



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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MARRIAGE AND FAMILY THERAPY FACULTY

Dr. Jon Winek, LMFT
Professor
Director, Marriage and Family Therapy

Dr. Laura Gambrel, LMFT
Assistant Professor
MFT Internship Coordinator

Dr. Kristen Benson, LMFT
Assistant Professor

Dr. N. Jordan, LMFT
Associate Professor
Associate Dean for Student Affairs & Program Services

Dr. Lynn Coward, LMFT
Adjunct-Professor

Marriage and Family Therapy Contact Information:

Office number: 828.262.2055

Fax number: 828.262.2128

www.hpc.appstate.edu

www.mft.appstate.edu

Mailing Address:

ASU Box 32075

Boone, NC 28608-2075

Physical address:

304F, Reich College of Education

Appalachian State University

151 College Street

Boone, NC 28608-2075

This manual is subject to change.

APPALACHIAN STATE UNIVERSITY
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 candidacy form 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 6900 Internship in MFT course. **You will not be permitted 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 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 500 direct client contact hours total, 250 of which must be relational.
 - c. You must also complete 100 hours of supervision, 50 of which must be raw data/video hours. You will maintain a 1:5 supervision to client contact ratio.
 - 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 INTERNSHIP?

Internship provides for 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 includes 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.
 - 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 6900 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 6900 course.
 - i. Insurance is triggered by enrollment in certain internship course 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.
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 6900 course begins.
 - 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)
 - iii. 2 hours of group supervision with University supervisor each week of class semester. This is the HPC 6900 course and it will be taught by a AAMFT

Approved Supervisor or supervisor in training

- c. Make sure you maintain the supervision ratio – 1 hour of supervision for every 5 hours of direct client contact
 - i. Total hours of supervision divided by total contact hours must be equal to or greater than 0.2.
- d. 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

Fall 1st year	Spring 1st year	Summer 1st year
<ul style="list-style-type: none"> -Begin looking at internship sites 	<ul style="list-style-type: none"> -Candidacy -Gain approval for continuing on internship process -Attend internship fair -Apply for internship -Secure internship -Complete paperwork for internship course registration -Complete background check 	<ul style="list-style-type: none"> -Prepare to begin internship, may attend orientation
Fall 2nd year	Spring 2nd year	Summer 2nd year
<ul style="list-style-type: none"> -Begin internship (not before the first week of classes) -Complete end of semester internship documentation and provide to internship coordinator -Site visit completed by 6900 instructor 	<ul style="list-style-type: none"> -Continue internship -Comprehensive exams – written and oral -Complete end of semester internship documentation and provide to internship coordinator -Site visit completed by 6900 instructor 	<ul style="list-style-type: none"> -Continue internship -Complete internship (usually the end of July) -Complete end of semester & end of program documentation and provide to internship coordinator -Site visit completed on as needed basis

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 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.

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. Plan and execute interventions with clients consistent with a systemic model of therapy; and
 - f. 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. 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 academic semesters (fall, spring, and summer).
- 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 6900 course.
 - i. This group will meet for 2 hours every week of the semester.
- c. 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. If you are seeing clients 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 are able to 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.

PART THREE: INTERNSHIP POLICIES AND PROCEDURES

The information following in this part of the internship handbook, can also be found in the student handbook. 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 Program Director 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 in the given year, since space constraints limit the number of students who can be enrolled in the HPC 6900 (Internship in Marriage and Family Therapy) course per semester. If students are unable to complete internship in the one year allotted, they may need to secure their own AAMFT Approved Supervisor (or candidate), who is not an employee of the University, to supervise their remaining work at internship. This person may charge for his/her services, and that fee would be the responsibility of the student.

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 6900.
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 6900

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.

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 obtain at least 500 hours of direct client contact under the supervision of an AAMFT approved supervisor prior to graduation. Hours are achieved through an approved off-campus site as well as through approved alternative experiences (see page 15 for a definition of alternative contact hours). Beginning Fall 2017, some students may also be placed at the on-campus Appalachian Family Therapy Clinic.

At least half (250) of the 500 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 clinical **contact hours** as the following: “Clinical Contact Hours are defined as therapist and client therapeutic meetings in the same physical location...Assessments may be counted if they are face-to-face processes that are more than clerical in nature and focus. Sessions with other systems, groups of individuals who do not define themselves as a couple or family, but come together in a face to face meeting with a therapist for therapy can be counted as clinical hours. 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: “Relational hours are defined as hours spent providing therapy with more than one client in the room who are all part of the same treatment plan. Relational hours may also include face to face communication with members of the larger system who are also working in direct collaboration with the same client(s). This contact may only be counted if it is authorized by the client(s) or required by law for the purpose of developing and carrying out a treatment plan.”
- Additionally if one member of the family is in the room with the student therapist and another family member is connecting via Skype (or another video option), can a student cannot count the hours while engaging in teletherapy with one family member and face to face with another as relational hour. However, a student will be able to count these hours as ‘direct client contact hours’. This definition is according to COAMFTE Standards Version 12, Key Element IV-C and the Glossary Definition on Clinical Contact Hours, 'direct client contact hours' must occur face to face in the same physical location.
- 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 6900. If there are questions beyond those that can

be answered by your supervisor or any disagreement among faculty/supervisors, please consult with the MFT internship coordinator for final decisions and approval on correct hour recordings.

- 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-in-Training, see below) in order to have direct client contact hours counted toward the 500-hour requirement.
- b. Up to 100 hours of your 500 hours of internship may be **alternative contact hours**.
 - i. These hours must be approved by the MFT internship coordinator prior to the experience. Complete the alternative hours approval form on the MFT Program course site prior to beginning to accrue hours. After completion of hours, complete the form and essay and turn in with your end of semester paperwork to the MFT internship coordinator.
 - ii. These alternative hours must be systemic, interactional, and add diversity to your practicum experience.
 - iii. The hours must be face-to-face contact with clients. A therapeutic contract with the client(s) must exist.
 - iv. A qualified professional must be present with you on site when you have direct client contact to assist with any emergency situations that may arise.
- c. 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.
- d. 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)
- e. 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.
 1. 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.
2. 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.
- f. If a student is simultaneously being supervised and having direct clinical contact, the time may be counted as both supervision time and direct clinical contact time.
 - g. 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.
 - h. Supervision hours are counted towards fulfillment of clinical requirements only when the supervisor is either an AAMFT-designated Approved Supervisor or Supervisor-in- Training.
 - i. The Marriage and Family Therapy Program currently provides supervision by AAMFT approved supervisors and supervisors in training.
 - j. 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.
 - k. In order to meet the 500-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.

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. 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,
REMEDICATION 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 cotherapist) 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.**

APPALACHIAN STATE UNIVERSITY
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING
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

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, 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. Onsitesupervision

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 500 hours of direct client contact, and a minimum of 250 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: <u>HPC</u>	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: _____

All information on this form must be completed. You will be registered by the Registrar's Office; they will send you and the instructor an email when registration has occurred.

WEEKLY REPORT OF CASES

Therapist: _____

Practicum in Marriage and Family Therapy

Supervisor: _____

Week: _____

CLIENT CONTACT		Individual					Relational			
Date	Client Code/Name	Individual	Group/Individual	Alt. Individual	Couple Individual	Couple Group	Couple Alt.	Family Individual	Family Group	Family Alt.
Weekly Total										
Totals for Semester										
Totals to Date										
Individual Total										
Relational Total										

(b)

(c)

SUPERVISION		Raw					Other			Total	
Date		Live Individual	Live Group	Live Alt.	Video Individual	Video Group	Video Alt.	Case Rpt. Ind.	Case Rpt. Grp.	Case Rpt. Alt.	
Weekly Total											
Previous Total											
Total to Date											
Raw Total								Other Total			

(s)

RATIO (s/c should equal .20 or greater)

Group Supervisor's Signature (ASU) _____

Site Supervisor's Signature _____

HOURS WITH TARGET POPULATION (ages 5-25)

Weekly Total
Previous Total
Total to Date (a)

CONTACTS WITH PRIMARY CARE

Weekly Total
Previous Total
Total to Date RATIO (a/s should equal .5 or greater)

Appendix B:

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												
		CLIENT CONTACT HOURS					SUPERVISION HOURS					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 250 hrs	Total Hrs 500 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											
	ALTERNATIVE											
	IND											
	GRP											
	ALTERNATIVE											
CUMULATIVE TOTALS (add hours earned at all sites)						aa						bb
RATIO OF SUPERVISION TO CLIENT CONTACT (1:5) = bb/aa = _____ (should equal .20 or greater)												

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												
		CLIENT CONTACT HOURS					SUPERVISION HOURS					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 250 hrs	Total Hrs 500 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											
	ALTERNATIVE											
	IND											
	GRP											
	ALTERNATIVE											
CUMULATIVE TOTALS (add hours earned at all sites)						aa						bb
RATIO OF SUPERVISION TO CLIENT CONTACT (1:5) = bb/aa = _____ (should equal .20 or greater)												

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's 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?

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?

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:

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 _____												
		CLIENT CONTACT HOURS					SUPERVISION HOURS					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 250 hrs	Total Hrs 500 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											
	ALTERNATIVE											
	IND											
	GRP											
	ALTERNATIVE											
CUMULATIVE TOTALS (add hours earned at all sites)						aa						bb
RATIO OF SUPERVISION TO CLIENT CONTACT (1:5) = bb/aa = _____ (should equal .20 or greater)												

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 _____												
		CLIENT CONTACT HOURS					SUPERVISION HOURS					
Site Name	Modality	Indiv	Couple (relational)	Family (relational)	Relational (add couple & family hours) 250 hrs	Total Hrs 500 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											
	ALTERNATIVE											
	IND											
	GRP											
	ALTERNATIVE											
CUMULATIVE TOTALS (add hours earned at all sites)						aa						bb
RATIO OF SUPERVISION TO CLIENT CONTACT (1:5) = bb/aa = _____ (should equal .20 or greater)												

Appendix D:

Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) Guiding Principles and Core Competencies

COAMFTE Accreditation Standards, Version 12.0 can be found here:

<https://www.coamfte.org/Documents/COAMFTE/Accreditation%20Resources/2018%20COAMFTE%20Accreditation%20Standards%20Version%2012.pdf>

COAMFTE Guiding Principles are taken from the Accreditation Standards, Version 12.0, pages 5-7:

COAMFTE accredited education programs aspire to the following guiding principles:

- A comprehensive and significant focus on and content in relational/systemic philosophy and ethical practice, as well as **MFT** knowledge, theories and research.
- Incorporation of a relational foundation, as reflected in the application of the **Professional Marriage and Family Therapy Principles (PMFTPs)** within the curriculum, program organization/structure, and educational process as appropriate to the mission of the program. The PMFTPs include: the AAMFT Code of Ethics, the **MFT Core Competencies**, the **AMFTRB Examination Domains, Task Statements, and Knowledge Statements** and relevant state licensing regulations.
- A commitment to multiculturally-informed education that includes an understanding of how larger social processes lead to systemic inequality and disadvantage for **diverse, marginalized, and/or underserved communities**; and the responsibility of MFTs in addressing and intervening in these systems when working with systemically disadvantaged diverse, marginalized, and/or underserved communities.³
- A commitment to an **inclusive and diverse learning environment** that considers student input, includes transparent processes and policies, and provides educational opportunities for a broad spectrum of students. This includes a commitment to treating

³Current accreditation trends recognize the value of input based and outcome-based standards, and include them both in contemporary accreditation standards. See

http://www.chea.org/pdf/fact_sheet_5_operation.pdf 6

all students with respect, equity, and appreciation regardless of their race, age, gender, ethnicity, sexual orientation, gender identity, socioeconomic status, disability, health status, religious and spiritual practices, nation of origin or other relevant social categories, immigration status, and language.

- A focus on providing educational experiences congruent with the program’s mission, **goals**, and outcomes (for example, **doctoral degree programs** might include specific training in research and teaching rather than focusing on advance clinical training or licensure, while **post-degree programs** might focus on the development of advanced relational clinical skills and master’s degree program might promote a specific clinical model or practice context).
- Adequate and appropriate access to learning resources so that students can acquire the requisite relational/systemic philosophy, skills, knowledge, and ethical awareness, and be multiculturally-informed in preparation for professional practice as MFTs.
- A commitment to upholding contemporary standards in outcome-based education that emphasizes the assessment of competencies and ongoing self- evaluation and program improvement.
- A commitment to clinical training, if part of a program’s mission, that includes **clinical contact hours** with individuals, couples, families, and other systems, with **relationally- oriented clinical supervision**, that includes significant use of **observable data** (e.g., audio and video recordings, as well as observation of therapy during live supervision [behind the mirror, in the room co-therapy, reflecting teams, etc.]).
- A commitment to relational research congruent with the **program’s** mission, goals, and outcomes (for example, doctoral degree programs might focus on doing specialized research in a particular area while post-degree programs and master’s degree programs might focus on being informed consumers of research to improve services).

MFT educational programs aspire to adopt and demonstrate achievement of the following qualities and values inherent in the standards:

- Graduates demonstrate competence as MFTs through measured outcomes with a distinct MFT perspective; a perspective that includes a relational/systemic philosophy that is multiculturally-informed, and uses relational/systemic ethics in their professional endeavors.
- Graduates demonstrate the ability to provide MFT services to clients, supervisees, groups, agencies/institutions, communities, and others who have diverse perspectives and social identities.

- Graduates have a **Marriage and Family Therapy professional identity**. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may include, for example, utilizing the Professional Marriage, and Family Therapy Principles (PMFTPs), membership in **relationally-focused organizations**, relational licenses/certification, and/or demonstrating relational identities in their work and/or other environments.
- Graduates, if applicable to the context and mission of their training and professional position, seek to be **Licensed/Provisionally Licensed/Registered** as **MFTs** and recognized as **AAMFT Pre-Clinical Fellows** (and eventually **AAMFT Clinical Fellows**).
- Graduates contribute to the profession of Marriage and Family Therapy (MFT) through such activities as disseminating MFT scholarship in the community, developing innovative practices, and/or participating in or conducting research.
- Graduates are employed in many contexts (e.g., community agencies, private practices, healthcare settings, universities, various educational and governmental institutions, schools, military/veterans settings, etc.) and in many capacities (e.g., clinicians, administrators, researchers, teachers, supervisors, etc.). Graduates creatively apply MFT education to these contexts.
- Faculty in MFT educational programs share the following characteristics:
 - Faculty members share a commitment to being knowledgeable and are competent to work with a broad spectrum of students and develop an inclusive teaching/learning environment.
 - The **core faculty** (identifiable faculty members with primary instructional responsibility of the MFT curriculum) demonstrate competence as MFTs and identify professionally primarily as MFTs. This identity includes adopting the AAMFT Code of Ethics as a guide for professional conduct, and may additionally include, for example, utilizing the PMFTPs, membership in relationally-focused organizations, relational licenses/certifications and/or demonstrating relational identities in their work and/or other environments.
 - Core Faculty members possess the appropriate educational, clinical, and supervisory credentials congruent with the mission of the program and as defined in the subsequent standards.
 - Core faculty members contribute to the profession through various ways: scholarship, research, teaching, supervision, practice, and/or service.
 - Programs utilize additional faculty whose training and/or expertise is appropriate for courses/material taught and who demonstrate understanding of the relational orientation of the profession, as needed. Additional faculty members teach effectively and support the program's mission, goals, and outcomes.

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)



**American Association for
Marriage and Family Therapy**

Advancing the Professional Interests
of Marriage and Family Therapists

112 South Alfred Street
Alexandria, VA 22314

Telephone: (703) 838-9808

Fax: (703) 838-9805

Website: www.aamft.org

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

Number	Subdomain	Competence
		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/interpersonal symptoms.
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

Number	Subdomain	Competence
		programs, peer-to-peer services, supported employment).
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.

Number	Subdomain	Competence
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 can be found here: <https://www.nclmft.org/>

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

Article 18C.

Marriage and Family Therapy Licensure.

§ 90-270.45. Title of Article.

This Article shall be known as the "Marriage and Family Therapy Licensure Act." (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2.)

§ 90-270.46. Policy and purpose.

Marriage and family therapy in North Carolina is a professional practice that affects the public safety and welfare and requires appropriate licensure and control in the public interest.

It is the purpose of this Article to establish a licensure agency, a structure, and procedures that will (i) ensure that the public has a means of protecting itself from the practice of marriage and family therapy by unprofessional, unauthorized, and unqualified individuals, and (ii) protect the public from unprofessional, improper, unauthorized and unqualified use of certain titles by persons who practice marriage and family therapy. This Article shall be liberally construed to carry out these policies and purposes. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2.)

§ 90-270.47. Definitions.

As used in this Article, unless the context clearly requires a different meaning:

Renumbered.

"Board" means the North Carolina Marriage and Family Therapy Licensure Board.

(2a) "Clinical experience" means face-to-face therapy between a therapist and a client, whether individuals, couples, families, or groups, conducted from a larger systems perspective that relates to client treatment plans, is goal-directed, and assists the client in affecting change in cognition and behavior and effect.

(2b) "Larger systems" means any individual or group that is a part of the client's environment and that potentially impacts the client's functioning or well-being and potentially can assist in the development and implementation of a treatment plan.

"Licensed marriage and family therapist" means a person to whom a license has been issued pursuant to this Article, if the license is in force and not suspended or revoked.

(3a) "Licensed marriage and family therapy associate" means an individual to whom a license has been issued pursuant to this Article whose license is in force and not suspended or revoked and whose license permits the individual to engage in the practice of marriage and family therapy under the supervision of an

American Association for Marriage and Family Therapy (AAMFT) approved supervisor in accordance with rules adopted by the Board.

(3b) "Marriage and family therapy" is the clinical practice, within the context of individual, couple, and marriage and family systems, of the diagnosis and treatment of psychosocial aspects of mental and emotional disorders. Marriage and family therapy involves the professional application of psychotherapeutic and family systems theories and techniques in the delivery of services to families, couples, and individuals for the purpose of treating these diagnosed mental and emotional disorders. Marriage and family therapy includes referrals to and collaboration with health care and other professionals when appropriate.

"Practice of marriage and family therapy" means the rendering of professional marriage and family therapy services to individuals, couples, or families, singly or in groups, whether the services are offered directly to the general public or through organizations, either public or private, for a fee, monetary or otherwise.

"Recognized educational institution" means any university, college, professional school, or other institution of higher learning that:

In the United States, is regionally accredited by bodies approved by the Commission on Recognition of Postsecondary Accreditation or its successor.

In Canada, holds a membership in the Association of Universities and Colleges of Canada.

In another country, is accredited by the comparable official organization having this authority and is recognized by the Board.

"Related degree" means:

Master's or doctoral degree in clinical social work;

Master's or doctoral degree in psychiatric nursing;

Master's or doctoral degree in counseling or clinical or counseling psychology;

Doctor of medicine or doctor of osteopathy degree with an appropriate residency training in psychiatry; or

Master's or doctoral degree in any mental health field the course of study of which is equivalent to the master's degree in marriage and family therapy. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 1.)

§ 90-270.48. Prohibited acts.

Except as specifically provided elsewhere in this Article, it is unlawful for a person not licensed as a marriage and family therapist or as a licensed marriage and family therapy associate under this Article to practice marriage or family therapy or hold himself or herself out to the public as a person practicing marriage and family therapy. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 2.)

§ 90-270.48A. Exemptions.

This Article does not prevent members of the clergy or licensed, certified, or registered members of professional groups recognized by the Board from advertising or performing services consistent with their own profession. Members of the clergy include, but are not limited to, persons who are ordained, consecrated, commissioned, or endorsed by a recognized denomination, church, faith group, or synagogue. Professional groups the Board shall recognize include, but are not limited to, licensed or certified social workers, licensed professional counselors, fee-based pastoral counselors, licensed practicing psychologists, psychological associates, physicians, and attorneys-at-law. However, in no event may a person use the title "Licensed Marriage and Family Therapist" or

"Licensed Marriage and Family Therapy Associate," use the letters "LMFT" or "LMFTA," or in any way imply that the person is a licensed marriage and family therapist or a licensed marriage and family therapy associate unless the person is licensed as such under this Article.

A person is exempt from the requirements of this Article if any of the following conditions are met:

The person is (i) enrolled in a master's level program or higher in a recognized educational institution, (ii) under supervision as approved by the Board in a training institution approved by the Board, and (iii) designated by a title such as "marriage and family therapy intern."

The person is practicing marriage and family therapy as an employee of a recognized educational institution, or a governmental institution or agency and the practice is included in the duties for which the person was employed by the institution or agency.

Repealed by Session Laws 2009-393, s. 3, effective October 1, 2009.

The person is practicing marriage and family therapy as an employee of a hospital licensed under Article 5 of Chapter 131E or Article 2 of Chapter 122C of the General Statutes. Provided, however, no such person shall hold himself out as a licensed marriage and family therapist.

No such person practicing marriage and family therapy under the exemptions provided by this section shall hold himself or herself out as a licensed marriage and family therapist or licensed marriage and family therapy associate. (1993 (Reg. Sess., 1994), c. 564, s. 2; 2001-487, s. 40(i); 2009-393, s. 3.)

§ 90-270.48B: Repealed by Session Laws 2003-117, s. 2, effective October 1, 2003, and applicable to claims for payment or reimbursement for services rendered on or after that date.

§ 90-270.49. North Carolina Marriage and Family Therapy Licensure Board.

Establishment. – There is established as an agency of the State of North Carolina the North Carolina Marriage and Family Therapy Licensure Board, which shall be composed of seven Board members to be appointed as provided in G.S. 90-270.50. Board members shall be appointed for terms of four years each, except that any person chosen to fill a vacancy shall be appointed only for the unexpired term of the Board member whom the appointee shall succeed. Upon the expiration of a Board member's term of office, the Board member shall continue to serve until a successor has qualified. No person may be appointed more than once to fill an unexpired term or for more than two consecutive full terms. The Board shall elect a chair and vice-chair from its membership to serve a term of four years. No person may serve as chairperson for more than four years.

The Governor may remove any member from the Board or remove the chairperson from the position of chairperson only for neglect of duty, malfeasance, or conviction of a felony or crime of moral turpitude while in office.

No Board member shall participate in any matter before the Board in which the member has a pecuniary interest, personal bias, or other similar conflict of interest.

Quorum and Principal Office. – Four of the members of the Board shall constitute a quorum of the Board. The Board shall specify the principal office of the Board within this State.

(c) Repealed by Session Laws 1993 (Reg. Sess., 1994), c. 564, s. 2. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 4.)

§ 90-270.50. Appointment and qualification of Board members.

Nominations for Appointment. – The Governor shall appoint members of the Board only from among the

candidates who meet the following qualifications:

Four members shall be practicing marriage and family therapists who are licensed marriage and family therapists in the State at the time of their appointment, each of whom has been for at least five years immediately preceding appointment actively engaged as a marriage and family therapist in rendering professional services in marriage and family therapy, or in the education and training of graduate or postgraduate students of marriage and family therapy, and has spent the majority of the time devoted to this activity in this State during the two years preceding appointment.

Three members shall be representatives of the general public who have no direct affiliation with the practice of marriage and family therapy.

The appointment of any member of the Board shall automatically terminate 30 days after the date the member is no longer a resident of the State of North Carolina.

The Governor shall fill any vacancy by appointment for the unexpired term.

Each member of the Board must be a citizen of this State and must reside in a different congressional district in this State. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2.)

§ 90-270.51. Powers and duties.

The Board shall administer and enforce this Article.

Subject to the provisions of Chapter 150B of the General Statutes, the Board may adopt, amend, or repeal rules to administer and enforce this Article, including rules of professional ethics for the practice of marriage and family therapy.

The Board shall examine and pass on the qualifications of all applicants for licensure under this Article, and shall issue a license to each successful applicant.

The Board may adopt a seal which may be affixed to all licenses issued by the Board.

The Board may authorize expenditures to carry out the provisions of this Article from the fees that it collects, but expenditures may not exceed the revenues or reserves of the Board during any fiscal year.

The Board may employ, subject to the provisions of Chapter 126 of the General Statutes, attorneys, experts, and other employees as necessary to perform its duties.

Reserved for future codification purposes.

The Board may order that any records concerning the practice of marriage and family therapy and relevant to a complaint received by the Board, or an inquiry or investigation conducted by or on behalf of the Board, shall be produced by the custodian of the records to the Board or for inspection and copying by employees, representatives of or counsel to the Board. These records shall not become public records as defined by G.S. 132-1. A licensee or an agency employing a licensee shall maintain records for a minimum of five years from the date the licensee terminates services to the adult client and the client services record is closed. For minor clients the licensee or agency employing the licensee shall maintain records until the client is 22 or five years after the termination of services, whichever occurs later. A licensee shall cooperate fully and in a timely manner with the

Board and its designated employees, representatives, or investigators in an inquiry or investigation conducted by or on behalf of the Board. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1987, c. 827, s. 78; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, ss. 5.1, 5.2.)

§ 90-270.52. License application.

Each person desiring to obtain a license under this Article shall apply to the Board upon the form and in the manner prescribed by the Board. Each applicant shall furnish evidence satisfactory to the Board that the applicant:

Is of good moral character;

Has not engaged or is not engaged in any practice or conduct that would be a ground for denial, revocation, or suspension of a license under G.S. 90-270.60;

Is qualified for licensure pursuant to the requirements of this Article.

A license obtained through fraud or by any false representation is void. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2.)

§ 90-270.53: Repealed by Session Laws 1993 (Reg. Sess., 1994), c. 564, s. 2.

§ 90-270.54. Requirements for licensure as a marriage and family therapist.

Each applicant shall be issued a license by the Board to engage in the practice of marriage and family therapy as a licensed marriage and family therapist if the applicant meets the qualifications set forth in G.S. 90-270.52(a) and provides satisfactory evidence to the Board that the applicant:

Meets educational and experience qualifications as follows:

Educational requirements: Possesses a minimum of a master's degree from a recognized educational institution in the field of marriage and family therapy, or a related degree, which degree is evidenced by the applicant's official transcripts. An applicant with a related degree may meet the educational requirements if the applicant presents satisfactory evidence of post-master's or post-doctoral training taken in the field of marriage and family therapy from a program recognized by the Board regardless whether the training was taken at a nondegree granting institution or in a nondegree program, as long as the training, by itself or in combination with any other training, is the equivalent in content and quality, as defined in the rules of the Board, of a master's or doctoral degree in marriage and family therapy;

Experience requirements: Has at least 1,500 hours of supervised clinical experience in the practice of marriage and family therapy, not more than 500 hours of which were obtained while the candidate was a student in a master's degree program and at least 1,000 of which were obtained after the applicant was granted a degree in the field of marriage and family therapy or a related degree (with ongoing supervision consistent with standards approved by the Board); and

Passes an examination approved by the Board.

Any person who is a certified marriage and family therapist on January 1, 1995, shall be deemed to be a licensed marriage and family therapist as of that date. Valid and unexpired certificates operate as licenses for the purposes of this Article until the date set for renewal of the certificate, at which time the Board shall issue the certificate holder a license in accordance with G.S. 90-270.58. (1979, c. 697, s. 1; 1981, c. 611, s. 2; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 6.)

§ 90-270.54A. Requirements for licensure as a marriage and family therapy associate.

Each applicant shall be issued a license by the Board to engage in practice as a marriage and family therapy associate if the applicant meets the qualifications set forth in G.S. 90-270.52(a) and provides satisfactory evidence to the Board that the applicant:

Has completed a marriage and therapy degree or related degree in accordance with G.S. 90-270.54(a)(1)a.

Has shown evidence of intent to accrue the required supervised clinical experience for licensure under G.S. 90-270.54(a)(1)b.

Has filed with the Board an application for licensure as a marriage and family therapy associate, which application includes evidence of the appropriate coursework and an agreement by at least one supervisor approved by the American Association of Marriage and Family Therapy to provide supervision to the applicant.

Has passed the examination approved by the Board pursuant to G.S. 90-270.54(a)(2).

Upon approval by the Board, a license designating the applicant as a licensed marriage and family therapy associate shall be issued. Notwithstanding G.S. 90-270.58, a license issued under this section shall be valid for three years from the date of issuance.

A marriage and family therapy associate license shall not be renewed. However, if upon written petition to the Board a person licensed pursuant to this section demonstrates special circumstances and steady progress towards licensure as a marriage and family therapist, the Board may grant a one-year extension of the marriage and family therapy associate license upon receipt and approval of an application for extension and payment of the fee authorized by G.S. 90-270.57(a)(9).

Nothing in this Article shall be construed to require direct third-party reimbursement under

private insurance policies to a person licensed as a marriage and family therapy associate under this Article. (2009-393, s. 7.)

§ 90-270.55. Examinations.

Each applicant for licensure as a licensed marriage and family therapist shall pass an examination as determined by the Board. The Board shall set the passing score for examinations. Any request by an applicant for reasonable accommodations in taking the examination shall be submitted in writing to the Board and shall be supported by documentation as may be required by the Board in assessing the request. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 8.)

§ 90-270.55A: Repealed by Session Laws 2009-393, s. 9, effective October 1, 2009.

§ 90-270.56. Reciprocal licenses.

The Board may issue a license as a marriage and family therapist or a marriage and family therapy associate by reciprocity to any person who applies for the license as prescribed by the Board and who at all times during the application process:

Has been licensed for five continuous years and is currently licensed as a marriage and family therapist or marriage and family therapy associate in another state.

Has an unrestricted license in good standing in the other state.

Has no unresolved complaints in any jurisdiction.

Has passed the National Marriage and Family Therapy examination. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 10.)

§ 90-270.57. Fees.

In order to fund the Board's activities under this Article, the Board may charge and collect fees not exceeding the following:

Each license examination	\$50.00	
(2) Each license application as a marriage and family therapy associate		200.00
(2a) Each license application as a marriage and family therapist		200.00
(3) Each renewal of license	200.00	
(4) Each reciprocal license application		200.00
(5) Each reinstatement of an expired license		200.00
(6) Each application to return to active status		200.00
(7) Each duplicate license		25.00
(8) Each annual maintenance of inactive status		50.00
(9) Each application to extend associate license		50.00

In addition to the examination fee provided in subdivision (1) of this subsection, the Board may

charge and collect from each applicant for license examination the cost of processing test results and the cost of test materials.

The Board may establish fees for the actual cost of (i) document duplication services, (ii) materials, and (iii) returned bank items as allowed by law. All fees listed in subsection (a) of this section shall be nonrefundable. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1989, c. 581, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 11.)

§ 90-270.58. Renewal of license.

All licenses for marriage and family therapists issued under this Article shall expire automatically on the first day of July of each year. The Board shall renew a license upon (i) completion of the continuing education requirements of G.S. 90-270.58C and (ii) payment of the renewal fee. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1989, c. 581, s. 2; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 12.)

§ 90-270.58A. Reinstatement after expiration.

A person whose license has expired may have the license reinstated as prescribed by the Board. The Board shall charge and collect a fee for reinstatement of the license. (1993 (Reg. Sess., 1994), c. 564, s. 2.)

§ 90-270.58B. Inactive status.

A person who holds a valid and unexpired license and who is not actively engaged in the practice of marriage and family therapy may apply to the Board to be placed on inactive status. A person on inactive status shall not be required to pay annual renewal fees, but shall be required to pay an annual inactive status maintenance fee. A person who is on inactive status shall not have to meet continuing education requirements.

A person on inactive status shall not practice or hold himself out as practicing marriage and family therapy or perform any other activities prohibited by this Article.

A person desiring to return to active status shall submit written application to the Board. The Board shall return the person to active status upon payment of the fee specified in G.S. 90-270.57 and upon such showing of competency to resume practice as the Board may require. (1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 13.)

§ 90-270.58C. Continuing education requirements.

The Board shall prescribe continuing education requirements for licensees. These requirements shall be designed to maintain and improve the quality of professional services in marriage and family therapy provided to the public, to keep the licensee knowledgeable of current research, techniques, and practice, and to provide other resources that will improve skill and competence in marriage and family therapy. The number of hours of continuing education shall not exceed the number of hours available that year in Board-approved courses within the State. The Board may waive these continuing education requirements for not more than 12 months, but only upon the licensee's satisfactory showing to the Board of undue hardship. The Board may waive, upon request, continuing education requirements for licensees who are on active military duty and serving overseas. (1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 14.)

§ 90-270.59. Disposition of funds.

All monies received by the Board shall be used to implement this Article. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 15.)

§ 90-270.60. Denial, revocation, or suspension of license; other disciplinary or remedial actions.

The Board may deny, revoke, or suspend licensure, discipline, place on probation, limit practice, or require examination, remediation, or rehabilitation, or any combination of the disciplinary actions described in this subsection, of any applicant or person licensed under this Article on one or more of the following grounds:

Has 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.

Has 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.

Has engaged in fraud or deceit in securing or attempting to secure or renew a license under this Article or has willfully concealed from the Board material information in connection with application for a license or renewal of a license under this Article.

Has 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.

Has 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.

Has had a license or certification for the practice of marriage and family therapy in any other jurisdiction suspended or revoked, or has been disciplined by the licensing or certification board in any other jurisdiction for conduct which would subject the licensee to discipline under this Article.

Has violated any provision of this Article or any rules adopted by the Board.

Has aided or abetted the unlawful practice of marriage and family therapy by any person not licensed by the Board.

Has 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. However, if any provision of the code of ethics is inconsistent and in conflict with the provisions of this Article, the provisions of this Article shall control.

Has practiced marriage and family therapy in such a manner as to endanger the welfare of clients.

Has demonstrated 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.

Has practiced marriage and family therapy outside the boundaries of demonstrated competence or the limitations of education, training, or supervised experience.

Has exercised undue influence in such a manner as to exploit the client, student, supervisee,

or trainee for the financial or other personal advantage or gratification of the marriage and family therapist or a third party.

Has harassed or abused, sexually or otherwise, a client, student, supervisee, or trainee.

Has failed to cooperate with or to respond promptly, completely, and honestly to the Board, to credentials committees, or to ethics committees of professional associations, hospitals, or other health care organizations or educational institutions, when those organizations or entities have jurisdiction.

Has refused to appear before the Board after having been ordered to do so in writing by the chair.

The Board may, in lieu of denial, suspension, or revocation, take any of the following disciplinary actions:

Issue a formal reprimand or formally censure the applicant or licensee.

Place the applicant or licensee on probation with the appropriate conditions on the continued practice of marriage and family therapy deemed advisable by the Board.

Require examination, remediation, or rehabilitation for the applicant or licensee, including care, counseling, or treatment by a professional or professionals designated or approved by the Board, the expense to be borne by the applicant or licensee.

Require supervision of the marriage and family therapy services provided by the applicant or licensee by a licensee designated or approved by the Board, the expense to be borne by the applicant or licensee.

Limit or circumscribe the practice of marriage and family therapy provided by the applicant or licensee with respect to the extent, nature, or location of the marriage and family therapy services provided, as deemed advisable by the Board.

Discipline and impose any appropriate combination of the types of disciplinary action listed in this subsection.

In addition, the Board may impose conditions of probation or restrictions on the continued practice of marriage and family therapy at the conclusion of a period of suspension or as a requirement for the restoration of a revoked or suspended license. In lieu of or in connection with any disciplinary proceedings or investigation, the Board may enter into a consent order relative to discipline, supervision, probation, remediation, rehabilitation, or practice limitation of a licensee or applicant for a license.

The Board may assess costs of disciplinary action against an applicant or licensee found to be in violation of this Article.

When considering the issue of whether an applicant or licensee is physically or mentally capable of practicing marriage and family therapy with reasonable skill and safety with patients or clients, upon a showing of probable cause to the Board that the applicant or licensee is not capable of practicing professional counseling with reasonable skill and safety with patients or clients, the Board may petition a court of competent jurisdiction to order the applicant or licensee in question to submit to a psychological evaluation by a psychologist to determine psychological status or a physical evaluation by a physician to determine physical condition, or both. The psychologist or physician shall be designated by the court. The expenses of the evaluations shall be borne by the Board. Where the applicant or licensee raises the issue of mental or physical competence or appeals a decision regarding mental or physical competence, the applicant or licensee shall be permitted to obtain an evaluation at the applicant's or licensee's expense. If the Board suspects the objectivity or adequacy of the evaluation, the Board may compel an evaluation by its designated practitioners at its own expense.

Except as provided otherwise in this Article, the procedure for revocation, suspension, denial, limitations of the license, or other disciplinary, remedial, or rehabilitative actions, shall be in accordance with the provisions of Chapter 150B of the General Statutes. The Board is required to provide the opportunity for a hearing under Chapter 150B of the General Statutes to any applicant whose license or health services provider certification is denied or to whom licensure or health services provider certification is offered subject to any restrictions, probation, disciplinary action, remediation, or other conditions or limitations, or to any licensee before revoking, suspending, or restricting a license or health services provider certificate or imposing any other disciplinary action or remediation. If the applicant or licensee waives the opportunity for a hearing, the Board's denial, revocation, suspension, or other proposed action becomes final without a hearing having been conducted. Notwithstanding the provisions of this subsection, no applicant or licensee is entitled to a hearing for failure to pass an examination. In any proceeding before the Board, in any record of any hearing before the Board, in any complaint or notice of charges against any licensee or applicant for licensure, and in any decision rendered by the Board, the Board may withhold from public disclosure the identity of any clients who have not consented to the public disclosure of services provided by the licensee or applicant. The Board may close a hearing to the public and receive in closed session evidence involving or concerning the treatment of or delivery of services to a client who has not consented to the public disclosure of the treatment or services as may be necessary for the protection and rights of the client of the accused applicant or licensee and the full presentation of relevant evidence.

All records, papers, and other documents containing information collected and compiled by or on behalf of the Board, as a result of investigations, inquiries, or interviews conducted in connection with licensing or disciplinary matters, shall not be considered public records within the meaning of Chapter 132 of the General Statutes. However, any notice or statement of charges against any licensee or applicant, or any notice to any licensee or applicant of a hearing in any proceeding, or any decision rendered in connection with a hearing in any proceeding, shall be a public record within the meaning of Chapter 132 of the General Statutes, though the record may contain information collected and compiled as a result of the investigation, inquiry, or hearing. Any identifying information concerning the treatment of or delivery of services to a client who has not consented to the public disclosure of the treatment or services may be redacted. If any record, paper, or other document containing information collected and compiled by or on behalf of the Board, as provided in this section, is received and admitted in evidence in any hearing before the Board, it shall be a public record within the meaning of Chapter 132 of the General Statutes, subject to any deletions of identifying information concerning the treatment of or delivery of marriage and family therapy services to a client who has not consented to the public disclosure of treatment or services.

A person whose license has been denied or revoked may reapply to the Board for licensure after one calendar year from the date of the denial or revocation.

A licensee may voluntarily relinquish his or her license at anytime. Notwithstanding any provision to the contrary, the Board retains full jurisdiction to investigate alleged violations of this Article by any person whose license is relinquished under this subsection and, upon proof of any violation of this Article by the person, the Board may take disciplinary action as authorized by this section.

The Board may adopt rules deemed necessary to interpret and implement this section. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1987, c. 827, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2; 2009-393, s. 16.)

§ 90-270.61. Penalties.

Any person not licensed as a marriage and family therapist under this Article who engages in the practice of marriage and family therapy, or holds himself or herself out to be a marriage or family therapist or engaged in marriage and family therapy in violation of this Article is guilty of a Class 2 misdemeanor. (1979, c. 697, s. 1; 1985, c. 223, ss. 1, 1.1; 1993 (Reg. Sess., 1994), c. 564, s. 2.)

§ 90-270.62. Injunction.

As an additional remedy, the Board may proceed in a superior court to enjoin and restrain any person without a valid license from violating the prohibitions of this Article. The Board shall not be required to post bond to such proceeding. (1979, c. 697, s. 1; 1985, c. 223, s. 1; 1993 (Reg. Sess., 1994), c. 564, s. 2.)

§ 90-270.63. Criminal history record checks of applicants for licensure as a marriage and family therapist and a marriage and family therapy associate.

Definitions. – The following definitions shall apply in this section:

Applicant. – A person applying for licensure as a licensed marriage and family therapy associate pursuant to G.S. 90-270.54A or licensed marriage and family therapist pursuant to G.S. 90-270.54.

Criminal history. – A history of conviction of a State or federal crime, whether a misdemeanor or felony, that bears on an applicant's fitness for licensure to practice marriage and family therapy. The crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. The crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act in Article 5 of Chapter 90 of the General Statutes and alcohol-related offenses, including sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. In addition to the North Carolina crimes listed in this subdivision, such crimes also include similar crimes under federal law or under the laws of other states.

The Board may request that an applicant for licensure, an applicant seeking reinstatement of a license, or a licensee under investigation by the Board for alleged criminal offenses in violation of this Article consent to a criminal history record check. Refusal to consent to a criminal history record check may constitute grounds for the Board to deny licensure to an applicant, deny reinstatement of a license to an applicant, or revoke the license of a licensee. The Board shall ensure that the State and national criminal history of an applicant is checked. The Board shall be responsible for providing to the North Carolina Department of Justice the fingerprints of the applicant or

licensee to be checked, a form signed by the applicant or licensee consenting to the criminal history record check and the use of fingerprints and other identifying information required by the State or National Repositories of Criminal Histories, and any additional information required by the Department of Justice in accordance with G.S. 114-19.27. The Board shall keep all information obtained pursuant to this section confidential. The Board shall collect any fees required by the Department of Justice and shall remit the fees to the Department of Justice for expenses associated with conducting the criminal history record check.

If an applicant's or licensee's criminal history record check reveals one or more convictions listed under subdivision (a)(2) of this section, the conviction shall not automatically bar licensure. The

Board shall consider all of the following factors regarding the conviction:

The level of seriousness of the crime.

The date of the crime.

The age of the person at the time of the conviction.

The circumstances surrounding the commission of the crime, if known.

The nexus between the criminal conduct of the person and the duties and responsibilities of a licensee.

The person's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.

The subsequent commission by the person of a crime listed in subdivision (a)(2) of this section.

If, after reviewing these factors, the Board determines that the applicant's or licensee's criminal history disqualifies the applicant or licensee for licensure, the Board may deny licensure or reinstatement of the license of the applicant or revoke the license of the licensee. The Board may disclose to the applicant or licensee information contained in the criminal history record check that is relevant to the denial. The Board shall not provide a copy of the criminal history record check to the applicant or licensee. The applicant or licensee shall have the right to appear before the Board to appeal the Board's decision. However, an appearance before the full Board shall constitute an exhaustion of administrative remedies in accordance with Chapter 150B of the General Statutes.

The Board, its officers, and employees, acting in good faith and in compliance with this section, shall be immune from civil liability for denying licensure or reinstatement of a license to an applicant or revoking a licensee's license based on information provided in the applicant's or licensee's criminal history record check. (2009-393, s. 17.)

§ 90-270.64. Reserved for future codification purposes.