	Total Hrs 400 hrs	Case Rpt	Live (raw data)	Video (raw data)	Audio (raw data)	Direct Obs. (add audio, video & live) 50 hrs	Total Supv. Hrs 100 hrs
	IND											
	GRP											
	IND											
	GRP											
<b>CUMULATIVE TOTALS</b> (add hours earned at all sites)						aa						bb

Graduate's Name: _____ Graduate's employment setting (check one): # MFT Setting # Non-MFT Setting # Unemployed # Other			Did student transfer in hours from another program? # Yes # No (If yes, please list these hours as a separate site below.)				Date Entered program: (mo/yr):		Date Graduated Program (mo/yr):			
		<b>CLIENT CONTACT HOURS</b>					<b>SUPERVISION HOURS</b>					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 180 hrs	Total Hrs 400 hrs	Case Rpt	Live (raw data)	Video (raw data)	Audio (raw data)	Direct Obs. (add audio, video & live) 50 hrs	Total Supv. Hrs 100 hrs
	IND											
	GRP											
	IND											
	GRP											
<b>CUMULATIVE TOTALS</b> (add hours earned at all sites)						aa						bb

revised 10/10/01

## Future Supervision Goals Forms

After you set supervision/training goals for yourself for next semester please have each of your current supervisor provide you with their suggestions.

Student's Name

Student's goals for next semester

Site supervisor's suggested goals for next semester

Group supervisor's suggested goals for next semester

Individual supervisor's suggested goals for next semester

# MFT Internship Client Diversity Survey

Intern Name:

Semester:

Indicate which characteristics describe the clients you have worked with at your internship site by completing the following statements.

1. The **ages** of the clients I have worked with at my internship site(s) include (Circle all that apply):
  - a. Preschoolers aged birth through five
  - b. School age children aged six through eighteen
  - c. Young adults aged 19 through 35
  - d. Middle aged adults aged 36 through 60
  - e. Older adults aged 61 through 100
  
2. The **race/ethnicity** of the clients I have worked with at my internship site(s) include (Circle all that apply):
  - a. Black or African-American
  - b. Native American (include Alaska Native and American Indian)
  - c. Asian or Asian-American (include Pacific Islander)
  - d. Hispanic or Latino/Latina
  - e. European-American
  - f. Other
  
3. The **physical ability** of the clients I have worked with at my internship site(s) include (Circle all that apply):
  - a. Restricted mobility
  - b. Sensory difficulties (e.g. blind, deaf)
  - c. Chronic physical illness
  - d. Other physical restrictions
  - e. Nonrestricted physical ability
  
4. The **family compositions** of the clients I have worked with at my internship site(s) include (Circle all that apply):
  - a. Single adults
  - b. Couples
  - c. Households with children
  - d. Stepfamilies
  - e. Children in foster-care or residential placement
  - f. Other \_\_\_\_\_
  
5. The **gender** of the clients I have worked with at my internship site(s) includes: (Circle all that apply):
  - a. Male
  - b. Female
  - c. Other (includes transgender, gender expansive) \_\_\_\_\_
  
6. The **religious orientation** of the clients I have worked with at my internship site(s) includes (Circle all that apply):
  - a. Christian
  - b. Jewish
  - c. Unaffiliated
  - d. Other \_\_\_\_\_

7. The **sexual orientation** of the clients I have worked with at my internship site(s) includes (Circle all that apply):
- a. heterosexual
  - b. gay/lesbian
  - c. bisexual
  - d. other
8. The **socioeconomic status** of the clients I have worked with at my internship site(s)
- a. lower class and/or below poverty level
  - b. middle class
  - c. upper class
9. The **diagnoses** of the clients I have worked with at my internship site(s) includes (Circle all that apply):
- a. Depressive Disorders
  - b. Anxiety Disorders
  - c. Bipolar and Related Disorders
  - d. Substance-Related and Addictive Disorders
  - e. Personality Disorders
  - f. Neurodevelopmental Disorders
  - g. Disruptive, Impulse-Control, and Conduct Disorders
  - h. Schizophrenia and Other Psychotic Disorders
  - i. Trauma and Stressor – Related Disorders
  - j. Eating Disorders
  - k. Other\_\_\_\_\_

# MARRIAGE AND FAMILY THERAPY PROGRAM

Evaluation of Student Performance in Off-Campus Internship Student's Name

On-Site Supervisor Agency:

Semester:

Date:

---

The individual named above is earning clinical contact hours through your agency. As a student in our training program, it is important that we obtain information on the student's clinical performance regardless of whether this is an internship placement arranged by the program or employment contracted directly by the student. Please complete this form and review it with the student near the end of the semester and mail it directly to the Director of the Marriage and Family Therapy Program, Department of Human Development and Psychological Counseling, Appalachian State University, Boone, NC 28608. We appreciate your help in providing feedback on the clinical performance of this student.

Please rate each area using the following scale:

1 = INADEQUATE; 2 = SOMEWHAT ADEQUATE; 3 = ADEQUATE; 4 = GOOD; 5 = SUPERIOR

\_\_\_1. Ability to develop and maintain appropriate caseload

- Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra-familial resources).
- Facilitate therapeutic involvement of all necessary participants in treatment.
- Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
- Obtain consent to treatment from all responsible persons.
- Evaluate case for appropriateness for treatment within professional scope of practice and competence.

COMMENTS:

\_\_\_2. Ability to form therapeutic relationships with a wide range of clients

- Establish and maintain appropriate and productive therapeutic alliances with the clients.
- Solicit and use client feedback throughout the therapeutic process.
- Manage session interactions with individuals, couples, families, and groups.

COMMENTS:

\_\_\_3. Professional behavior

- Manage progression of therapy toward treatment goals.
- Manage risks, crises, and emergencies.
- Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
- Advocate with clients in obtaining quality care, appropriate resources, and services in their community.

COMMENTS:

\_\_\_4. Relationship with agency staff

- Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
- Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.

COMMENTS:

\_\_\_5. Dependability

- Utilize time management skills in therapy sessions and other professional meetings.

COMMENTS:

\_\_\_6. Following agency procedures and policies

- Complete case documentation in a timely manner and in accordance with relevant laws and policies.
- Assess session process for compliance with policies and procedures of practice setting.
- Participate in case-related forensic and legal processes.
- Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.

COMMENTS:

\_\_\_7. Treatment planning

- Understand the effects that psychotropic and other medications have on clients and the treatment process.
- Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).
- Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
- Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
- Prioritize treatment goals.
- Develop a clear plan of how sessions will be conducted.



- Structure treatment to meet clients' needs and to facilitate systemic change.
- Assist clients in obtaining needed care while navigating complex systems of care.
- Develop termination and aftercare plans.
- Evaluate progress of sessions toward treatment goals.
- Evaluate level of risks, management of risks, crises, and emergencies.

COMMENTS:

\_\_\_ 8. Therapeutic interventions

- Know which models, modalities, and/or techniques are most effective for presenting problems.
- Recognize how different techniques may impact the treatment process.
- Provide psychoeducation to families whose members have serious mental illness or other disorders.
- Modify interventions that are not working to better fit treatment goals.
- Move to constructive termination when treatment goals have been accomplished.
- Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
- Evaluate ability to deliver interventions effectively.
- Evaluate treatment outcomes as treatment progresses.
- Evaluate clients' reactions or responses to interventions.
- Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
- Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.

COMMENTS:

\_\_\_ 9. Understand essential contexts COMMENTS:

\_\_\_ 10. Assessment diagnostic skills

- Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.

COMMENTS:

\_\_\_ 11. General therapy skills

COMMENTS:

\_\_\_12. Use of supervision  
COMMENTS:

\_\_\_\_\_13. Overall performance in your agency COMMENTS:

\_\_\_\_\_14. Legal and ethical understanding COMMENTS:

THANK YOU FOR YOUR HELP

Student's signature:  
Date:

Site supervisor's signature:  
Date:

# Individual Supervision Evaluation Form

(AAMFT Approved Supervisor, or Supervisor in Training)

Individual Supervisor's Name

What was most helpful in your supervision?

What could your supervisor do to make supervision more helpful?

How would you describe the quality of your relationship with your supervisor? Other comments?

*Please rate supervisor by circling the appropriate number.*

Supervision has helped me to development my competence as a marriage and family therapist.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Supervisor appropriately balances feedback of therapist's growth areas and strengths.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Supervisor matches feedback to reflect the supervisee's level of experience.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

# Group Supervision Evaluation Form

(AAMFT Approved Supervisor, or Supervisor in Training)

Group Supervisor's Name

What was most helpful in your supervision?

What could your supervisor do to make supervision more helpful?

How would you describe the quality of your relationship with your supervisor? Other comments?

*Please rate supervisor by circling the appropriate number.*

Supervision has helped me to development my competence as a marriage and family therapist.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Supervisor appropriately balances feedback of therapist's growth areas and strengths.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Supervisor matches feedback to reflect the supervisee's level of experience.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

# On Site Supervisor Evaluation Form

Individual Supervisor's Name

Site Visit by Appalachian State University MFT program representative was completed on this date: \_\_\_\_\_

What was most helpful in your supervision?

What could your supervisor do to make supervision more helpful?

How would you describe the quality of your relationship with your supervisor?

Other comments?

*Please rate supervisor by circling the appropriate number.*

Supervision has helped me to development my competence as a marriage and family therapist.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Supervisor appropriately balances feedback of therapist's growth areas and strengths.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

Supervisor matches feedback to reflect the supervisee's level of experience.

Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

MARRIAGE AND FAMILY THERAPY PROGRAM EVALUATION OF OFF-  
CAMPUS INTERNSHIP SITE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_ On Site Supervisor: \_\_\_\_\_

To assess the effectiveness of your off-campus internship experience, please answer the questions below and make ratings where indicated using this scale:

1 = inadequate, 2 = partly adequate, 3 = adequate, 4 = good, 5 = outstanding

\_\_\_\_\_ 1. Overall effectiveness rating of site/ experience

\_\_\_\_\_ 2. Number and availability of cases

What type (individual, family, groups, typical problems, consistency in keeping appointments):

Population served:

\_\_\_\_\_ 3. On-site supervision

\_\_\_\_\_ Individual

\_\_\_\_\_ Group

Describe the type (e.g. live, video, audio, etc.)

Time in supervision weekly/ how available is it?

Co-therapy available? Observing others doing therapy?

\_\_\_\_\_ 4. Coordinating with faculty supervision

\_\_\_\_\_ 5. Orientation (to clinic, with supervisor)?

\_\_\_\_\_ 6. Consultation with staff/ involvement with staff.

\_\_\_\_\_7. Facilities (adequacy of session rooms, videotaping available, one-way screens, etc.) Transportation to and from site:

\_\_\_\_\_8. Contribution to your growth as a family therapist.

COMMENTS (about administration aspects and design of internship, what you found most valuable, suggestions for improvements):

**Appendix C:**

**Client Contact and Supervision Reporting Form**

The following document is an additional one for students to submit their last semester of internship.

**Note:** A closing letter signed by your site supervisor is also required. This letter should affirm that you have closed out all cases, completed all progress notes, and are leaving the site in an appropriate and ethical fashion.



**FORM D**  
**CLIENT CONTACT AND SUPERVISION HOURS**  
**REPORTING FORM**

**Master's/Certificate Graduates**

If the program is submitting a self-study, complete Form D for ALL master's graduates since the last Annual Report. Doctoral graduates should be listed on Form D (Internship). See attached instructions before completing this form.

Graduate's Name: _____		Did student transfer in hours from another program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list these hours as a separate site below.)					Date Entered Program (mo/yr):		Date Graduated Program (mo/yr):			
Graduate's employment setting (check one): <input type="checkbox"/> MFT Setting <input type="checkbox"/> Non-MFT Setting <input type="checkbox"/> Unemployed <input type="checkbox"/> Other												
		<b>CLIENT CONTACT HOURS</b>					<b>SUPERVISION HOURS</b>					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 180 hrs	Total Hrs 400 hrs	Case Rpt	Live (raw data)	Video (raw data)	Audio (raw data)	Direct Obs. (add audio, video & live) 50 hrs	Total Supv. Hrs 100 hrs
	IND											
	GRP											
	IND											
	GRP											
<b>CUMULATIVE TOTALS</b> (add hours earned at all sites)						aa						bb

Graduate's Name: _____		Did student transfer in hours from another program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please list these hours as a separate site below.)				Date Entered program: (mo/yr):		Date Graduated Program (mo/yr):				
Graduate's employment setting (check one): <input type="checkbox"/> MFT Setting <input type="checkbox"/> Non-MFT Setting <input type="checkbox"/> Unemployed <input type="checkbox"/> Other		<b>CLIENT CONTACT HOURS</b>					<b>SUPERVISION HOURS</b>					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 180 hrs	Total Hrs 400 hrs	Case Rpt	Live (raw data)	Video (raw data)	Audio (raw data)	Direct Obs. (add audio, video & live) 50 hrs	Total Supv. Hrs 100 hrs
	IND											
	GRP											
	IND											
	GRP											
<b>CUMULATIVE TOTALS</b> (add hours earned at all sites)						aa						bb

## Appendix D:

# Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) Priorities and Core Competencies

COAMFTE Accreditation Standards, Version 12.5 can be found here:

[https://www.coamfte.org/COAMFTE/Accreditation/Maintaining\\_Accreditation.aspx](https://www.coamfte.org/COAMFTE/Accreditation/Maintaining_Accreditation.aspx)

### Priorities Continuing from COAMFTE Standards Version 12, page 3

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

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

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

### Priorities Guiding COAMFTE Standards, Version 12.5, pages 3-4:

#### Priority One: Recognition of Key Influences Affecting the MFT Profession

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

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

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

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

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

Refinement of Outcome-Based Education constructs that include:

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

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

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

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

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

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

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

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

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

### **Priority Three: Support for Accredited Program Success**

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

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

### **COAMFTE Core Competencies are taken from:**

[https://www.coamfte.org/Documents/COAMFTE/Accreditation%20Resources/MFT%20Core%20Competencies%20\(December%202004\).pdf](https://www.coamfte.org/Documents/COAMFTE/Accreditation%20Resources/MFT%20Core%20Competencies%20(December%202004).pdf)



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## **Marriage and Family Therapy Core Competencies©**

December, 2004

The marriage and family therapy (MFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of marriage and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by marriage and family therapists (MFTs).

Consequently, the competencies described herein represent the minimum that MFTs licensed to practice independently must possess.

Creating competencies for MFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: *Mental Health: A Report of the Surgeon General*; the President's New Freedom Commission on Mental Health's *Achieving the Promise: Transforming Mental Health Care in America*; and the Institute of Medicine's *Crossing the Quality Chasm*. The AAMFT mapped the competencies to critical elements of these reports, including IOM's 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person-Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable. The committee also considered how social, political, historical, and economic forces affect individual and relational problems and decisions about seeking and obtaining treatment.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 128 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of MFT.

The core competencies are organized around 6 primary domains and 5 secondary domains. The primary domains are:

- 1) **Admission to Treatment** – All interactions between clients and therapist up to the point when a therapeutic contract is established.
- 2) **Clinical Assessment and Diagnosis** – Activities focused on the identification of the issues to be addressed in therapy.
- 3) **Treatment Planning and Case Management** – All activities focused on directing the course of therapy and extra-therapeutic activities.
- 4) **Therapeutic Interventions** – All activities designed to ameliorate the clinical issues identified.
- 5) **Legal Issues, Ethics, and Standards** – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.
- 6) **Research and Program Evaluation** – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that MFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional.

Although not expressly written for each competency, the stem "Marriage and family therapists..." should begin each. Additionally, the term "client" is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term "family" is used generically to refer to all people identified by clients as part of their "family system," this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.

## Domain 1: Admission to Treatment

Number	Subdomain	Competence
1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and group psychotherapy
1.1.3	Conceptual	Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.
1.1.4	Conceptual	Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
1.2.1	Perceptual	Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, religion, larger systems, social context).
1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).
1.2.3	Perceptual	Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.2	Executive	Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
1.3.3	Executive	Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
1.3.5	Executive	Obtain consent to treatment from all responsible persons.
1.3.6	Executive	Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7	Executive	Solicit and use client feedback throughout the therapeutic process.
1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
1.3.9	Executive	Manage session interactions with individuals, couples, families, and groups.
1.4.1	Evaluative	Evaluate case for appropriateness for treatment within professional scope of practice and competence.
1.5.1	Professional	Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).
1.5.2	Professional	Complete case documentation in a timely manner and in accordance with relevant laws and policies.
1.5.3	Professional	Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

## Domain 2: Clinical Assessment and Diagnosis

Number	Subdomain	Competence
2.1.1	Conceptual	Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
2.1.2	Conceptual	Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
2.1.3	Conceptual	Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
2.1.4	Conceptual	Comprehend individual, marital, couple and family assessment instruments appropriate
	<b>N Subdomain</b>	<b>Competence</b>
		to presenting problem, practice setting, and cultural context.
2.1.5	Conceptual	Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
2.1.6	Conceptual	Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.
2.1.7	Conceptual	Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.
2.2.1	Perceptual	Assess each clients' engagement in the change process.
2.2.2	Perceptual	Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.
2.2.3	Perceptual	Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
2.2.4	Perceptual	Consider the influence of treatment on extra-therapeutic relationships.
2.2.5	Perceptual	Consider physical/organic problems that can cause or exacerbate emotional/interpersonalsymptoms.
2.3.1	Executive	Diagnose and assess client behavioral and relational health problems systemically and contextually.
2.3.2	Executive	Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
2.3.3	Executive	Apply effective and systemic interviewing techniques and strategies.
2.3.4	Executive	Administer and interpret results of assessment instruments.
2.3.5	Executive	Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.3.6	Executive	Assess family history and dynamics using a genogram or other assessment instruments.
2.3.7	Executive	Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.
2.3.8	Executive	Identify clients' strengths, resilience, and resources.
2.3.9	Executive	Elucidate presenting problem from the perspective of each member of the therapeutic system.
2.4.1	Evaluative	Evaluate assessment methods for relevance to clients' needs.
2.4.2	Evaluative	Assess ability to view issues and therapeutic processes systemically.

2.4.3	Evaluative	Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.
2.4.4	Evaluative	Assess the therapist-client agreement of therapeutic goals and diagnosis.
2.5.1	Professional	Utilize consultation and supervision effectively.

### Domain 3: Treatment Planning and Case Management

Number	Subdomain	Competence
3.1.1	Conceptual	Know which models, modalities, and/or techniques are most effective for presenting problems.
3.1.2	Conceptual	Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.
3.1.3	Conceptual	Understand the effects that psychotropic and other medications have on clients and the treatment process.
3.1.4	Conceptual	Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step programs, peer-to-peer services, supported employment).
Number	Subdomain	Competence
3.2.1	Perceptual	Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
3.3.1	Executive	Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2	Executive	Prioritize treatment goals.
3.3.3	Executive	Develop a clear plan of how sessions will be conducted.
3.3.4	Executive	Structure treatment to meet clients' needs and to facilitate systemic change.
3.3.5	Executive	Manage progression of therapy toward treatment goals.
3.3.6	Executive	Manage risks, crises, and emergencies.
3.3.7	Executive	Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
3.3.8	Executive	Assist clients in obtaining needed care while navigating complex systems of care.
3.3.9	Executive	Develop termination and aftercare plans.
3.4.1	Evaluative	Evaluate progress of sessions toward treatment goals.
3.4.2	Evaluative	Recognize when treatment goals and plan require modification.
3.4.3	Evaluative	Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4	Evaluative	Assess session process for compliance with policies and procedures of practice setting.
3.4.5	Professional	Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
3.5.1	Professional	Advocate with clients in obtaining quality care, appropriate resources, and services in their community.
3.5.2	Professional	Participate in case-related forensic and legal processes.
3.5.3	Professional	Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4	Professional	Utilize time management skills in therapy sessions and other professional meetings.



## Domain 4: Therapeutic Interventions

Number	Subdomain	Competence
4.1.1	Conceptual	Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
4.1.2	Conceptual	Recognize strengths, limitations, and contraindications of specific therapy models, including the risk of harm associated with models that incorporate assumptions of family dysfunction, pathogenesis, or cultural deficit.
4.2.1	Perceptual	Recognize how different techniques may impact the treatment process.
4.2.2	Perceptual	Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.
4.3.1	Executive	Match treatment modalities and techniques to clients' needs, goals, and values.
4.3.2	Executive	Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
4.3.3	Executive	Reframe problems and recursive interaction patterns.
4.3.4	Executive	Generate relational questions and reflexive comments in the therapy room.
4.3.5	Executive	Engage each family member in the treatment process as appropriate.
4.3.6	Executive	Facilitate clients developing and integrating solutions to problems.
	<b>N Subdomain</b>	<b>Competence</b>
4.3.7	Executive	Defuse intense and chaotic situations to enhance the safety of all participants.
4.3.8	Executive	Empower clients and their relational systems to establish effective relationships with each other and larger systems.
4.3.9	Executive	Provide psychoeducation to families whose members have serious mental illness or other disorders.
4.3.10	Executive	Modify interventions that are not working to better fit treatment goals.
4.3.11	Executive	Move to constructive termination when treatment goals have been accomplished.
4.3.12	Executive	Integrate supervisor/team communications into treatment.
4.4.1	Evaluative	Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
4.4.2	Evaluative	Evaluate ability to deliver interventions effectively.
4.4.3	Evaluative	Evaluate treatment outcomes as treatment progresses.
4.4.4	Evaluative	Evaluate clients' reactions or responses to interventions.
4.4.5	Evaluative	Evaluate clients' outcomes for the need to continue, refer, or terminate therapy.
4.4.6	Evaluative	Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
4.5.1	Professional	Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
4.5.2	Professional	Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
4.5.3	Professional	Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

## Domain 5: Legal Issues, Ethics, and Standards

Number	Subdomain	Competence
5.1.1	Conceptual	Know state, federal, and provincial laws and regulations that apply to the practice of marriage and family therapy.
5.1.2	Conceptual	Know professional ethics and standards of practice that apply to the practice of marriage and family therapy.
5.1.3	Conceptual	Know policies and procedures of the practice setting.
5.1.4	Conceptual	Understand the process of making an ethical decision.
5.2.1	Perceptual	Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
5.2.2	Perceptual	Recognize ethical dilemmas in practice setting.
5.2.3	Perceptual	Recognize when a legal consultation is necessary.
5.2.4	Perceptual	Recognize when clinical supervision or consultation is necessary.
5.3.1	Executive	Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.2	Executive	Develop and assess policies, procedures, and forms for consistency with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
5.3.3	Executive	Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4	Executive	Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5	Executive	Take appropriate action when ethical and legal dilemmas emerge.
5.3.6	Executive	Report information to appropriate authorities as required by law.
Number	Subdomain	Competence
5.3.7	Executive	Practice within defined scope of practice and competence.
5.3.8	Executive	Obtain knowledge of advances and theory regarding effective clinical practice.
5.3.9	Executive	Obtain license(s) and specialty credentials.
5.3.10	Executive	Implement a personal program to maintain professional competence.
5.4.1	Evaluative	Evaluate activities related to ethics, legal issues, and practice standards.
5.4.2	Evaluative	Monitor attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.
5.5.1	Professional	Maintain client records with timely and accurate notes.
5.5.2	Professional	Consult with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work.
5.5.3	Professional	Pursue professional development through self-supervision, collegial consultation, professional reading, and continuing educational activities.
5.5.4	Professional	Bill clients and third-party payers in accordance with professional ethics, relevant laws and polices, and seek reimbursement only for covered services.

## Domain 6: Research and Program Evaluation

Number	Subdomain	Competence
6.1.1	Conceptual	Know the extant MFT literature, research, and evidence-based practice.
6.1.2	Conceptual	Understand research and program evaluation methodologies, both quantitative and qualitative, relevant to MFT and mental health services.
6.1.3	Conceptual	Understand the legal, ethical, and contextual issues involved in the conduct of clinical research and program evaluation.
6.2.1	Perceptual	Recognize opportunities for therapists and clients to participate in clinical research.
6.3.1	Executive	Read current MFT and other professional literature.
6.3.2	Executive	Use current MFT and other research to inform clinical practice.
6.3.3	Executive	Critique professional research and assess the quality of research studies and program evaluation in the literature.
6.3.4	Executive	Determine the effectiveness of clinical practice and techniques.
6.4.1	Evaluative	Evaluate knowledge of current clinical literature and its application.
6.5.1	Professional	Contribute to the development of new knowledge.

## Appendix E

### **North Carolina Regulatory Statutes for Marriage and Family Therapists**

North Carolina MFT Licensure Board information: <https://www.nclmft.org/>

[North Carolina General Assembly, Marriage and Family Therapy Act:](https://www.ncleg.net/Enactedlegislation/Statutes/HTML/ByArticle/Chapter_90/Article_18C.html)

[https://www.ncleg.net/Enactedlegislation/Statutes/HTML/ByArticle/Chapter\\_90/Article\\_18C.html](https://www.ncleg.net/Enactedlegislation/Statutes/HTML/ByArticle/Chapter_90/Article_18C.html)

For additional state licensure information, visit: <https://www.aamft.org/>