THE FAMILY THERAPY CENTER
of VIRGINIA TECH

Training Facility of the Ph.D. Program
in Marriage and Family Therapy

Serving the New River Valley
and Surrounding Communities

POLICIES AND PROCEDURES
2016-2017
Revised June 2017

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Purpose of this Manual

The purpose of this manual is to set forth in general terms the policies and procedures governing the ethical and responsible operations of the Family Therapy Center and the ethical and responsible conduct of all its staff. It is nonetheless not exhaustive, and students, faculty, and other staff alike must recognize that certain situations will require consultation and judgment about how best to proceed. It is expected, however, that all staff will follow the strictures contained here, along with endeavoring to conduct themselves in an ethical and professional manner in all circumstances. For students, failure to do so may result in dismissal from the program. For faculty or staff, official disciplinary action may be taken by the University, professional associations, and licensing boards. And in any such case clients or others may be unintentionally harmed. Readers are urged therefore to study this manual closely, to note inconsistencies or problems, and to consult and raise questions.
History & Mission

History
The Center for Family Services, forerunner of the Family Therapy Center, was established in March, 1979, as an interdisciplinary training and service facility for the College of Liberal Arts and Human Sciences. Graduate students in Marriage and Family Therapy and Human Nutrition used the facility for clinical experience during the first year of operation.

Subsequently, the Center focused exclusively on training Marriage and Family Therapy doctoral students by providing relational therapy to members of the public under faculty supervision. The Center was originally located on the Virginia Tech campus in the basement of Wallace Annex, but soon moved downtown to Jackson Street, across from the old Armory building, then moved again in the mid-1980s to 1601 South Main Street. The Center relocated once again in September 1997 to its current site on University City Boulevard, and also changed its name to the Family Therapy Center of Virginia Tech. Traditional services of the Center include family, couple, individual, and other relational therapy, support groups, consulting, and continuing education. These services are targeted primarily to the New River Valley and surrounding communities, with clients coming from as far away as eastern West Virginia in the west, Salem and Roanoke in the east, Craig County in the north, and North Carolina in the south.

The MFT PhD Program, based at the Center, is fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy. It is the oldest continuously accredited family therapy program in the nation, and has been highly regarded for many years. All Center policies meet COAMFTE standards for doctoral training clinics.

Program Mission
The mission of the Marriage and Family Therapy PhD Program is to graduate well rounded scholar-clinicians who will move the field of MFT ahead, through research, teaching, practice, service, or a combination of all four. The program has graduated over 120 students since it began.

Center Mission
The mission of the Center is to provide low-cost, high quality therapy and consulting to the residents of our area. Each year, Center students conduct over 1,000 hours of therapy with individuals, couples, and families from all socio-economic and ethnic groups, and all sexual orientations.
The Center staff include a Director, who also directs the MFT PhD Program; a Clinical Director; an Internship Coordinator; the Practicum Students, who are the primary clinical therapists for the Center; a Graduate Assistant; the Office Manager; and one or more Undergraduate Interns. Their duties are outlined below. *All students and faculty must receive a criminal background check by completing and sending in the criminal check form on the Center website.*

**Program Director**

The responsibilities of the Program Director are the development and scheduling of MFT courses, recruitment of students, organization of candidate interviews and selection of new students, development of policies for the MFT program and the Center, oversight of the program budget, oversight of the Center equipment and its physical facilities, public relations and outreach, and compliance with accreditation and legal requirements. The director also conducts one summer term practicum. This is a 12 month position.

**Clinical Director**

The Clinical Director has overall responsibility for clinical supervision and clinical scheduling, oversight of clinical screening procedures, oversight of statistical reports of supervision and client contact, and assignment of cases through the Center Office Manager. This is a 12 month position, and the Clinical Director also conducts the other summer term of practicum.

**Internship Coordinator**

The Internship Coordinator, who is also the Clinical Director, has overall responsibility for internship development and working with students as they select their internship sites. This includes maintaining contact with internship sites to ensure quality clinical experiences and to see that all appropriate standards are kept.

**Office Manager**

The Office Manager is responsible for day-to-day record keeping and maintenance of contact with practicum students, clients, and referral sources. This position reports to the Program Director. In addition, the Office Manager orders all textbooks and performs computer test-scoring for the Human Development faculty. This position also gives clerical support for full-time and adjunct HD faculty, and for graduate teaching assistants, as assigned by the HD Department Head.

**Clinical Faculty**

The Program Director, Clinical Training Director, and any other faculty assigned to teach in the program are collectively known as the clinical faculty.
Clinical Associates

Clinical Associates are clinicians who, though not directly part of the Center staff, may work closely with Center personnel and whose professional credentials establish them as competent and ethical practitioners. They may serve as adjunct supervisors or researchers. Clinical Associates are appointed by the Program Director after consultation with the clinical faculty.

Graduate Assistant

The Graduate Assistant reports to the Program Director and acts as a liaison between the Office Manager, clinical faculty, and therapy students regarding tasks such as coordinating phone coverage (in Office Manager’s absence), and ensuring that there is another person in the building when only one therapist is meeting with a client. The Graduate Assistant also arranges with the practicum students a schedule for emergency on-call coverage during holidays and breaks, and helps with the program display at the AAMFT annual conference. In addition, the Graduate Assistant has a large role in Interview Day and recruitment, including arranging the pre-Interview Day party, helping candidates tour the Center, and assisting with resettlement for the incoming fall class.

Practicum Students

Practicum students are the primary Center therapists. These students are in years 1 through 3. Each conducts about 130 hours of therapy each year and must complete a minimum of 200 hours during their time in practicum. They work under the supervision of the clinical faculty, whom they meet with weekly in either group or individual supervision. Practicum students are enrolled in HD 5964 – Clinical Practicum, and must be enrolled in order to see clients. First semester students observe the therapy sessions of the practicum students, and in their second semester begin their probationary period as therapists, taking on a single case initially and gradually increasing their caseload. At the end of the spring semester the students completing their first year take over all new intakes and transfers from the practicum students, and the latter closeout their caseloads. The new practicum students continue seeing clients for a 24 month period, and are supervised during the first and second summer terms by the Program and Clinical Training Directors. They are required to pay tuition for two summer sessions (3 hour minimum, unless they have a summer assistantship which covers that cost) but not both.

Undergraduate Interns

The Undergraduate Interns are enrolled Virginia Tech field study undergraduates who provide administrative help and evening clinic coverage, and are mentored by the doctoral students. They must apply for the internship and be recommended by two faculty members or supervisors. They serve a minimum of nine hours per week and are able to observe cases and attend seminars as determined by the Internship Coordinator.
**Supervisor Contact Information**

If consultation is needed immediately, *telephone – do not text or email.*

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Megan Dolbin-MacNab, Center &amp; Program Director</td>
<td>540-558-8225(c) or 540-231-6807(o)</td>
</tr>
<tr>
<td>Jenene Case Pease, Clinical Director &amp; Internship Coordinator</td>
<td>850-510-1090(c) or 540-231-5924(o)</td>
</tr>
<tr>
<td>Erika Grafsky, Assistant Professor</td>
<td>614-905-0600(c) or 540-231-6782(o)</td>
</tr>
<tr>
<td>Fred Piercy, Professor</td>
<td>540-961-0937(h) or 540-231-9816(o)</td>
</tr>
<tr>
<td>ACCESS 24 Hour Crisis Hotline</td>
<td>540-961-8400</td>
</tr>
<tr>
<td>Virginia Child Abuse &amp; Neglect Hotline</td>
<td>800-552-7096</td>
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Preparation for Practicum

Program Practicum Requirements

Agreement to Abide by the Ethical Code & Practicum Agreement
All students at the time of their application to the program agree in writing to abide by the AAMFT Ethical Code. Students also must agree to the stipulations listed in the MFT PRACTICUM AGREEMENT, including agreeing to the policies in this manual. Practicum students will receive this form at the beginning of their first Spring Semester for their signature.

Criminal Background Check
New students and faculty must have a criminal background check in their first semester. The form for this is on the Center website and should be completed and sent to Human Resources (0318).

12 Month Operation
The Center operates on a 12-month calendar year basis. This means students will have a continuous 24 month practicum experience starting in their second semester. They must register for one hour of practicum during their 2nd, 3rd, 4th and 5th semesters, as well as their first and second summer terms. Therapists are responsible for covering their client caseloads during all vacations and breaks, including extended absences due to illness or other causes. When it is necessary for a therapist to be unavailable to clients, the therapist is expected to arrange for emergency coverage or referral, as appropriate, and communicate this information in writing to the Clinical Training Director and the Office Manager using the VACATION REQUEST FORM. Clients may not be ignored, neglected, or abandoned.

Client-Contact & Supervision Requirement
The AAMFT Commission on Accreditation requires doctoral students to complete 1000 hours of client contact, half of which must be relational (couple, family, or shared residence). They must have 200 hours of supervision, half of which must be “individual” (two or fewer supervisees per supervisor) as well as half based on live, audio, or video supervision. Students must complete a minimum of 500 MFT client contact hours in practicum and 500 MFT client contact hours in a doctoral internship before graduation. The Commission allows students from COAMFTE accredited master’s programs and those who have acquired hours under AAMFT Approved Supervisors or their equivalents to transfer in up to 500 practicum hours from their master’s work, along with 100 hours
of supervision. Students are nonetheless required to see clients while enrolled in the program, and should average approximately ten hours per week of client contact once their probationary period is completed in May of their first year. Students may not transfer practicum hours into their internship, regardless of the number of hours acquired in their doctoral practicum.

**Recording Client Contact and Supervision Hours**

Students seeing clients must record their client contact and supervision hours in the CLIENT CONTACT & SUPERVISION HOURS REPORT FORM. This form must be signed by the student’s supervisor. While not necessary for the program, this form also lets students record their administrative time, which may be important for licensure in some jurisdictions. For the purposes of record keeping and client session management 50 minute equals one hour of client contact or supervision; 25 minutes would equal one half hour.

**Evaluation**

Students will be evaluated by supervisors using the SUPERVISOR’S EVALUATION FORM and by themselves using the STUDENT’S SELF-EVALUATION FORM at the end of each semester or summer term of practicum. A portion of the practicum grade will include compliance with all policies, procedures, record-keeping, and deadlines stated in this document and with the AAMFT Ethical Code. Practicum grades may also be based on small assignments specific to each supervisor. Therapists’ files will be checked periodically for completeness, and their status reported to the Clinical Training Director. Poor or careless professional practices may have major impacts on practicum grades and on continuance in the program, regardless of other performance.

**Transferring Practicum Hours**

Students who enter the program with supervision and client contact hours under AAMFT Approved Supervisors or equivalents may transfer up to 500 client contact and 100 supervision hours toward their practicum requirements. At least half of all transferred hours should be relational, and fifty
percent of all supervision hours transferred must be live, audio, or video supervision. Students should complete the PRACTICUM HOURS TRANSFERRED FORM and give it to the Clinical Training Director to sign in their first semester. It will then be given to the Office Manager to file with your clinical hours records. Regardless of the number of hours transferred, all students are required to complete a minimum of 200 hours of client contact in practicum at the Center, subject to client loads (which may result in students completing more hours), and must receive at least 60 hours of supervision here.

**Observation of Therapy**

During the fall semester, first year students are required to observe at least one case per week behind the one-way mirror or on videotape and discuss this case with the therapist. While students may be involved in other clinical activities such as reflecting teams or group supervision, this is the only clinical requirement for the first semester. Students are not required to register for HD 5964 this semester. There are several guidelines all observers should follow:

1. Always seek permission from the therapist treating the case to observe a clinical session. Therapists have the authority to decline specific requests from classmates and interns to be observed, though they may not decline on general principle to be observed.
2. Unless you have agreed beforehand with the treating therapist, do not call-in or interrupt uninvited. And do not offer unsolicited critiques; observation is not supervision.
3. Observers must always excuse themselves whenever they have a potential conflict of interests in a case they may be observing. Common examples would be realizing a client in a session being observed was the observer’s relative, friend, classmate, or student.
4. All observers are bound by the same requirements for confidentiality that apply to all Center personnel.
5. Remember that sounds carry. Be sure whatever comments you may make when observing cannot be heard by those in other rooms. Be careful also, when using a TV monitor, to make sure its sounds do not travel through the walls.

**Start of Probationary Therapy and Consultation with Third Year Therapists**

In spring of their first year, students will be assigned two or three cases. First year students will be supervised on these cases by both a clinical faculty member and a third year student consultant in the Clinical Supervision course. The third year student’s consultation will be supervised by the instructor of the Supervision course. Both client contact hours and faculty supervision hours should be reported on the appropriate Client Contact & Supervision Hours Report Form. Consultation by third year students does not count toward the 200 hour overall supervision requirement. The clinical faculty supervisor will be the primary supervisor for the first-year student, and will assign the practicum grade for HD 5964. *Critical client issues should always be referred to the faculty supervisor, even if they have already been discussed with the third year student consultant.*
Transfer of Cases from Third Year to First Year Students
During the last two weeks of November and the beginning of December, cases will be transferred as appropriate from third year students to the caseloads of the first year students. This marks the beginning of full-time practicum, which will continue through the Fall of the third year. First year students are to register for one hour of HD 5964, Clinical Practicum, for the Spring Semester.

Fitness to Begin Practicum
First year students’ fitness to begin practicum will be evaluated by the clinical faculty toward the end of their first year. They will be assessed based on several factors, including their academic performance in clinical course work, their performance during their probationary period, their commitment to professional ethics, and their willingness to comply with Center policies and procedures.

Center Security

“Double Coverage”
For reasons of security and liability, when scheduling appointments for the evening or any other time, therapists must coordinate client contact with another therapist or an Undergraduate Intern so that the therapist will not be meeting with a client alone. This is mandatory.

Keys to the Family Therapy Center
Keys to the Center building, the Center itself, the Therapists’ Office, video equipment and seminar room and the client file cabinet are provided to new students after training in procedures for opening and closing the Center. Therapists in their second semester should make sure they have keys before starting to see clients. A master key for both Center suites is kept in the locked file cabinet. A cash deposit is required for keys and is held by the Office Manager until keys are returned at the end of practicum.

Fireproof File Cabinet and File Cabinet Lock Box
All active client files must be stored in the locking fireproof file cabinet in the Therapists’ Office. The key to this file cabinet is kept in the lockbox affixed to the file cabinet itself. The combination for the lockbox is available from the Office Manager.

Center Lockup Procedures
The last person to leave the Center at any time, either faculty member, staff or therapist, must do the following:
1. Turn off all fans, space-heaters, and the kitchen appliance power-strip.
2. Place all unsecured client files in the Therapists’ Office fireproof file cabinet.
3. Lock the payment envelope box and appointment book (described below) in the Therapists’ Office fireproof file cabinet.
4. Make sure all receipt books are locked in the file cabinet or in desks.
5. Turn off all room lights.
6. Lock the knob and deadbolt on the Seminar Room outer door.
7. Lock all Center rooms, except Therapy Room One.
8. Lock the Center front door knob and deadbolt.
9. Change the Open/Closed sign at the Center entrance to “Closed.”
10. If you are the last to leave after 5:00 pm or before 8:00 am lock the building front door.

Students using the Center at night when no clients are scheduled should make sure the Center sign reads Closed and the glass building front door is locked. Be sure to test the building door by pushing it to be sure it is locked. Do not simply let it swing closed. This is a courtesy to our building neighbors and an important security procedure for all.

Occasionally, frost heave or other problems may prevent the front door from locking properly. Students should call a supervisor to ask how to proceed if this occurs.

If, at any time of day or evening, you are leaving the clinic and only one person is left in the office, you should inform that person and ask if he or she wants you to lock the Center door. This is for the security of anyone working in the Center when no one else is present. You may also lock the Center if you are working there alone, and no clients are scheduled for the remainder of the day.

**Hours of Operation**

The Center is open from 8:30am to 5:00pm when the Office Manager is present. Therapists are free to schedule earlier or later appointments during the week if coverage is available through another therapist, clinical faculty, or Undergraduate Interns. Weekend sessions are generally not permitted except in special cases such as extended family sessions with members traveling from out of town and must be approved by the Clinical Training Director. Double coverage is required.

Further information relevant to Center security may be found in the section "Emergency Procedures."
Clinical Procedures

Client Intakes

Initial Contacts

Clients typically call the Center to seek services, or use the online appointment request form on the Center website. When a prospective client calls in, the Office Manager typically completes the INTAKE RECORD form and assigns the case to any available therapist. The Office Manager then places the record in the therapist’s mailbox for first years or on the therapist’s desk for second year students. If it is an online referral, the Office Manager or sometimes the Program or Clinical Training Director will forward the server-generated email from the prospective client to a therapist for her or him to call the client and complete the Intake Record and schedule an intake appointment. Intakes should be contacted within 24 hours of receiving the intake record or the forwarded appointment request email. Cases are assigned based on caseloads as well as client requests when practical, but generally by rotation.

Client and Room Scheduling

All client appointments are to be listed in advance in the Master Appointment Book. Students will write in all appointments they have arranged. As mentioned above, when scheduling appointments the therapist must be sure the Office Manager, another therapist, or an Undergraduate Intern will be at the Center during that time so she or he does not meet with the client alone.

Clients will usually be seen once a week. Therapists are encouraged to follow a 50-minute time limit per session. There may be exceptions to this general rule as determined by the therapist and supervisor. If longer sessions are anticipated they must be scheduled as such in the appointment book in the therapists’ office. Double session are charged a double fee.
Therapy rooms are reserved in the appointment book on a "first-come, first-served" basis, so therapists are advised to be sure to write their appointments in as soon as possible. Rooms may be reserved only for scheduled appointments; therapists may not block out rooms and times in advance as "theirs." To avoid room conflicts, sessions should be scheduled on the hour, not the half or other fraction of an hour. Exceptions must be cleared in advance with the Office Manager. For special needs or problems consult the Office Manager. The Seminar Room is also available for administrative meetings and observation. Reservations can be made through the Office Manager. In general, faculty offices are not used for meeting with clients except in unusual cases and with the faculty member's permission.

When a client has been scheduled, the Intake Record should be given to the Office Manager with the appropriate boxes checked. If a client cannot be contacted this should be documented on the form.

**Case Files**

After the completed Intake Record is given to the Office Manager, a case file will be made up and placed in the therapist's box or on her or his desk. The case file is always numbered. No identifying information other than the number may appear on the outside of the folder. The file will include the following forms:

The THERAPY AGREEMENT. This must be offered to clients for their signature prior to starting the initial session. **Minors (those under 18) must have the written consent of their custodial parent(s) or legal guardian for therapy to occur (see "Legal Issues" later in this manual).** Adequate time should be taken to explain video recording and observation needs, the confidentiality of the video records and files, and the right to revoke consent to treatment or release of information at any time. The established fee should also be reviewed by the therapist. **Emergency procedures are explained to the client at this time (see "Emergency Procedures," below) and the telephone number for the local crisis 24 hour hotline, ACCESS, is given (540-961-8400).** The therapist should sign and date this agreement, and clients should receive the carbon copy. Therapists should attempt to assess every client's ability to read and understand all forms and explain forms to those who may have reading difficulties.

The CLIENT PAYMENT PLAN. This form must be discussed with each client prior to initiating treatment. Fees are set using the CENTER FEE SCALE. Any deviations from the scale should be discussed with the therapist's supervisor. The payment plan is to be completed and turned in to the
Office Manager immediately after the initial session. It is the therapist's responsibility to see that the client understands that the two billing methods are exclusive of each other (pay per session or monthly billing - see Client Payment below). It is also the therapist's responsibility to see that the client understands the 24 hour cancellation advance notice policy described in the Therapy Agreement. Clients must sign and date this form.

The CLIENT INFORMATION FORM. Clients should complete this form prior to the start of the first session. Therapists should review the completed form with the clients to make sure the information in it is as complete and accurate as possible.

The THERAPIST INTAKE AND TREATMENT PLAN. This form should be completed in the first few sessions of therapy. All relevant assessment and history should be reflected here. *When assessment is complete this form must be fully dated (month-day-year) and signed.*

The CLINICAL NOTES FORM. This is to be used for a description of the progress of each session. Clinical notes may also be made to track other forms of contact (e.g., telephone calls, cancellations, no shows). Clinical notes should be completed within 48 hours of the session, but the sooner these notes are done after the session, the more accurate they are likely to be. These notes should be a reasonably complete reflection of the issues and progress of the therapy session (not a transcript) and should be signed each time by the therapist. It is less important that they reflect word-for-word the progress of sessions than that they record the basic context of the session (who was present, for how long, etc.) and relevant clinical events. *They must be fully dated (month-day-year) and signed.*

The CASE SUMMARY/CASE TRANSFER FORM. This is to be completed when the case is terminated or transferred. It should give an overall summary from the beginning of therapy through disposition, noting initial assessment, interventions, and current progress. *This form must be fully dated (month-day-year) and signed.*

*All records in the case file must be physically clipped into the manilla folder using the prong fasteners on the folder.*
The HIPAA DISCLOSURE FORM. Like the Therapy Agreement, this form must be given to clients for their signature prior to the beginning of therapy, and a signed copy kept in the file.

**Client Rights Brochure**

All clients must be given a copy of the CLIENT RIGHTS BROCHURE at the beginning of their first session.

**Clinical Records Protocols**

1. Clinical notes must be completed for all sessions as soon as possible, but in no case later than 72 hours.
2. Clinical notes must indicate the date of the session, all people in attendance, length of session, and purpose of session.
3. All clinical records must be signed.
4. All clinical records must be fully dated: month, day, and year.
5. Corrections to clinical records must be **STRIKETHROUGH**, and corrections must be initialed, e.g. **STRIKETHROUGH STRUCK THROUGH**.
6. Corrections must never be overwritten, scratched out, or blacked out.
7. All client contact, including substantive phone calls, no shows, etc... should be recorded.
8. Write all records as if they will be subpoenaed. The Center has in fact had situations in the past where therapists failed to follow these rules and their client files later were subpoenaed, requiring the therapists to formally amend their files and sign sworn affidavits that the amendments were correct.

**Client Record Storage**

Client files and other clinical materials are to be treated with the utmost confidentiality. Active files, as mentioned, must be stored in the fireproof file cabinet in the Center Therapists’ Office. Under no circumstances can students take these files out of the building without explicit permission from the Program or Clinical Training Director. Closed client files will be kept in locked file cabinets in the Center offices. Clinical video recordings may not be downloaded, copied, ripped or otherwise reproduced without the explicit permission of the Clinical Training or Program Director. Even then, extreme care must be taken with such media files, as they are extremely easy to re-copy, download, or misplace on a flash drive or other storage device.

**Client Communications**

*All communication with clients must be in person, by telephone or by regular mail.* All letters written to clients must be approved in advance by either the therapist’s current supervisor or the Program or Clinical Training Director. Generally, clients’ requests for letters should be reviewed in
supervision and the appropriate RELEASE OF INFORMATION forms obtained in advance of writing the letter. Copies of all letters are placed in the client’s file. Significant information gathered in telephone calls should be documented in the client’s file on a Clinical Notes (also called case notes) form.

Therapists should not initiate or respond to electronic contact of any kind with clients, even for setting or changing appointments. This includes email, texts, and websites such as Facebook or YouTube. There should also be no communication by fax unless the therapist is absolutely certain that only a stand-alone fax machine, and not a computer, is being used.

Therapists should provide clients with phone numbers for the Center only, not with their personal home, cell phone or other campus phone numbers, unless discussed specifically in advance with their supervisor. Therapists should be cautious when calling clients from their cell or home phones, as caller ID may reveal the number to the client. It is always important to make contact with clients when needed, however, especially for crises or initial appointments.

Social Media Policy

All family therapists are required to demonstrate respect for the profession. They must exercise care in any public statements which may reflect on themselves as clinicians, their clients as individuals, or on the larger field. Thus, except for private email accounts, statements made in nearly all web-based forums, including social media sites and blogs, must be considered public, regardless of a user's so called "privacy" settings.

Just as in speaking in any public forum, therapists must therefore avoid any web-based comments which may be considered to reflect poorly on themselves as therapists, on their clients, or the field in general. This does not preclude legitimate criticism of policies, practices, or actions of other professionals, including program faculty. But it does preclude comments about clients or any revelations which might knowingly or unknowingly reveal client information. In using social media, therapists must also be alert to the risks of clients seeking to "friend" or otherwise connect with them in a non-therapeutic context, just as they must refrain from such associations in the non-virtual world.

Therapists must also always recognize that they cannot verify the true identities of correspondents on the web regardless of the purported "secure" status of a site, and thus must always exercise circumspection in online remarks. Nor can they claim ownership or privilege for most online comments, and may place themselves in violation of the Code of Ethics for failure to adhere to the guidelines and cautions above. In short, online conversations on social media sites and elsewhere on the web in anyway related to our work as therapists must be treated as professional conversations in all but the most limited circumstances.

Examples of prohibited behaviors include but are not limited to:

• As stated above, email, texting or other electronic communications with clients
• "Friending" or “linking” with clients
Therapists using the web must also be alert to the possibility of friends or relatives of clients attempting to elicit information about them through direct or indirect means. They also may need to discourage clients from writing about their experiences in therapy on social media sites or weblogs as they may inadvertently violate their own confidentiality. Finally, as explained in the Therapy Agreement, clients are prohibited from video recording their therapy sessions.

**Therapist Voicemails**

Each therapist is assigned a voicemailbox associated with the telephone line in the Therapists’ Office. It is password protected, and the password is available form the Office Manager. To access your voicemail dial 2-6080, enter the Virginia Tech extension number you are calling from, and then your password. From off-campus dial 232-6080 and do not enter an extension.

*Check your voicemail daily.* For active cases, use the CLIENT COMMUNICATION RECORD to summarize all attempted and completed calls, as well as mail correspondence (this form is on the therapists’ computer in the Therapists’ Office and hard copies are in the file cabinet). Attach the phone contact form inside the relevant client file.

Keep a phone record of all attempted or completed calls. If calls are made away from the Center, transfer this information into your client files within 24 hours, or no later than Monday if you take messages on a Friday. Do not leave client phone records around your home or other locations where unauthorized individuals may view them. Do not accumulate notes and messages and transfer them only occasionally. After you have transferred the information into your client file, destroy the original notes.

When leaving a call-back number, only provide the Center main number. Do not provide clients with your home, cell, or the Therapist’s Office number unless you have discussed this previously with your supervisor. Call clients from a private location where your conversation cannot be overheard by others.

As stated above, do not use email, texting or other internet communication with clients. If clients contact you in this way, do not respond except in person, over the phone, or by regular mail. If clients persist in this type of contact warn them that you will have to refer them to another agency if they cannot obey Center policies.

You may carry blank Intake Record forms with you and fill these out when calling a new client from outside the Center, but do not leave this information where it may be viewed by unauthorized individuals, where it might be misplaced, or leave it at home, another office, or in your car. Bring completed intake forms into the Center within 24 hours and give them to the Office Manager. Never take other client records, such as files, case notes, video, correspondence, addresses, etc. outside the Center, in any form.
Even if you ordinarily conduct all client phone contact from the Therapist’s Office, there will likely be times when you cannot get into the office because of the weather or some other factor. You still need to check your voice mail daily and should have your client numbers with you so you can return calls quickly. Let clients know in advance when you will be out of town or unavailable to return calls. Be sure to remind clients about emergency procedures and provide the ACCESS 24 Hour Hotline number (540-961-8400) so they don’t call the Center in crisis, expecting an immediate response.
General Clinical Protocols

General Professionalism
All therapists are expected to treat clients and themselves in a responsible and professional manner. This includes such things as scheduling and keeping appointments, courtesy, dress and deportment. While there is no formal Center dress code, therapists should dress and conduct themselves in a manner conveying respect for clients as people seeking professional assistance, for themselves as practicing therapists, and for the profession of therapy. Therapists should avoid dress that gives an unprofessional appearance, such as blue jeans, athletic or exercise clothing, casual or worn sandals or athletic shoes, or revealing clothing. At the same time, we recognize that therapy conducted in special circumstances, such as play therapy with children, may require casual attire. If you have questions, speak with your supervisor.

Duty to Consult & Supervision
Students come to the Center with varying degrees of experience. Occasionally, therapists may feel compelled to intervene in situations without first consulting their supervisors. Regardless, it is the therapist’s explicit duty to consult with her or his assigned faculty supervisor on all matters of potential importance. If the assigned faculty supervisor is unavailable, therapists should contact another clinical faculty member, trying first the Clinical or Program Director. This is a general obligation and is not limited to specific types of issues or problems. Actively seeking supervision is a critical part of any therapist’s development. When therapists believe intervention is necessary before consultation can occur, they should consult with their supervisor as soon as possible afterwards.

Faculty will provide a minimum of one hour of supervision for every five client contact hours. Additional supervision hours may be added as needed. As explained earlier, students must document a minimum of 200 supervision hours total to graduate.

Group supervision consists of no more than six students with at least one supervisor. Both group and individual supervision will usually include either live or video observation of client sessions, followed by group discussion.

Students should come to supervision prepared to discuss their cases and their work as therapists.

Adjunct Supervision
Students seeing clients at the Center may request to work with an adjunct supervisor, provided that there is an adjunct supervisor willing to work with the student. Requests for adjunct supervision should be made in writing to the Clinical Director, and should indicate the aims of working with the adjunct supervisor and the expected outcomes. Determinations about feasibility or suitability of the proposed supervision arrangement will be made by the clinical faculty. Students may be assigned to adjunct supervisors if such need is determined by the clinical faculty, but otherwise may not work with adjunct supervisors. A student working with an adjunct supervisor should always report the total number and type of all cases to the adjunct supervisor, and ensure the adjunct supervisor has a clear understanding of the therapist’s total caseload and work, not simply selected cases. Expectations for supervisees of adjunct supervisors are identical to those for clinical faculty supervisors. Specifically, students working with adjunct supervisors must be punctual, attentive, respectful, professional, and responsible.
Adjunct supervisors will be chosen by the clinical faculty after careful consideration of the potential supervisor’s suitability for supervision mentoring, including readiness for guidance, developmental skills, fit with potential supervisees, and program resources. Adjunct supervisors will be evaluated each semester they are actively engaged in supervision at the Center. Adjunct supervisors may be relieved of their duties at any time at the discretion of the clinical faculty. Generally, adjunct supervisors do not receive compensation for their services.

Additional Outside Supervision

No additional supervision or consultation on Center cases with persons who are not members of the Center clinical faculty is permitted without approval from the Clinical or Program Director. Also, the contents of client files or information about Center cases may not be discussed in any additional outside supervision or consultation without permission from the Clinical or the Program Director.

Supplemental Off-campus Practicum & Supervision

On rare occasions, practicum students may request to be permitted to receive additional client contact at off-campus sites. These arrangements must be worked out in advance with the Clinical Director and the proposed site supervisor. Protocols will be similar to those for internship sites and supervisors. These arrangements will only be permitted in unusual circumstances, and students’ first clinical responsibilities will always be to the Center. Students receiving off-campus supervision will report these and other hours weekly in the Client Contact & Supervision Hours Report Form.

Confidentiality

Therapists must maintain strict confidentiality of all client information, including case files, audio or video recordings, and the knowledge that a person simply is or was a client at the Center. Because of the unique purpose of the Center as a primary training facility for doctoral marriage and family therapy practicum students, each client must be aware that clinical supervisors will be consulted in all matters pertaining to appropriate treatment of clients. It is the student’s responsibility to maintain confidentiality of all her or his clients, as well as inform them of the statutory limits of confidentiality. Most but not all of these limits are stated in the Therapy Agreement, which notes that confidentiality may be violated when a client represents a clear and immediate danger to self or others, when a court order to release information has been given, when there is suspicion of child or incapacitated adult abuse, when a client fails to pay a bill, or when a client initiates a lawsuit against the therapist. *Even in these circumstances, the information that may be released to others is limited. In all circumstances where such a violation of confidentiality is contemplated, the therapist should make every effort to discuss the issue beforehand with her or his faculty supervisor. Also, a special note explaining the circumstances must be placed in the client’s file.*

Therapists also must exercise due caution when discussing cases at the Center or elsewhere. The proximity of the waiting room allows for conversations to be overheard if the door is left open; booths and tables at restaurants are not sound isolated. (419 restaurant in Salem actually has a domed ceiling plaster in its center that allows patrons on the restaurant periphery to clearly hear soft conversations at the center table.) Client forms given to the Office Manager should always be placed *face down* on her desk, as should forms given to therapists, and no forms should be left out
on desks over night regardless of how they are placed. Client related letters, forms, or inquiries for clinical faculty review should be placed inside their offices, not in boxes outside their doors.

Similarly, therapists should inform clients that if they meet in public the therapist will take her or his cues from the client about acknowledging their relationship. If the client does not acknowledge the therapist the therapist will not acknowledge the client in order to preserve the client’s privacy.

Please also re-read the previous section on client communications and strictures surrounding those activities.

**Observing and Recording Sessions**

As a training institution it is critical that Center sessions are observable and regularly recorded. Video recording is very easy. Simply turn on the brown switch beside the therapy room main light switch to begin. Turn it off to end recording. Playback methods will be discussed later in this manual. Live observation can be conducted from faculty or therapist offices using the digital video system Ethernet network, also discussed later in these pages. Please see the protocols for observation described in the Preparation for Practicum section.

All sessions must be recorded although exceptions can be made, in consultation with a supervisor, for clients who have been exploited by video recording or for similar issues. Such sessions still should be recorded on audio or observed by a supervisor.

**Clinical Approaches**

There is no preferred clinical approach for Center staff. Therapists are expected to be in the process of developing a wide range of theoretical knowledge and clinical skills rather than relying on a single model or approach.

**Seeing Multiple Members of a System Individually**

Although some agencies argue against it there is no good reason or theoretical argument to automatically refer members of a couple or family who wish to be seen individually to a different therapist for that work. This is especially true in a setting such as ours in which cases are discussed among the staff as a whole. In general, before making decisions about such referrals, the therapist should speak with her or his supervisor at the least and notify the Clinical Director of whatever course of treatment is intended.

**Case Termination**

There are many reasons for terminating cases - genuine lack of progress, client dissatisfaction with therapy, genuine resolution of the presenting issue or issues, client or therapist moving from the area. Regardless, terminations should always be discussed with one’s supervisor.

**Transferring Clients At The End of Practicum**

Therapists leaving Center are expected to give clients at least one month’s notice, although the exact timing will depend on the needs of each client. They should discuss with their clients and supervisor the possibility of their transfer to another Center therapist. The departing therapist should then confer with the Clinical Director about the new therapist to be assigned. A Case Summary/Case Transfer form must be completed prior to transferring the case.
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Transfer of Clients in Other Circumstances
There may be occasions other than the end of practicum when clients will need or ask to be transferred to a different therapist. Such cases should be handled in consultation with the Clinical Director and the therapist’s supervisor. At no time should a client be allowed to change therapists at the Center at her or his own discretion. If a client does not wish to see another therapist at the Center, she or he should be provided with other referrals. A community resource directory is available on the computer in the therapists’ office to facilitate making referrals.

Closing a Client File
Files will be closed when any of the following conditions are met:

1. The client has not been seen at the Center for two months. Clients will be notified in writing that the case will be closed but that they may contact the center in the future should they wish to resume therapy. The therapist in charge of the case will complete the Case Summary/Case Transfer form and turn the file over to the Office Manager.

2. If a therapist leaves the Center and the client does not wish to see another therapist, the file will be closed in the same manner as above.

3. When the therapeutic relationship is terminated by mutual consent of client and therapist, Case Summary/Case Transfer form should be completed by the therapist, and included in the client's file.

Case files must be closed out within one week of scheduled terminations and, in all but rare situations, all cases must be closed or transferred at the end of the student's practicum year. Center therapists finishing practicum should summarize all cases for the Clinical Director before transferring them or turning files in to the Office Manager.

Referrals to the Center
All referrals from physicians, attorneys, and Social Services staff should be acknowledged within 48 hours of the first interview, provided the client agrees and has signed a Release of Information form. A letter notifying the referrer of initial contact and should be written by the therapist and sent, where professionally appropriate, as a matter of courtesy. Copies should be retained in the client file.

At the termination of a professionally referred client a letter briefly summarizing progress is sometimes mailed as a courtesy within 48 hours of the termination interview. Release of information forms must be signed by the client for such letters to be sent.

Consultations with other Professionals
Consultations with other therapists, physicians, attorneys, or other third parties always require a duly executed Release of Information form, as well as consultation with a supervisor. In cases involving multiple clients, all competent adults must sign the form. Further, information about minor clients may not be released without the written consent of all custodial parties.
Emergency Procedures

Clients are informed by the Therapy Agreement that The Center is not an emergency service. However, an emergency in a client's life can occur at any time and may prompt a crisis telephone call or require the use of crisis procedures within a session.

Therapists should be sure to give clients the telephone numbers of community emergency services during the initial session. It is seldom appropriate to give a client the therapist's home phone number without careful consultation with your supervisor. Therapists are expected to help clients manage emergencies they may experience or to arrange for another Center therapist to be available if the therapist has to be away from the Center. This procedure applies to breaks between terms as well as other hiatuses and is part of the rationale for the Vacation Request process. The Clinical Director, therapist supervisor, and Office Manager must be informed of the arranged emergency coverage if the therapist must be away.

Emergency cases are often time intensive, and therapists should be prepared to devote several hours to pursue the proper assistance. Therapists may solicit the help of their supervisor or other therapists to cancel other client appointments or to contact the therapist’s family to inform them that the therapist will be detained at the Center. No confidential or alarming information should be shared with other clients or family members.

Threats to Self or to Third Parties

Telephone Emergency Procedures

Emergency telephone messages left in voicemail from night or weekend hours will be directed to the therapist or their backup as soon as possible. If the therapist or replacement cannot be reached, the Clinical Director will be notified by the Center Graduate Assistant or Office Manager.

Any therapist who answers an emergency call should follow the procedure outlined below:

1. Establish trust if client is unfamiliar to you and explain if the primary therapist is unavailable.
2. Determine the type of emergency – life-threatening, non-life-threatening, therapeutic issue, non-therapeutic issue – and focus on the immediate stress being experienced.
3. Identify and deal with any lethal concerns and any lethal items involved such as guns, poisons, medicines or other drugs. Clients with guns, drugs, or other lethal items should be strongly encouraged to remove them from their home by turning them over to a friend, clergy, or local agency, such as the police.
4. Provide the caller with the appropriate number from the following list:
   a. 911
   b. ACCESS 24 hour Hotline: 961-8400
   c. Child Abuse & Neglect: 800-552-7096 (or 382-6990 for Montgomery County)
   d. Virginia Tech Women’s Center: 231-7806
   e. Women’s Resource Center: 639-9592
5. Notify the Clinical or Program Director and the therapist’s supervisor as soon as possible.

In-Session Emergency Procedures

Suicidal or Homicidal Ideation

1. Ask directly if the client is having suicidal thoughts.
2. Determine the seriousness of thoughts, for example:
   a. Has a clear plan been thought out?
   b. Has a method, a time, or a place, been selected?
   c. Has the client given away personal or valuable possessions?
   d. Have there been extreme changes in behavior, such as depression for many weeks followed by sudden euphoria?
   e. Is the client focused on the futility of the future?
   f. Are friends or family of the client reporting the presence of suicidal thoughts?
3. If a reasonable suspicion of suicide is present, the therapist should:
   a. Try to de-escalate suicide as a method of problem-solving.
   b. Ask the client to sign a NO HARM CONTRACT.
   c. With client’s permission, involve family members, friends, or others in support and monitoring, and crisis plan implementation.
4. If the therapist does not trust the client's willingness to keep the no harm contract, the therapist should urge the client to go to a hospital emergency room, or admit her or himself to a psychiatric hospital (Lewis-Gale Hospital Montgomery, 951-1111; Carilion Clinic Roanoke, 800-284-8898; Veteran’s Administration Medical Center, 540-982-2463).
5. If the therapist thinks the client needs to go to an emergency room directly from the Center, the therapists should have the client call a family member or friend to accompany her or him, or call ACCESS. The therapist should never leave the client alone, and therapists should NEVER personally drive or accompany a client to the hospital.
6. ACCESS will send a staff member to whom the therapist can release information about the client. Beyond the risk to self or others, information should not be given from the client file to others such as the police. The ACCESS staff member will handle the procedures for involuntary commitment.
7. If the client will not voluntarily admit her or him self to an inpatient facility, then the therapist will need to testify before a magistrate. The therapist should consult her or his supervisor, and may also want to speak to University Legal Counsel, 231-6293.
8. If a client who is at risk to self or others flees the Center, the police should be notified and the clinical faculty informed immediately.

Homicidal Ideation & Duty to Warn

If a client makes active homicidal threats or threats which could result in serious injury to others, the therapist should evaluate the seriousness of the threats as described above. If the therapist believes the threat is potentially serious, the therapist should inform the client that the threat will be reported to authorities immediately. If the client does not recant the threat the therapist should notify her or his supervisor immediately or the police if the threat is truly imminent and then attempt to warn the target of these threats. In all but the rarest situations such warning should be done by clinical faculty, and every effort must be made to alert clinical faculty of the danger.
Warnings should be given in person, if possible, after discussion with supervisors and University attorneys, and police should be present. Warnings should never be made without a witness. In the rarest case, when time does not allow, supervisors should be informed as soon as possible following any intervention.

**Threats to Center Staff or Clients**

**Violent Behavior In Session Or On Premises**

Violent behavior in session or on premises cannot be tolerated. If verbal intervention does not de-escalate a physically violent situation, the therapist should call police immediately and take steps to protect herself and others in the building. Serious assaults or other criminal behavior must always be reported to police.

**Client intoxication or influence of substance use**

Any client who shows signs of intoxication or alcohol or substance use should not be admitted into a therapy session. In such a case, inform the client respectfully and privately of this policy, and inform her or him that you can re-schedule the session. Ascertain whether the client is able to drive home. If not, request that the client remain at the Center and call a friend, family member, or taxi for a ride home. If a client who appears intoxicated and unsafe to drive leaves the Center against the therapist’s advice, police should be notified and a Temporary Detention Order sought.

**Florid Psychosis Or Severe Manic Behavior**

Clients with florid psychosis or severe manic behavior should be referred for psychiatric evaluation. If clients are unwilling to go for evaluation voluntarily and are severely decompensated or out of touch, the therapist should call ACCESS. If the client's behavior is immediately dangerous to self or others, the therapist should also call 911. Therapists are still required to maintain appropriate confidentiality in such situations. Diagnostic and other clinical information should not be given, though the behavior that has caused concern can be described.

**General Protocols for Threats to Safety**

In the event of any immediate threats to the safety of persons at the Center first, make sure that no one is at the Center alone. If a threat is made, either in person or by telephone, secure the Center as soon as possible. Lock the doors to the suite and the Seminar Room. Close all blinds. **Call 911 immediately.** Give police a clear and concise summary of the nature the threat, when and how it was made, and any information they ask for about the person or persons making the threat. **Confidentiality does not apply in this situation.** Notify clinical faculty if none are present.

**Person with a Weapon**

Do not attempt to disarm a person with a weapon. Make no threatening moves toward or away from a person who is threatening you in any way. Talk calmly and respectfully, and ask permission to change location. Historically, the less fear evinced in such situations the greater the chances of a positive outcome.

**Anticipated Threats**

Therapists on occasion may anticipate a threat from client or third party. Such situations should be discussed with the Clinical Director and steps taken to ensure safety. These may include
asking the Virginia Tech Police to send an undercover or uniformed officer to be at the Center when a potentially threatening situation may occur. Campus police have been quite helpful in this regard in the past.

**Building Evacuation**

**Threat to Structure**

Evacuation routes are clearly marked for all rooms. In the event of fire or other threat to the building structure therapists and supervisors should make sure all Center rooms are properly evacuated, including restrooms. Center personnel should gather in the Kroger Gas Station parking lot and ensure the Program Director is notified. Clients should be helped as necessary.
Supervised Visitation and Assessments

Supervised Visitation and Assessments represent specialized forms of clinical work. The protocols for them are outlined below.

**Supervised Visitation**

Clients referred for supervised visitation are assigned to therapists like all other clients. However, because there are special circumstances to consider, therapists should work closely with supervisors and the Clinical Director throughout the duration of the case. It is important to keep in mind that *the role of the therapist* is different in supervised visitation. Basically, supervised visitation is an *assessment* performed at the request of the referring party. Thus, supervised visitation is *not therapy*; however, supervised visitation may become a therapeutic experience for the individuals involved.

Some clients referred for supervised visitation may be in therapy with other therapists while they are also clients at the Center for supervised visitation. However, if the supervisee is in therapy with someone at the Center, *the supervised visitation should be assigned to a different therapist*. Therapists should *not* serve as both supervisor and therapist *unless the referring party specifically requests this arrangement*. After supervised visitation is completed or terminated, clients referred initially for supervision may request therapy at the Center. Supervisors and the Clinical Director should be consulted about whether or not the same therapist will be assigned to work with these individuals based on the circumstances of each case. The therapist of supervised visitation should make clear to the clients that she or he, in fact, may not be the therapist assigned for later therapy.

**Role of the Therapist**

Essentially, the supervised visitation process requires continual monitoring. The process begins before the clients ever come for the first visitation session. Therapists should *not* meet with clients unless and until:

1. The Center has a copy of the court order which specifies supervised visitation (either the client or the caseworker can get copies) and the therapist has reviewed it carefully;
2. the caseworker has provided copies of any reports relevant to the case, or provided a history of the case, including what led to the order for supervised visitation;
3. the party responsible for payment has been identified, i.e. will the supervisee, the custodial person pay, or will DSS pay? (Note: if DSS agrees to pay the fee, VT will bill the agency just as they bill other clients, but additional forms may be necessary);
4. there is no evident risk of harm to the therapist or The Center staff, i.e., no history of violence toward authorities or professionals;
5. clients agree to video recording of all sessions and sign release of information forms for attorneys, DSS, schools, police, and any other individuals or agencies deemed relevant to the case;
6. and a SUPERVISED VISITATION AGREEMENT is signed by all relevant parties.
Assessment continues throughout the duration of the supervised visitation. It is imperative for therapists to understand that the welfare of the child/children involved is the most important consideration during the ongoing assessment. Basically, the question to be answered during and after the assessment is “Will this child (or these children) be safe with this person or persons without a supervisor present?” It is critical to note that in certain cases where threat of harm is very high, such as previous documented sexual abuse (not just alleged), it is best to assume that children will never be safe without a supervisor present at all times.

Note: In cases of supervised visitation, the therapist’s task does not include determining whether or not sexual abuse has occurred in the past. However, as in any case, all reports or evidence of sexual or physical abuse must be reported immediately to DSS.

The therapist will provide input to the caseworker or the court based on data gathered during the visitation process, which will help make the decision to remove the stipulation for supervision, continue the stipulation, or impose additional constraints. Thus, the therapist operates as an extension of the referring professional during the supervision. Usually, the therapist will have extensive data on which to base conclusions. Therapists should not render opinions or recommendations without sufficient data on which to base them. If more time is needed in order to gather sufficient information, the therapist should request such. Obviously, the therapist’s conclusions and recommendations should be restricted to the question of safety and welfare of the child or children, not the diagnosis, mental health, or fitness of the adults.

Role of the Clients
There are several clients in supervised visitation: the referring agencies (court, DSS, etc.), the person or persons being supervised, and the children in the family. Therefore, supervisees in these cases have very limited confidentiality. Supervisees have standard confidentiality when it comes to individuals not involved in the case, but no confidentiality when it comes to caseworkers, guardians ad litem, the court, or other official personnel involved. The therapist should make clear that regular verbal reports will be made to the caseworker or the court and that written reports may also be filed.

Supervisees must accept both the stipulation for supervision and the circumstances, including the schedule, of supervision. They may not alter the plan for supervised visitation in any way. Again, assessing the supervisees’ response to these conditions offers valuable data for the therapist. Even if the supervised visitation is a response to false allegations of abuse or neglect, it must be accepted as a necessary step in securing access without supervision.

Procedures
As indicated above, therapists should first read the court order for supervision and talk with the caseworker, ad litem, judge or other relevant parties to obtain background information about the case. Therapists should find out how long supervised visitation is to last, whose decision it will be to move to periods of unsupervised visitation if all goes well, and under what conditions supervised visitation can/will be terminated. The therapist should also find out who is responsible for transporting the child or children to and from the supervised visitation.
Individual interviews should then be scheduled with (1) the parent or guardian not under supervision, (2) the party/parties to be supervised, and (3) the child or children involved. The focus during these initial sessions is establishing clearly the role of the therapist during supervised visitation, building rapport, answering any questions, and gathering background from the parties themselves. Also, release of information forms should be obtained during these first interviews. Even though confidentiality is limited, the therapist should obtain release forms for all parties involved in the case, including the court, caseworker, DSS, ad litem, etc. There may also be additional release forms which will be needed, such as those for attorneys, school personnel, babysitters, clergy, etc.

It is also important to ascertain who will be responsible for bringing the child or children to the visitation sessions and to emphasize the need for some person to remain available in the Center waiting area in the event of emergency, the child needing to go to the bathroom, etc. Therefore, children cannot be dropped off and later picked up for supervised visitation. Although this procedure may have some negative impact on the comfort and freedom to interact for both the child and the supervised individual, it also has a protective effect, i.e., it removes the possibility of additional allegations and ensures the child’s safety. In the event that a restraining order prohibits contact between adults, it is the responsibility of DSS or the parent or guardian not under supervision to delegate transportation of the child or children to another trusted adult. It is not the responsibility of either the therapist or the person or persons under supervision to arrange transportation for the child or children. The person under supervision is not allowed to transport the child to and from sessions, or to accompany the child to any unsupervised area such as the restroom. Both supervised and unsupervised parents and/or guardians should be informed in the first session or as soon as possible that failure to bring the child to the session will result in a phone call to DSS or the referring party, as well as to the party responsible for transportation.

In order to assess the relationships, dynamics and responses of both the individuals and the system under supervision, it is usually helpful for the therapist to remain relatively inactive during initial visitation sessions. Paying attention to comments, questions, physical contacts, tone of voice, interactions during play, how limits are set, etc. yields rich data about parenting style, comfort level of the child with the adult(s), etc. It is important for the therapist to keep careful notes, including descriptions of behavior and direct quotes, of each session. These notes then become documentation for any conclusions or recommendations from the therapist.

In order to gather more data, the therapist may find it useful at times to direct the adult(s) and child or children in a specific play activity, such as creating a play with puppets, playing a certain game, doing an art project together, etc. Or the therapist may ask the adult(s) and older children to engage in a specific type of conversation, such as talking about holidays or birthdays, discussing a trip they’d like to take, naming favorite foods, or recounting good memories. Again, the purpose of any directed activity is to facilitate the therapist’s assessment by providing observable interactions.

Therapists may monitor supervised visitation behind one-way mirrors, but typically not on video. The need for ongoing immediate access to the supervisee and child or children in case of situations which require intervention precludes therapists from being more than a few steps away from the visitation room. All sessions will be video recorded, and records of all sessions will be kept until the end of supervised visitation.
Because these cases will be labor intensive for both therapist and supervisor, payment must be made at each session. In general, the fee for supervised visitation will be $90 per hour. However, therapists may set lower fees for clients with limited income who are paying their own fees. In no cases may fees be waived or payment delayed. Parties responsible for payment should be informed of these conditions when the first session is scheduled and, if necessary, reminded during the first interview.

Special Considerations
Since supervised visitation is not therapy, there are limits to what can be accomplished. The therapist may have to resist adults’ requests for help or problem-solving. Likewise, the therapist may have to restrain herself from providing therapy or coaching for adults and/or children. This does not mean that the therapist cannot answer questions, comment on nonverbal responses, or ask about feelings. The environment should be therapeutic and safe for all parties to express themselves.

Since the welfare and safety of the child or children is paramount in supervised visitation, the therapist should remain alert to any behaviors which indicate that the adult(s) under supervision are not vigilant to threats of harm, not empathic with the child’s feelings, are inattentive to the child’s needs, or represent overt or covert attempts to blame or control the child or children. If the therapist observes such behavior, intervention should be immediate.

As stated earlier, since the party under supervision has no influence over whether children are not brought to visitation, or whether they are brought on time, the therapist should report all instances of late arrivals or absences to the caseworker, judge or others involved in the case. Also, the therapist should call the parent or guardian responsible for transportation. Clients are charged for all sessions even if the child or children are absent.

In general, therapists should assume that progress notes will be read by attorneys, DSS and the judge. Therefore, careful documentation is imperative. Therapists should expect to offer a written report on visitation sessions which includes behavioral descriptions, direct quotes, and observations of interaction to support conclusions and/or recommendations. In some instances, therapists may also be subpoenaed for depositions or testimony.

Monthly summaries of supervised visitation sessions should be completed, whether or not they are requested or required by the referring agencies. Again, a final report may be required, and/or the therapist may be required to testify in court. Careful documentation based on behavioral data is in all parties’, including the therapist’s, best interests.

Other Assessments
Therapists may occasionally be asked to conduct other types of assessments, one of the most common being to determine whether a suspended student is fit to return to the University. All such requests for assessment should be discussed carefully with the therapist’s supervisor before any action is taken.
Legal Issues

Therapy with Minors

Custodial Consent
Therapy with minors requires the consent of one custodial parent (or guardian). If parents are married, or if custody is joint, either parent can authorize therapy. If custody is not joint, only the parent (or person) with legal custody can authorize therapy. Therapist notes should reflect documentation that the adult consenting to therapy states she/he does have the legal right to consent, or a copy of the relevant portion of the divorce decree should be placed in the client’s file.

As a matter of policy, minors are not usually seen at the Center without the involvement of at least one parent or guardian. Parents who request that minors be seen without their own involvement should be informed that initial sessions, even if conducted individually with parents and individually with the child or children, will include them before any decision is made to see the children in individual treatment. However, minors who request appointments at Center without their parents can be seen individually for an initial session in order to determine the best course of treatment, depending on the presenting problem. These cases should be discussed with both the supervisor and the Clinical Director to consider relevant legal, ethical and clinical issues.

While not a strictly legal issue, minors may not be left unattended at the Center. Parents may not bring children to sessions and leave them unattended in the waiting area or elsewhere.

Confidentiality and Minors
Confidentiality for minors in therapy who are not students at Virginia Tech ends with parents and legal guardians. Either has the right to know what went on in therapy on demand. Minors who are seen individually should always be informed of this limit at the outset of therapy. It is also appropriate to inform parents and guardians of this right, while at the same time pointing out that this is a right best used with restraint, if at all.

However, the parents or guardians of minors who are students at Virginia Tech and who are not listed as dependents on the parent or guardian’s tax return have NO right, under the Buckley Amendment, to confidential information.

Subpoenas

Subpoena Response Protocols
The Center is served with subpoenas from time to time. While most client records are privileged, clients who assert a mental or emotional disability as part of a legal matter are presumed to have waived that privilege and their records in fact may have to be produced. When a subpoena is received the therapist should notify the Clinical or Program Director and her or his supervisor immediately. The subpoena must be read carefully to determine who is seeking client records or therapist testimony, the deadline for testimony or production of the records, the name of the parties to the action, and the court in which the matter is being adjudicated. The client whose records are being subpoenaed should be informed immediately and asked if she or he intends to have the subpoena quashed. This should be done verbally as well as by certified mail. All correspondence with the client, as well as the subpoena itself, should be placed in the client’s file,
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including records of phone conversations. The therapist should also consult with University Counsel as soon as possible. In the event that the subpoena for a client file has been issued by the University, the therapist’s supervisor should contact the Virginia Assistant Attorney General for Professional Licensure about how best to proceed. AAMFT’s legal office may also be consulted. Material should never be turned over automatically to the University.

The records in question also should be reviewed in detail by the Program or Clinical Director to ensure they are in order. Any errors or omissions must be immediately corrected.

In the event that the Center is advised by counsel that it must comply with a subpoena, the client records should be delivered in a sealed envelope with a cover letter clearly indicating which subpoena the delivery is complying with and further stating that the seal should not be broken and the records returned if the subpoena is later quashed. Original records should never be submitted, and submitted records should be sent by certified mail with a return receipt requested to document compliance. In the event the records are delivered by hand, a suitable receipt should be prepared and signed by the accepting party.

Abuse

Child or Elder Abuse or Neglect Procedure
Any known or suspected child or incapacitated adult abuse or neglect must be reported to Social Services Protective Services promptly. Typically, the client must be informed that the law requires the therapist to report this information and that the report will be made regardless of the client’s wishes. If the client is the suspected abuser and volunteers to report her or himself, the therapist should make clear that she or he will still have to speak with social services. The therapist may need to assure the client that she or he will continue to work with them. Always discuss with your supervisor the most appropriate method of handling this situation.

HIPAA

All students are expected to be conversant with the relevant provisions of the Federal Health Insurance Accountability and Portability Act. Please review the HIPAA Disclosure Form.
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**Client Payment**

**General Protocols**

As an agency of the Commonwealth of Virginia, the Family Therapy Center is required to practice strict cash-handling and record-keeping procedures for client transactions and billing. These procedures include:

1. Stamping checks "For Deposit Only" as soon as they are received
2. Tracking all appointments in our Appointment Book
3. Securing all received payments in Payment Envelopes and the Payment Box
4. Using consecutively numbered receipts to account for cash & checks received in therapists' Receipt Books, and
5. Reconciling services rendered to Payment Envelopes, the Appointment Book, clinical notes, receipts and charge tickets.

Everyone at the Center is responsible for certain aspects of these procedures. Please make them a routine part of your client appointments.

**Client Fees**

Fees are set according to the current FEE SCHEDULE. In cases of extreme hardship, the fee may be lowered at the discretion of the therapist in consultation with the supervisor. It is rarely advisable to waive fees entirely. Fees for double sessions are charged at double the usual fee. It is the responsibility of the therapist to adhere to time limits for all sessions.

Should there be repeated instances in which client sessions last longer than the allotted time, the therapist should negotiate a higher fee and/or a longer session or seek supervision.

**Payment Methods: Per Session or University Billing**

Clients pay in one of two ways: per session or University billing. During intake, clients must choose one of these two methods using the CLIENT PAYMENT PLAN FORM. They cannot mix these methods - i.e., pay per session one week and ask to be billed another. If they wish to change payment methods during the course of treatment they must complete and turn in a new Client Payment Plan.

Do not allow clients who pay per session to "run a tab." While occasionally a client may be unable to pay one week, expect payment for two sessions the following week. If this is not possible then speak with the client about lowering the fee, but do not let a balance build up. If the client fee is renegotiated during the
course of therapy a new Client Payment Plan must be signed and turned in to the Office Manager, regardless of payment method. Per-session payments are made at the end of the session.

**Client Payment Envelopes**

Client payment envelopes are used for all client appointments, regardless of payment method.

**Payment by Cash or Check**

Each therapist has his or her own book of consecutively numbered receipts. Use them in order. If you make a mistake writing a receipt, write “VOID” on it and leave it in the book. Do not throw it away. Clients paying by cash or check must be given a receipt from your receipt book at the time of payment.

Record the receipt number on the payment envelope. Clients paying cash per-session are expected to pay the exact amount of their fee. The Center has no funds for making change, and therapists should not make change themselves. Letting it be known that we do not keep cash here helps ensure everyone’s safety and security. Do not open other payment envelopes to provide change. If your clients have chosen the option to pay per-session, they know when they arrive how much they owe. Please encourage them to bring correct change, and discourage them from underpaying or overpaying at each visit.

Stamp checks with the “For Deposit Only” stamp in the space provided on the back of each check you receive immediately. (If you can read the label on the stamp, it is oriented correctly.) Fill out a payment envelope completely and legibly immediately after each appointment, including the client’s name, the date of the appointment, number of hours, hourly rate, and payment method. Write the amount enclosed and the receipt number.

**Credit Card Transactions**

When a client pays by credit card you will use the credit card terminal in the lockbox in the Therapists’ Office for the sale. The sale is processed online and when approved a receipt will be printed for the Center and the client. The client should sign the receipt and be given the yellow copy.

Print a Totals/Settlement Report after every credit card transaction: press the “More” button, the “Settlement” button (F1), then enter the password assigned by the Office Manager. Have the client sign the sales receipt and give the client the yellow copy. Put both the signed sales receipt and the Totals/Settlement Report in the payment envelope, and write the batch number from the report in the space provided on the envelope. Procedures for the terminal are outlined below:
Credit Card Sale

When the Terminal Display Reads Therapist
1. "READY" **nnn** SALE Press the [1] key labeled "SALE"
2. "ENTER PASSWORD" Enter assigned password
3. "Credit=0" Debit=1" Press "0" for a credit transaction
4. "itm ENTER ACCT # Enter the card number or swipe the card and press [Enter]
5. "EXPIRY DATE MMYY" Enter the 4 digit expiry date (not needed if card was swiped)
6. "AMOUNT OF SALE?" Enter amount of the sale and press [Enter]
7. "PROCESSING" Wait
8. Server will display approved or declined Record approval number
9. "PRINTING" If transaction is approved the printer prints receipt

Credit Return

When the Terminal Display Reads Therapist
1. "READY" **nnn** RETURN Press the [2] key
2. "ENTER PASSWORD" Enter assigned password
3. "Credit=0" Debit=1" Press "0" for a credit return
4. "itm ENTER ACCT # Enter the card number or swipe the card and press [Enter]
5. "EXPIRY DATE MMYY" Enter the 4 digit expiry date (not needed if card was swiped)
6. "AMOUNT OF SALE?" Enter amount of the sale and press [Enter]
7. "PROCESSING" Wait
8. "ACCEPTED itm" Record approval number

Credit Void

When the Terminal Display Reads Therapist
1. "READY" **nnn** VOID Press the [4] key
2. "ENTER PASSWORD" Enter assigned password
3. "ENTER ITEM #" Press [Enter] to display last transaction or enter item #
4. "itm AA..." Follow prompts
5. "VOID-PRESS ENTER" Press [Enter] again or [Clear] to cancel
6. "ENTER TO CONFIRM" Press [Enter] again or [Clear] to cancel
7. "PROCESSING" Wait
8. "ACCEPTED itm" Record approval number
9. "PRINTING" If transaction is approved the printer prints receipt

Credit Card and Client Financial Information Protocols

Therapists may not at any time record, write down, copy or otherwise retain any credit card or client financial information beyond that specified above. Clients may not send credit card or other financial information by voicemail or email nor may therapists transmit credit card information by any means other than the credit card terminal. Any voicemails or email received which include client financial information must be deleted completely, from the voicemailbox or from the "deleted items" or "trash" folder of the email program, and clients should be reminded of the prohibitions on email communication or using voicemail for financial transactions. In the event of power failures or similar problems disabling the credit card terminal, therapists should wait until a subsequent session to
complete the transaction. Use of any magnetic data reader to read credit card information other than the credit card terminal is prohibited. Failure to follow these protocols may result in disciplinary action including possible legal charges. All staff must also annually complete University Payment Card Training and sign a PAYMENT CARD SECURITY AGREEMENT.

Breaches of Credit Card or Client Financial Information Protocols
Any security breach of client financial or credit card information should be reported immediately to the Program Director who shall in turn immediately report such matters to the Bursar’s office. The Director shall follow all University requirements for securing client financial and credit card information including staff training and documentation of compliance and, in the event of a potential breach, shall take immediate action to minimize any threat to client credit card or financial information.

Securing the Credit Card Terminal During Working Hours
If the Therapists’ Office is unattended and the door is not locked, the terminal should be secured in its lockbox. Press the three button code and the asterisk button and turn the knob on the top of the box to the unlocked position to open. Turn it to the locked position when closing. The terminal can be operated while inside the lockbox. The code can be obtained from the Office Manager.

No Shows, Late Cancellations, Fee Waivers
If the client has cancelled her or his appointment on the same day as the appointment or simply did not come, fill out a payment envelope and write LC (Late Cancellation) or NS (No Show) on it and make the same note in the appointment book. Therapists have the option of billing for late cancellations or no shows, but this is not legally enforceable and it is usually not a good idea without consulting one’s supervisor. Therapists also have the option of waiving fees for a variety of reasons - the therapist was late for the session, the session was initiated at the therapist’s rather than the client’s request - but again consultation with one’s supervisor is advisable first. If the client fee has been waived write NC (No Charge) in the space for "Amount Enclosed" and note the reason.

University Billing
Clients billed by the University receive a monthly statement. Do not attempt to keep track of client balances yourself; simply fill out a payment envelope after each session. If a University billing client negotiates a new fee, as mentioned above a new Client Payment Plan must be signed and turned in to the Office Manager. University billing clients do not get a receipt. Refer balance requests to the Office Manager, who can access this information through the University computer system during the work day. The Office Manager can also act as an intermediary for your clients if they have billing problems or questions. Collection issues should be handled through the University Accounts Receivable office.
Center Equipment

Digital Video Recording System

Recording
Recording with the system is as simple as throwing a switch. Flip on the brown switch next to the main light switch in the therapy room to start recording; flip it off to stop.

Observation and Playback
Video clips recorded on the DVR (Digital Video Recorder) can be played back through the DVR Ethernet Network. This network is discrete to the Family Therapy Center and unconnected to the internet.

Playback is accomplished by computer using HD CMS software. This software is installed on the desktop computer in the Therapists’ Office, the Program Director’s office, and on clinical faculty laptops. There are red RJ45 ports in all faculty offices and above the counter in the Seminar Room.

Using the HD CMS Program
Start the HD CMS program by clicking on the program desktop icon. The window below will appear.
To **observe a session in progress**

At the top of the vertical right-hand pane click on the plus sign beside the computer icon labeled "dvr." A drop down list of cameras will appear, listing either four or eight cameras. Only Cameras 1 through 4 are functional.
Clicking on Camera 1 through 4 will show the camera image from the corresponding therapy room in the upper left of the HD CMS screen. (The screen defaults to a matrix of 25 possible camera views.)

Clicking on the camera image itself will expand it to fill the entire camera view window. Clicking on it again will reduce it to one of the smaller segmented view windows.
If you right click the expanded image, either the image will expand again to cover the whole HD CMS program screen (including control buttons) or a menu will appear saying at the top "Full Screen." Selecting "Full Screen" will give the image below. Right clicking again will either reduce the screen to the viewing pane with controls or give a menu item saying "Restore Window."
Searching for a Previously Recorded Video Clip
To search for a previously recorded video clip click the "Search" button at the bottom left of the home screen.

A small window will open saying "Select Server." Click "OK."
The search window (above) will open, with the "dvr" icon in the vertical window "X"ed-out.

Double click the "dvr" icon and a plus sign will appear.
Clicking the plus sign will again bring down a list of cameras. Remember, only Cameras 1 through 4 are active.

Clicking "Date" on the vertical screen sidebar will bring up a calendar.

Select the month by number, and then click on the proper day.
The whole screen will now look like this.

At the bottom of the screen click on the button labeled "sensor."

The horizontal bars at the bottom of the screen show four blue bars corresponding to each therapy room and camera. The bars are divided by 24 vertical columns corresponding to the 24 hours of the day. The pink segments within the bars show when clips have been recorded for the day and room in question.
Clicking on the pink segment corresponding to the room and time you are seeking will play the appropriate video clip as seen below.

The pink segment selected will be highlighted in yellow. A timeline bar with a red cursor allows moving forward or backwards through the clip. A “Minutes” bar allows seeking a specific time in the video. There is also a volume control bar on the left above the blue camera/room bars, as well as play, stop and pause controls. After pausing or searching, there is sometimes a delay before the sound restarts.

As with the observation screen, the image can be expanded by clicking on it, including right clicking for full screen, or to return to the normal screen with visible controls.
Caveats

Students may not download, backup, copy or otherwise save or duplicate video clips without written permission from the Clinical Director or Program Director. Faculty may not duplicate video clips without informing the Program Director or Clinical Director. Any attempt to do this will be considered a violation of client confidentiality.

Any device connected to the DVR Ethernet Network must be approved by the Clinical or Program Director.

This system makes it possible for any Center Staff member to view any therapist’s or supervisor’s recorded sessions. *Therapists are explicitly prohibited from intentionally viewing any supervision session not their own without explicit permission from the supervisor, supervisee, and the Clinical Director or Program Director.* This applies to student supervisor - supervisee and faculty -supervisee sessions. Violations will be considered a violation of the Code of Ethics. Therapists should also always request permission from the therapist to observe any therapy sessions other than their own, as in any live observing situation.

Do not attempt to adjust program settings, open the program menu, or to log-in to the system. Do not move the DVR itself as you may dislodge some of its connections.

Please report any difficulties, bugs, or similar problems to the Program Director as soon as they may occur. A schematic of the system appears at the end of this manual.

**Aiphone Intercom System**

All rooms in the Center contain an intercom phone. Operation is simple. To call from one room to another lift the receiver, press in the button for the appropriate room, and press “call.” A buzzer will sound on the intercom phone you have called.

**Observing Behind the One-way Mirrors**

It is possible to observe therapy sessions through one-way mirrors in Room Two and in the Research and Program Director’s Offices. Doing so requires connecting to the DVR Ethernet System to monitor the audio, though Room One should be monitored from Room Two by turning on the blue amplifier on the end table near the door. A red pilot light will glow when it is switched on. Obviously, the blinds must be open on both sides of the glass to observe sessions, and the lights off in the observing room.

**Other Equipment**

The Center has a wide range of office equipment, including portable video cameras, still cameras, laptop and desktop computers with research and business software, digital projectors, office printers and copiers, scanners and fax machines. While they may not be used for personal business they are available for Center of University related business. Please see the Office Manager if you need assistance with this equipment.
Internship Guidelines

All students are required to serve a nine to twelve month internship following their completion of coursework, practicum, and prelims. A list of current and previous internship sites is available from the Internship Coordinator, though many students elect to locate their own internships for personal, financial, or geographic reasons. Programs that offer an annual internship typically request applications in November or December of the year prior to the internship's beginning. Other positions may not require an application until a month or two before beginning an internship. Students should, therefore, begin planning where they wish to apply well before the end of their third semester.

It is important to note that the internship requirements specified below are subsumed by the program requirements for student clinical work. For example, while there is not a specific ratio of clinical contact to supervision hours specified in the internship requirements, a requirement for the program is that students have an overall 5:1 ratio of client contact hours to supervision hours for the documented 1000 hours of clinical work. Therefore, in order to meet all of the clinical requirements necessary for graduation, it is important that students be aware and mindful of their specific situation in terms of previous clinical work and supervision transferred into the doctoral program, clinical work and supervision during practicum (at the FTC), and clinical work and supervision during their internships.

Internship Requirements

1. Students will receive guidance about the doctoral internship requirements from the Internship Coordinator prior to completing their first year of study. Students may also request this information from the Internship Coordinator at any time.
2. Students may not serve their internships at The Family Therapy Center. Additionally, returning to a previous site of practicum or other employment is not encouraged. If a student is considering returning to a previous site, they must have a different supervisor and/or be working in a different clinical role (e.g., in a different division of the agency). Students may work in multiple internship sites, although working in more than two sites is not encouraged.
3. Internships may not begin before all practicum hours and doctoral coursework, including prelims, are completed. Students must transfer their hours from their master’s programs into the doctoral program prior to beginning their internships. It is the intern’s responsibility to plan for and submit the appropriate forms and paperwork to the Clinical Director.
4. Interns must complete an INTERNSHIP AGREEMENT before beginning their internships. If a student begins an internship before completing the Internship Agreement, the hours will not be counted.
5. The student will work approximately 30 hours per week during a nine to twelve month internship, for a minimum of 500 hours.
6. Client contact and supervision requirements:
   a. There should be at least ten client contact hours per week.
b. A total of 500 direct client contact hours must be conducted. Students must receive a minimum of 100 hours of supervision.

c. At minimum, 250 of the client contact hours must be relational, and a minimum of 50 of the supervision hours must include raw data (i.e., live, video, or audio recording). Additionally, a minimum of 50 supervision hours must be in an individual setting. The student must also meet with their supervisor on a weekly basis.

d. Client contact and supervision hours must be reported by the 15th of each month. Hours can be reported via the ONLINE HOURS FORM on the program website. Additionally, you must keep your own records of your clinical and supervision hours.

7. The supervisor should be an AAMFT Approved Supervisor, or the equivalent. If the supervisor is not an AAMFT Approved Supervisor, then the Internship Coordinator will decide upon equivalency. Equivalency must be determined prior to beginning an internship. Equivalency generally requires documentation of five years’ experience supervising MFTs, specific MFT course work and training as evidenced by licensure or transcripts, MFT supervision training such as courses or workshops, a terminal mental health degree, or an exceptional history of presentations or publications as an MFT scholar. The process of establishing equivalency involves having the potential supervisor complete the APPROVED SUPERVISOR EQUIVALENCY FORM and submitting his or her resume/CV to the Internship Coordinator for review. In some cases, students have more than one internship supervisor. To count hours from multiple supervisors, all supervisors must be AAMFT Approved Supervisors or equivalents and the Internship Coordinator must have their materials on file.

8. Both the on-site supervisor and the intern must send in a Supervisor’s Evaluation and the student’s Self-Evaluation halfway through the internship and during the last month of the internship. Evaluation forms are available from the program website, the Internship Coordinator, or the Office Manager.

9. Typically, it is not necessary for most students to pay tuition to the University for their internship hours. However, International students, in order to maintain their visa status, typically need to register for HD 5754 - Internship. International students should speak to an Immigration Specialist with the Graduate School when planning their internship to discuss their specific situation and options. For all students, it is also important to consider the Graduate School and HD policy on continuous enrollment. Students working on dissertations during internship should be enrolled in Research and Dissertation (HD 7994) credits. Students should consult their advisors for further details.
10. Interns must be insured, and will usually be required to provide their own liability insurance. Student members of AAMFT may be able to obtain insurance at reduced rates. Documentation of this coverage must be submitted to the Internship Coordinator prior to beginning the internship. Hours will not be counted without this documentation.

11. Students who have already completed the required one thousand hours of client contact and all other clinical requirements may request permission to complete an academic, research or other non-clinical internship. The approval of the clinical faculty is required for this option. Non-clinical internships must also offer appropriate supervision, and the goals and professional opportunities of the internship must be congruent with MFT doctoral training.

12. Interns must abide by the AAMFT Code of Ethics.

13. For the internship to be considered complete, the Internship Coordinator must review and sign off on the intern’s clinical and supervision hours. Students are responsible for requesting this review within 30 days of the completion of their internships.

Graduation and Internship Completion

All students must complete at least nine months and 500 clinical hours of their internship in order to be cleared for graduation, along with all coursework and a successful defense of their dissertation. These are the minimum requirements. Students whose nine or twelve month internships began in September or earlier and who have completed at least 450 hours of their internship clinical work may petition in April for a waiver of these minimums in order to participate in May graduation. Program certificates of completion will not be issued, however, until all 500 hours and at least nine internship months have been accrued.
Third Year Students and Approved Supervisor Candidacy

Students in their third year of the program are required to take HD 6464 - Clinical Supervision of MFT. AAMFT allows doctoral students to use this course as part of both the didactic and the “Supervision-of-supervision” components needed to become an AAMFT Approved Supervisor. While not a graduation requirement, students who wish to become Approved Supervisors will need to take additional steps which are outlined on the AAMFT website (aamft.org). As with other issues of credentialing beyond the scope of the program, such as licensure, the actual time needed to complete this designation will vary. All students interested in this designation are responsible for ensuring they have taken the necessary steps to have this course count toward their didactic and their supervision-of-supervision requirement. Students should obtain a copy of the Approved Supervisor Designation Standards and Responsibilities Handbook, which is available from AAMFT.

Outcome Data Collection Policy

In accordance with the program’s assessment plan (available, upon request, from the Program Director) and COAMFTE accreditation standards, the program regularly collects and aggregates various types of data about our current students and graduates for the purposes of measuring the program’s educational outcomes. In addition to collecting data related to the program’s student learning outcomes and associated benchmarks, we also collect information about demonstrated achievements of graduates, employer satisfaction, graduation rates, national (or state) licensing examination pass rates, and job placement rates, as appropriate.

Current Student Data Collection Procedures

Each spring, current students will be asked to complete a supplementary form, and submit that form along with their other Graduate Student Annual Review (GSAR) materials (this form is due on the same day as the GSAR materials). Other data, relevant to the student learning outcomes and their associated benchmarks, will be gathered from appropriate sources. Students will also be asked, each spring, to complete an anonymous online Annual Program Evaluation Survey in order to provide feedback on the program and its faculty. The MFT faculty reviews the results from the evaluation survey, and recommendations for change are considered and/or implemented, as appropriate. Please note that, as part of our data collection procedures, we will not publish any individually identifying information. We will always aggregate all data so that no individual can be identified. Questions or concerns about this policy should be directed to the Program Director.

Graduate Data Collection Procedures

Approximately every two years, the Program Director will gather information about program graduates from their employers. This evaluation asks employers to evaluate graduates’ performance in their current position, as it relates to the program’s educational outcomes. We will ask your explicit permission to send this survey to your employer and will only do so with your written consent. Additionally, approximately every two years, the Program Director will ask graduates to complete the online Graduate Program Evaluation survey, which focuses on assessing graduates’ satisfaction with their education, and the degree to which they felt prepared to be successful in their current position. Please note that, as part of our data collection procedures, we will not publish any individually identifying information. We will always aggregate all data so that no individual can be identified. Questions or concerns about this policy should be directed to the Program Director.
Professional Affiliation & Licensure

*While not in any way program requirements*, students may want to give consideration to at least two other professional issues in the course of their work in the doctoral program: professional affiliation and professional licensure.

**Professional Affiliation**

Students are encouraged to join professional associations. Different students may have different interests, and thus not all students who choose to join a professional association may want to join the same ones. Nonetheless, we strongly encourage all students to consider student membership in the American Association for Marriage and Family Therapy. Dues for students are inexpensive, and give student members reduced fees for AAMFT conferences and a subscription to the *Journal of Marital and Family Therapy*. They also give students on internship substantially reduced fees for malpractice insurance, which most students on internship will be required to buy. (All are required to be insured, though some intern sites will pay for this themselves. Practicum students at the Center are covered by the University’s policy.) AAMFT student membership applications are available on-line at [http://www.aamft.org/](http://www.aamft.org/).

Other associations students may want to consider include the National Council on Family Relations, the American Gerontological Society, the International Society for Clinical and Experimental Hypnosis, or the International Association of Marriage and Family Counselors, among many, many other choices. Addresses for these organizations can generally best be found through web searches or by looking at publication information in the academic journals these organizations publish.

Students who join AAMFT, or who are already members, may also wish to become involved in the activities of the Virginia AAMFT division. Speak with the Clinical Director for further information.

**Professional Licensure**

Students are encouraged to consider the issue of licensure early in their work. Most graduates typically go on to seek professional licensure in the state in which they settle following graduation. While many students settle in Virginia, many others leave the Commonwealth for other locations. Thus, it is important for students to think about where they are likely to reside following graduation and whether or not they will seek professional licensure from the state in which they reside.

Attaining professional licensure typically involves doing three things. First, one must meet the educational requirements for the license, which, for MFTs in nearly all states, involves having a masters degree in a mental health discipline and meeting whatever specific requirements for MFT
coursework a given state may set. Virtually all states accept master’s (or doctoral) degrees from AAMFT accredited programs.

Second, one must meet post-degree clinical experience and supervision requirements, which generally range from one to two or occasionally more years of supervised post-masters practice. This requirement is often expressed as a certain number of hours, such as 4,000 hours of post-degree supervised clinical practice. (While this sounds like a lot, 4,000 hours simply means two years of full-time work — 40 hours per week for 50 weeks in one year is 2,000 hours. In two years you will have completed 4,000 hours. Typically, states will accept most or all of your master’s degree practicum if it was done in an AAMFT accredited program as part of the state’s supervised experience requirement.)

Third, one generally must take an exam, typically the National Examination in Marital and Family Therapy, administered by the Professional Testing Service. An increasing number of states are permitting applicants to sit for the exam prior to completing their clinical experience requirements, often terming applicants who pass the exam “Associates” or “Intern” licensees.

The part of the licensure process most relevant at this stage to program students is usually the post-master’s clinical experience requirement. This is because, in order to have your post-masters clinical experience count toward licensure, you typically will need to register, or formally record, your post-masters supervised clinical work (your doctoral practicum and internship) with the licensing board in the state you hope to become licensed in. Clinical work not registered with the relevant state licensing board frequently will not be counted towards licensure.

What this boils down to is that students seeking to become licensed marriage and family therapists who have a fairly clear idea of their post-graduation plans are strongly encouraged to contact the MFT licensing board in the state in which they plan to practice following their graduation in order to determine what the relevant state regulations for licensure are. Licensing board phone numbers are available by calling the relevant state capitol, from the Internet, or from the AAMFT web site, aamft.org. Depending on state requirements, such students may want to register their doctoral program clinical supervision in the relevant state in order to meet that state’s supervision requirements in the shortest (and cheapest) amount of time.

Students, for example, who plan to practice as LMFTs in Virginia are advised to register their doctoral supervision program with the state licensing board in Richmond. There is a nominal fee in the Commonwealth for registering supervision, as is the case in most states. The telephone number for the Board of Professional Counselors, Marriage and Family Therapists, and Substance Abuse Professionals is currently 804-662-9912.
Students who are unsure of their future plans may decide to register their supervision with the Virginia licensing board as a precaution, in case they do later decide to seek Virginia licensure. If they later seek licensure in another state, it is possible the new state may accept Virginia’s previous registration of the student’s supervision hours, but there is no guarantee of this.

It is critical to remember that licensure is an individual state process and requirements can vary widely. While some states may accept licensure from another state as essentially equivalent to their own, there is no formal system of MFT licensure “reciprocity.” That is, licensure in one state is not a guarantee of licensure in another state. Also, no one, least of all the Clinical Faculty at Tech, can know the individual regulations for every state. Even in Virginia, differing licensing boards may change the regulations relatively frequently. It is therefore incumbent on each student who is interested in professional licensure to contact any or all state licensing boards in those states where the student may be seeking licensure to find out exactly what requirements may or may not apply to her or him.

It bears repeating that not every student may be interested in licensure in general, or in MFT licensure in particular, just as not every student will be interested in joining a professional association. For students interested in other types of licensure the process is usually similar to that outlined above, but again, the most important thing is for the individual involved to contact the relevant licensing board for specific information.
Professional Ethics

Every student who applies to our program agrees, in writing, to abide by the Code of Ethics of AAMFT. We reproduce that code, with permission, here for every student to study. We would point out several salient things.

First, the most basic requirement of any person seeking the trust of the public to engage in potentially dangerous services is trustworthiness. To that end, little can count more in a student’s work in this program. There is no separation between clinical trust and academic trust. A breach of one impeaches the other.

Thus you must not only be trustworthy as a clinician, but also as a scholar. Offenses such as plagiarism or academic fraud are violations not merely of the Honor Code but of the public trust each of demands as a member of our profession. Because of this, regardless of the statues of the Honor Code, students may be judged more severely than regular enrollees in other programs, because the status MFT students seek is greater, and requires greater degrees of public certification, than that sought by most other students. This is given added weight by the fact that students in our program also are trained to supervisor future marriage and family therapists. As trainers, their obligations to be trustworthy are even greater, and require that they be held to even more stringent standards. Violations of the AAMFT Code in any form may result in serious consequences, from restricted or reduced assignments, course failure, or dismissal from the MFT program.

CODE OF ETHICS
Effective July 1, 2012
(Reprinted by permission, July 2012)

Preamble

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgate, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective July 1, 2012.

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not
exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

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

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

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

**Principle I**

**Responsibility to Clients**

1. **Responsibility to Clients**

*Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.*

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

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

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

1.4 Sexual Intimacy with Current Clients and Others. Sexual intimacy with current clients, or their spouses or partners is prohibited. Engaging in sexual intimacy with individuals who are known to be close relatives, guardians or significant others of current clients is prohibited.

1.5 Sexual Intimacy with Former Clients and Others. Sexual intimacy with former clients, their spouses or partners, or individuals who are known to be close relatives, guardians or significant others of clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. After the two years following the last professional contact or termination, in an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients, or their spouses or partners. If therapists engage in sexual intimacy with former clients, or their spouses or partners, more than two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client, or their spouse or partner.

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

1.7 No Furthering of Own Interests. Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8 Client Autonomy in Decision Making. Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.
**1.9 Relationship Beneficial to Client.** Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefitting from the relationship.

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

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

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

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

**1.14 Electronic Therapy.** Prior to commencing therapy services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that electronic therapy is appropriate for clients, taking into account the clients’ intellectual, emotional, and physical needs; (b) inform clients of the potential risks and benefits associated with electronic therapy; (c) ensure the security of their communication medium; and (d) only commence electronic therapy after appropriate education, training, or supervised experience using the relevant technology.

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**Principle II**

**Confidentiality**

**2. Confidentiality**

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

**2.1 Disclosing Limits of Confidentiality.** Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients’ right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.*
2.2 Written Authorization to Release Client Information. Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual’s confidences to others in the client unit without the prior written permission of that individual.

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

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

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

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

2.7 Protection of Electronic Information. When using electronic methods for communication, billing, recordkeeping, or other elements of client care, marriage and family therapists ensure that their electronic data storage and communications are privacy protected consistent with all applicable law.

Principle III
Professional Competence and Integrity

3. Professional Competence and Integrity

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

3.1 Maintenance of Competency. Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, or supervised experience.
3.2 **Knowledge of Regulatory Standards.** Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 **Seek Assistance.** Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

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

3.5 **Veracity of Scholarship.** Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

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

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

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

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

3.10 **Gifts.** Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.

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

3.12 **Accurate Presentation of Findings.** Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.
3.13 Public Statements. Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 Separation of Custody Evaluation from Therapy. To avoid a conflict of interest, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.

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

Principle IV
Responsibility to Students and Supervisees

4. Responsibility to Students and Supervisees

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

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

4.2 Therapy with Students or Supervisees. Marriage and family therapists do not provide therapy to current students or supervisees.
4.3 **Sexual Intimacy with Students or Supervisees.** Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. If a supervisor engages in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

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

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

4.6 **Existing Relationship with Students or Supervisees.** Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist’s objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

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

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**Principle V**

**Responsibility to Research Participants**

5. **Responsibility to Research Participants**

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

5.1 **Protection of Research Participants.** Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.
5. 2 Informed Consent. Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

5.3 Right to Decline or Withdraw Participation. Investigators respect each participant’s freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

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

Principle VI
Responsibility to the Profession

6. Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

6.1 Conflicts Between Code and Organizational Policies. Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

6.2 Publication Authorship. Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Authorship of Student Work. Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student’s program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.
6.4 **Plagiarism.** Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

6.5 **Accuracy in Publication and Advertising.** Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

6.6 **Pro Bono.** Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

6.7 **Advocacy.** Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

6.8 **Public Participation.** Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

**Principle VII**

**Financial Arrangements**

7. **Financial Arrangements**

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

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

7.2 **Disclosure of Financial Policies.** Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and © the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.
7.3 Notice of Payment Recovery Procedures. Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

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

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

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

Principle VIII
Advertising

8. Advertising

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

8.1 Accurate Professional Representation. Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

8.2 Promotional Materials. Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services and consistent with applicable law.

8.3 Professional Affiliations. Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.
8.5 **Educational Credentials.** In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources; (b) from institutions recognized by states or provinces that license or certify marriage and family therapists; or (c) from equivalent foreign institutions.

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

8.7 **Employee or Supervisee Qualifications.** Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 **Specialization.** Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

End of the AAMFT Code
Family Therapy Center Policies & Procedures, 65

Grievance Procedures

For your information we have reprinted here the departmental grievance procedures, from the Department of Human Development Graduate Student Guide. As these are subject to change, however, it is best to check the Human Development Department Website for the most current procedures.

**Program Grievances**

Before program area concerns develop into problems, students are encouraged to present these issues in the form of constructive suggestions to any member of the clinical faculty or to the Program Director. The clinical faculty will typically discuss these issues with students in a program wide meeting which typically resolves the question. If this stage of communication with a view toward resolution does not produce a resolution movement to level 1 is appropriate.

At the first level a student may request a meeting with the individual faculty member or supervisor involved to present and discuss her or his concerns. If satisfactory resolution is not forthcoming, move to level 2. Do not proceed to level 2 until level 1 has been attempted. At the second level a student may request a meeting with the Department Head to present and discuss her or his concerns. The Department Head may meet with the individual faculty member and student to try to resolve the issue. The Department Head will act as arbitrator of options after hearing the grievance and the faculty position.

**Department-wide Grievance Issues**

This includes issues that reflect policy for students across programs, e.g., departmental requirements, assistantships, fee waiver issues, assignments.

At the first level, a student should request meeting with department administrator directly involved with implementing policy. If satisfactory resolution of the grievance is not forthcoming at this level, move to level 2. Do not proceed to level 2 until level 1 has been attempted. At the second level, a student may request meeting with all department administrators (currently, Head and Assistant Head) to hear the student's grievance. If satisfactory reconciliation of grievance is not forthcoming at this level, move to level 3. Do not proceed to level 3 until level 2 has been attempted. At the third level, please see the Graduate School appeals procedure in the latest Graduate School Policies and Procedures Handbook.
Audio Visual Schematic

Family Therapy Center of Virginia Tech
A/V Schematic for DVR

- 4 therapy rooms - 1 camera & mic in each
- 5 monitoring locations - 4 offices & Seminar Room
- Longest A/V cable run (RG-6) 60'

Contact: Scott Johnson
swj@vt.edu

Audio Center Policies & Procedures 66
Clinical Forms
MFT PRACTICUM AGREEMENT

As criteria for beginning to provide clinical services at the Family Therapy Center of Virginia Tech, via practicum (HD 5964), students must agree to the following stipulations:

1. Agree to abide by the AAMFT Code of Ethics and complete a criminal background check;
2. Serve 12 clock hours per week minimum and serve from the beginning of their second semester to May of their fifth semester (including summer sessions);
3. Complete 1000 client contact hours (including internship) prior to graduation (50% of which must be relational), including 200 hours at the Family Therapy Center;
4. Complete 200 hours of supervision (including internship) prior to graduation as outlined in Policies & Procedures. These 200 hours must be from Approved Supervisors or equivalents;
5. Before the end of the first year, transfer up to 500 hours from the master’s program into the doctoral program;
6. Complete case notes within 48 hours of client contact (intake record, mental status exam, case action sheet, progress notes, client information form, therapy agreement, client payment plan);
7. Complete billing procedures immediately after sessions;
8. Coordinate evening appointments so that no therapist works with clients alone at the Center;
9. Provide coverage for clients during holidays and breaks. It is not acceptable to postpone client contact until after holidays or university breaks;
10. Record appointments promptly in the appointment book and use the assigned room. Maintain time restraints as much as possible out of respect for the next therapist and client scheduled to use the room;
11. Close client files promptly;
12. Maintain confidentiality of clients. Be certain that your conversations in the therapists’ office cannot be overheard in the waiting room;
13. Manage client affairs professionally. No children may be left unattended in the Center while you see clients. Center staff are not to be used directly or indirectly, for the purpose of supervising children;
14. Observe the checklist of procedures for closing the suite and building as outlined in Policies and Procedures;
15. Complete a self-evaluation by the first day of each semester’s exam week;
16. Complete client contact and supervision forms monthly;
17. Client files, recordings, or other material are not to be removed from the building.

I further affirm that I have read and understood the most recent version of the Family Therapy Center Policies and Procedures and agree to comply with its strictures, including, but not limited to, the following:

- Client Record Management
- Client Payment and Financial Information Procedures
- General Clinical Protocols
- Emergency Procedures

I recognize that failure to comply with these policies may result in negative evaluations, legal action, or dismissal.

Please Note:
You may not begin seeing clients until you have submitted this signed form to the Clinical Director.

________________________  __________________________
Date                                     Signature

__________
Invent the Future

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
An equal opportunity, affirmative action institution
FAMILY THERAPY CENTER OF VIRGINIA TECH
THERAPIST VACATION REQUEST

THERAPIST’S NAME: ______________________________________

DATE SUBMITTED: ______________________________________

VACATION INFORMATION:

DATES AWAY FROM THE FTC: __________________________________

CONTACT INFORMATION WHILE AWAY:

PHONE: __________________________________

EMAIL: __________________________________

CLIENT COVERAGE INFORMATION:

THERAPIST PROVIDING COVERAGE: ________________________________

CONTACT INFORMATION FOR THERAPIST PROVIDING COVERAGE:

PHONE: __________________________________

EMAIL: __________________________________

Therapist Signature/Date

Coverage Therapist Signature/Date

Please Note:

• Please provide the completed form to Chris, as soon in advance of the vacation as possible. Chris will give
  of the form to Megan for her records.

• The therapist should inform every active client of his/her plans to be away, and of the procedure to follow
  in case of a crisis or emergency. This includes how to contact the therapist providing coverage.

• Providing coverage refers to handling client emergencies, including phone consultations, referrals for
  emergency services, and direct contact if necessary.
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GRAND TOTAL CLIENT CONTACT = 0.00
GRAND TOTAL SUPERVISION = 0.00
GRAND TOTAL OTHER = 0.00

I certify to the best of my knowledge that these figures are valid and accurate:

Therapist's Signature Date Supervisor's Signature Date
## Supervisor Evaluation Form

**VIRGINIA TECH**  
Ph.D. Program in Marriage and Family Therapy  
SUPERVISOR'S PRACTICUM/INTERNSHIP EVALUATION

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C. Supervisor's comments: **_(check if comments are on reverse side)_**

Signature: ____________________________

D. Recommended grade: ____________________________

E. Student's review:  
I have reviewed this evaluation with my supervisor and we have discussed any questions I have had.  
Signature: ____________________________
SELF-EVALUATION REPORT: Please comment on your view of yourself as a family therapist at this time. Include such items as your grasp of theory, integration of theory with clinical situations, your effectiveness, and your overall involvement as a member of your agency’s staff. Comment also on your personal development during this time. Report may be continued on reverse side of this form.

COMMENTS ON SUPERVISION: Please include your view of your interaction in supervision, individual and group, suggestions to your supervisor and comments on how the program has prepared you for clinical practice and supervision.
VIRGINIA TECH MFT DOCTORAL PROGRAM
OFFICIAL DOCUMENTATION FOR COA RECORDS
PRACTICUM HOURS TRANSFERRED

Name: __________________________________________ Date: ________________

CLINICAL CONTACT HOURS

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>INDIVIDUAL</th>
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SUPERVISORY HOURS

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<td>OTHER</td>
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</table>

Clinical Site Name: _____________________________________________________________________________________________________
Address: ____________________________________________________________

COAMFTE Master’s Program? Yes ☐ No ☐ (If “No”, please complete below)

Supervisor's Credentials:
AAMFT Clinical Member Yes ☐ No ☐ AAMFT Approved Supervisor Yes ☐ No ☐ AAMFT Approved Supervisor-in-Training Yes ☐ No ☐
Other (explain) _______________________________________________________________________________________________________

Supervisor's Name & Address: ___________________________________________________________________________________________
Supervisor's Signature: ____________________________________

Virginia Tech MFT Use Only

CLINICAL CONTACT HOURS ACCEPTED

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<th>MODALITY</th>
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Signed, Clinical Director: __________________________ Date: ______________

Revised 6-17
**Intake Record**

**Date of Intake:**

**Prospective Client(s):**

**Address:**

---

**Home Telephone Number:**

**Do** _Do Not_ Leave Message.

**Cell Telephone Number:**

**Do** _Do Not_ Leave Message.

**Work Telephone Number:**

**Do** _Do Not_ Leave Message.

**Nature of the problem:**

---

**Any previous therapy? When? With Whom?**

---

**Who made the initial contact?**

---

**Referring Person:**

---

**Additional Information:**

---

**Intake done by:**

---

**Therapist:** Check One and Return to Office Manager

Appointment Scheduled:  **YES □**  **NO □**  **CANCELLED □**

Date:

---
Therapy Agreement

Agreement to Treatment
I hereby give permission for any therapy, testing, or diagnostic evaluation seen as helpful by the Family Therapy Center to treat me, my marriage, family, or other relationship. I understand that therapy may sometimes lead to unanticipated emotional stress as well as emotional improvement, and that the Center does not guarantee any particular results or outcome from the therapy process. I understand further that I am free to discontinue therapy at any time.

Agreement to Video Recording & Observation
Because the Center is part of the Ph.D. program in Marriage & Family Therapy at Virginia Tech, and is an educational facility, I further agree to allow video recording and observation of my therapy for the purpose of clinical treatment and training. I understand that only members of the clinical staff, clinical supervisors, or authorized visiting mental health professionals, will be allowed to view these files or to observe actual sessions, and that they will treat any information they receive with strict confidentiality, except as noted below. I recognize that video recording of all sessions is a requirement of therapy, while observation will occur at the initiative of my therapist. I understand that, as a courtesy, my therapist will inform me when a session is to be observed.

Understanding of Confidentiality
I understand that all records, video files, and other information concerning therapy will be kept in strict confidence by my therapist, Center staff, or anyone otherwise affiliated with the Center. Therapists and others may not give information about my therapy to others, including the fact that I or my companions or family members are in treatment, except when specifically required to by law, or with my specific written consent.

Exceptions to Confidentiality
While my therapeutic record is confidential, I realize that there are times when my therapist or Center staff may be legally or ethically required to divulge information against my wishes. I understand that my therapist or Center staff is required by professional ethics and law to report evidence or suspicion of child or adult abuse or neglect, with or without client consent, including evidence or suspicions formed in the course of treatment. I further understand that my therapist and Center staff are required by professional ethics and law to report threats to physically harm others or ourselves that I, my companions, or members of my family may make, regardless of my or our wishes. Finally, I recognize that my therapist and Center staff are legally obligated to break confidentiality when ordered to do so by a court of law.

Understanding that the Center is Not an Emergency Service
I am aware that the Center is not an emergency or 24-hour service. In an emergency, I will call 911, RAFT/ACCESS, the local police, medical emergency service, or another appropriate agency.
Understanding of Fees and Cancellation Responsibilities

I have discussed a payment plan with my therapist and have agreed to a fee of $____ per hour. I accept responsibility for this fee and recognize that this does not include services such as written reports, responding to subpoenas, 3rd-party consultation, or other services, which are charged at a separate rate, and are not part of this agreement. I further understand that it is my obligation to notify the Center 24 hours in advance when I must cancel an appointment. In the event that I fail to notify the Center, I am aware that I may face a service charge equal to my hourly rate for therapy.

Signature

I have read or had explained to me all the above terms and conditions of therapy, and have signed below to indicate my agreement with each of these terms and conditions:

________________________________________________________________________
Client

________________________________________________________________________
Client (Adult family member, domestic partner, or other adult)

________________________________________________________________________
Client (Adult family member, domestic partner, or other adult)

________________________________________________________________________
Legal Guardian (if client is minor)

rev 13 Jan 2012
CLIENT PAYMENT PLAN
(Please print)

Client Name: ______________________________________________________________________________

VT ID Number: _______________________ or SSN: ______ - _____ - _______

Address: __________________________________________________________________________________

Home Phone #: __________________   Cell Phone #: __________________

Client Name: _________________________________________________________________

VT ID Number: _______________________ or SSN: ______ - _____ - _______

Address: __________________________________________________________________________________

Home Phone #: __________________   Cell Phone #: __________________

Total Family Income: ___________________ Established Fee: ___________________/hour (Minimum $10.00)

Payment method (please check payment of choice):

[ ] 1. Cash or check for full amount at each visit.

[ ] 2. Bill me(us) for payment in full to Virginia Tech Treasurer by the 25th of each month. I(we) understand that there is a finance charge of .667% per month on any past due balance.

In the event that I(we) wish to cancel an appointment, I(we) agree to notify my therapist within 24 hours of the scheduled meeting time. If I(we) fail to do so, I(we) understand that I(we) will be charged for the missed appointment. Under penalty of perjury, I swear that the amount stated as total family income is accurate.

Client's Signature: ___________________________ Date: ____________

Client's Signature: ___________________________ Date: ____________

Therapist's Name: ____________________________

Therapist's Signature: _________________________ Date: ____________

THERAPISTS, PLEASE RETURN THIS FORM TO THE CENTER OFFICE MANAGER IMMEDIATELY AFTER THE FIRST SESSION.

Revised April 29, 2010
CLIENT INFORMATION FORM

Case #_________________
Therapist__________________________

EXCEPT IN CASES OF CHILD ABUSE OR IMMEDIATE DANGER TO YOURSELF OR OTHERS, ALL INFORMATION YOU PROVIDE WILL BE KEPT STRICTLY CONFIDENTIAL AND RELEASED ONLY IN ACCORDANCE WITH PROFESSIONAL ETHICS AND APPLICABLE LAW.

PERSONAL INFORMATION:

Name:_________________________________________ Birth Date ___/___/____

Address:________________________________________

Phone: (Home)____(Work)____(Cell)____________

SSN:_________________________________________

Relational Status: Married/Cohabiting__ Separated__ Divorced__ Widowed__ Single__ Engaged__

Who lives in your home?______________________________________

FAMILY OF ORIGIN:

Please fill in the names and ages of you and your spouse or partner's parents, your past or present spouse or partner, and any children you may have.

PARENTS:

YOUR PARENTS

YOUR SPOUSE OR PARTNER'S PARENTS

YOU & YOUR SPOUSE OR PARTNER:

YOUR FIRST NAME

YOUR SPOUSE/PARTNER'S NAME

PAST SPOUSE OR PARTNER:

YOUR PAST SPOUSE/PARTNER

YOUR SPOUSE/PARTNER'S PAST SPOUSE/PARTNER

YOUR CHILDREN OR STEPCHILDREN:

____________________________________

(PLEASE GO TO NEXT PAGE)
WHY YOU'RE HERE:

Who referred you to the Family Therapy Center?________________________________________

For what problem(s)?________________________________________________________________

On a scale of 1 (mild) to 5 (severe), how would you rate your current problem(s)? _____

How long has this been a problem? _____________________________________________________

How have you tried to correct this problem?______________________________________________

Have you ever experienced this problem in the past? Yes___ No___

Has anything changed since you made the decision to seek help? Yes___ No___
If yes, what? ______________________________________________________________________

Have you had counseling or therapy in the past? Yes___ No___
If yes, Therapist? Reason for treatment? When was this? Was it helpful? ____________________

MEDICAL INFORMATION:

Who is your physician? _________________________________________________________________

Medical problems in last 5 years: __________________________________________________________

___________________________________________________________________________________

Present medical problems: __________________________________________________________________

Are you currently using any prescription drugs or medication? Yes_____ No_____
If yes, Medication? Dosage? Prescribed by? Since when? _________________________________

(PLEASE GO TO LAST PAGE)
Do you regularly:
   Drink?    Yes___No___  Smoke?    Yes ___No___
   Use prescribed or non-prescribed drugs?   Yes___No___

If you do, does your habit hurt your relationship with others?   Yes___No___
   Does it hurt your job?   Yes ___No___

Is it difficult for you to stop or control the amount you take?   Yes__No__

Is there any history of alcohol or drug abuse in your family?   Yes___No___

Is there any history of violence, verbal or sexual abuse in your family?   Yes___No___

Please check any of the following you have had.

Eye, ear, nose or throat trouble _______ Recent weight gain/loss _______
Hearing problems _______ Tum or/Growth/Cancer _______
Stutter/Stammer _______ Arthritis /Bursitis/Rheumatism _______
Double Vision _______ Frequent/Painful Urination _______
Head Injury _______ Prostrate troubles _______
Frequent/Severe headaches _______ PMS/Endometriosis ("female" troubles) _______
Dizziness/Fainting _______ Abortion/Miscarriage/Infertility _______
Loss of memory/Amnesia _______ Venereal disease _______
Periods of unconsciousness _______ Sleeping difficulties _______
Epilepsy/Seizures _______ Bed wetting _______
Asthma/Shortness of breath _______ Depression/Worrying _______
Allergies/Hay fever _______ Attempted suicide _______
Skin diseases _______ Physical/Se xual assault _______
Coughing up blood _______ Drug allergies _______
Chronic/Frequent colds _______ High/Low blood pressure _______
Rheumatic fever _______ Pain/Pressure in chest _______
Heart trouble/Pounding heart _______ Thyroid trouble _______
Numbness/Tingling _______ Excessive sweating _______
Indigestion/Stomach trouble _______ Diabetes _______
Eating disorder _______ Recent death of relative/friend _______
Adoption/recent birth _______ Legal problems/Job loss _______

Are there any related issues you think your therapist should know about?

In case of emergency, tell us whom we should notify:

Name: ___________________________________________ Phone: Home __________ Work __________

THANK YOU! 
THE FAMILY THERAPY CENTER OF VIRGINIA TECH

THERAPIST INTAKE & TREATMENT PLAN

Case #  
Client  
Therapist 

1) PRESENTING ISSUES

2) TRANSGENERATIONAL ISSUES

3) STRUCTURAL ISSUES

4) BEHAVIORAL ISSUES

5) MAJOR THEMES/NARRATIVES

6) SYSTEM/PERSONAL STRENGTHS

7) INDIVIDUAL MENTAL STATUS (specify family/couple member as relevant if non-individual therapy):
   Name 
   Is client able to present problem clearly?  Does general appearance match presented issues?  
   Does client appear attentive & well oriented?  Does memory seem within normal limits?  
   Does client seem hallucinatory or depersonalized?  Are thought processes within normal limits?  
   Is thought content within normal limits?  Does client's mood seem appropriate to situation?  
   Suicidal ideation?  Homicidal ideation?  Depression?  Panic attacks?  
   Additional comments/observations

   Name 
   Is client able to present problem clearly?  Does general appearance match presented issues?  
   Does client appear attentive & well oriented?  Does memory seem within normal limits?  
   Does client seem hallucinatory or depersonalized?  Are thought processes within normal limits?  
   Is thought content within normal limits?  Does client's mood seem appropriate to situation?  
   Suicidal ideation?  Homicidal ideation?  Depression?  Panic attacks?  
   Additional comments/observations

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   Does client seem hallucinatory or depersonalized?  Are thought processes within normal limits?  
   Is thought content within normal limits?  Does client's mood seem appropriate to situation?  
   Suicidal ideation?  Homicidal ideation?  Depression?  Panic attacks?  
   Additional comments/observations
8) GENOGRAM/IMPORTANT HISTORY:

9) MEDICAL HISTORY:

Medications/Allergies: ____________________________________________________________
Alcohol/Substance abuse: ________________________________________________________

10) PREVIOUS THERAPY (Include dates, therapists & outcomes):

Previous Dx (if applicable): ______________________________________________________

11) CRITICAL ISSUES/DIAGNOSIS:

Systemic: _________________________________________________________________

Individual (give name if non-individual tx): _______________________________________

A1                                                  A2

Individual (give name if non-individual tx): _______________________________________

A1                                                  A2

12) TREATMENT PLAN

Course of therapy: _____________________________________________________________

Medical/psychiatric referral: ___________________________________________________
Additional assessments: _________________________________________________________
Estimated number of sessions (if indeterminate so state) _________________________

THERAPIST'S SIGNATURE __________________________________ DATE ____________

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<table>
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<tr>
<th>Date</th>
<th>Session #</th>
<th>Ind</th>
<th>Cple</th>
<th>Fam</th>
<th>Grp</th>
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<th>1hr</th>
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<td>Progress update (@6-10 sessions)</td>
<td>Crisis intervention</td>
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Suicidal ideation (if applicable)

Homicidal ideation (if applicable)

Mental status/DX change (if applicable)

Medical, Psychiatric, or other referral (if applicable)

Treatment plan change (if applicable, w/ est. # future sessions)

---

Session supervised by (if applicable) __________________________ Signature __________________________

Date _______________ Session # _____ Ind__ Cple__ Fam__ Grp__ .5hr__ 1hr__ 1.5hr__ Other__

People present

Assessment | Ongoing therapy | Progress update (@6-10 sessions) | Crisis intervention | Other |

Issues/symptoms/interventions

Suicidal ideation (if applicable)

Homicidal ideation (if applicable)

Mental status/DX change (if applicable)

Medical, Psychiatric, or other referral (if applicable)

Treatment plan change (if applicable, w/ est. # future sessions)

---

Session supervised by (if applicable) __________________________ Signature __________________________

Date _______________ Session # _____ Ind__ Cple__ Fam__ Grp__ .5hr__ 1hr__ 1.5hr__ Other__

People present

Assessment | Ongoing therapy | Progress update (@6-10 sessions) | Crisis intervention | Other |

Issues/symptoms/interventions

Suicidal ideation (if applicable)

Homicidal ideation (if applicable)

Mental status/DX change (if applicable)

Medical, Psychiatric, or other referral (if applicable)

Treatment plan change (if applicable, w/ est. # future sessions)

---

Session supervised by (if applicable) __________________________ Signature __________________________
CASE SUMMARY/TRANSFER SUMMARY

Case #:____________________
Name of Client:____________________    Date of Intake:_________ ___
Original intake:_____ Transfer:_____             Date of Transfer:________
Number of sessions: ______    Date of Termination:________
Name of Therapist(s):____________________________________________________

Presenting Problem/Diagnosis:__________________________________________
_____________________________________________________________________
_____________________________________________________________________

Therapist's Clinical Impressions:_________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Turning Points in Therapy (Critical Events):________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Explanation for Transfer (if applicable):___________________________________
_______________________________________________________________________

Circumstances of Termination (if applicable):
   Discussed by client(s) and therapist:_____
   Decision of client(s) - expected:_____
   Unexpected termination:_____

Signature of Therapist(s):____________________________     Date:_______________

rev: March 24, 1998
Health Insurance Portability and Accountability Act (HIPAA) Disclosure

Privacy Notice
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

The Family Therapy Center of Virginia Tech considers personal information to be confidential and protects the privacy of that information in accordance with applicable privacy laws, as well as its own privacy policies.

The Family Therapy Center of Virginia Tech of Virginia Tech is required by law to take reasonable steps to ensure the privacy of your information and to inform you about:

- The Family Therapy Center of Virginia Tech’s uses and disclosures of your health information
- Your privacy rights with respect to your health information
- The Family Therapy Center of Virginia Tech’s obligations with respect to your health information
- Your right to file a complaint with The Family Therapy Center of Virginia Tech and to the Secretary of the U.S. Department of Health and Human Services
- The person or office to contact for further information about The Family Therapy Center of Virginia Tech’s privacy practices.

How The Family Therapy Center of Virginia Tech Uses and Discloses Health Information
This section of the notice describes uses and disclosures that The Family Therapy Center of Virginia Tech may make of your health information for certain purposes without first obtaining your permission, as well as instances in which we may request your written permission to use or disclose your health information. The Family Therapy Center of Virginia Tech also requires their business associates to protect the privacy of your health information through written agreements.

Uses and Disclosures Related to Payment, Health Care Operations, and Treatment
The Family Therapy Center of Virginia Tech and its business associates may use your health information without your permission to carry out payment.

Payment includes, but is not limited to, actions to make coverage determinations and payment including billing, claims management, subrogation, plan reimbursement, review for medical necessity and appropriateness of care and utilization review and pre-authorizations.

Other Uses and Disclosures That Do Not Require Your Written Authorizations
The Family Therapy Center of Virginia Tech may disclose your health information to persons and entities that provide services to The Family Therapy Center of Virginia Tech and assure The Family Therapy Center of Virginia Tech they will protect the information if it is:

- For judicial and administrative proceedings
- For law enforcement purposes
- For public health activities
- For health oversight activities
- About victims of abuse or neglect
- To avert a serious threat to health or safety

Uses and Disclosures Requiring Your Written Authorization
In all situations other than those described above, The Family Therapy Center of Virginia Tech will ask for your written authorization before using or disclosing your health information. If you have given The Family Therapy Center of Virginia Tech an authorization, you may revoke it at any time, if The Family Therapy Center has not already acted on it. If you have questions regarding authorizations, contact our office manager, Chris Sokol, at 540-231-7201.

Your Privacy Rights
This section of the notice describes your rights with respect to your health information and a brief description of how you may exercise these rights. To exercise your rights, you must contact The Family Therapy Center of Virginia Tech’s Privacy Official, Office Manager, Chris Sokol at 540-231-7201.
Restrict Uses and Disclosures
You have the right to request that The Family Therapy Center of Virginia Tech restricts uses and disclosure of your health information for activities related to payment, health care operations, and treatment. The Family Therapy Center of Virginia Tech will consider, but may not agree to, such requests.

Alternative Communication
The Family Therapy Center of Virginia Tech will accommodate reasonable requests to communicate with you at a certain location or in a certain way. For example, if you prefer the office to leave a message on your cell phone and not your home phone, we will do our best to honor that request.

Copy of Health Information
You have a right to obtain a copy of health information that is contained in your records. We will give you a copy once it is signed.

Amend Health Information
You have the right to request an amendment to health information contained in your record. The Family Therapy Center of Virginia Tech may deny your request to amend your health information if The Family Therapy Center of Virginia Tech did not create the health information, if the information is not part of The Family Therapy Center of Virginia Tech’s records, if the information was not available for inspection, or if the information is not accurate and complete.

List of Certain Disclosures
You have the right to receive a list of certain disclosures of your health information.

Right to a Copy of Privacy Notice
You have the right to receive a paper copy of this notice upon request. We will offer you a copy once it is signed.

Complaints
You may complain to The Family Therapy Center of Virginia Tech of the Secretary of HHS if you believe your privacy rights have been violated. You will not be penalized for filing a complaint.

The Family Therapy Center of Virginia Tech’s Responsibilities
The Family Therapy Center of Virginia Tech is required by a federal law to keep your health information private, to give you notice of The Family Therapy Center of Virginia Tech’s legal duties and privacy practices, and to follow the terms of the notice currently in effect.

This Notice is Subject to Change
The terms of this notice and The Family Therapy Center of Virginia Tech’s privacy policies may be changed at any time. If changes are made, the new terms and policies will then apply to all health information maintained by The Family Therapy Center of Virginia Tech. If any material changes are made, The Family Therapy Center of Virginia Tech will distribute a new notice to participants and beneficiaries.

Your Questions and Comments
If you have questions regarding this notice, please contact The Family Therapy Center of Virginia Tech at 540-231-7201.

_________________________  ______________________  ____________
Signature                  Printed Name              Date

_________________________  ______________
Staff Witness                                Date
The Family Therapy Center

your rights

540-231-7201
840 University City Blvd.
Blacksburg, VA 240
www.familytherapy.vt.edu
Your Rights As A Client

As a client, you are entitled to the highest standard of professional care.

Confidentiality

At The Family Therapy Center, all our services are fully confidential. We cannot discuss your case with anyone or even tell anyone else you are a client with us unless you have made a threat to physically harm yourself or others, your case involves abuse of a child or incapacitated adult, there is a valid court order compelling us to discuss your case in court or release your records, or you give us written permission to discuss your case with someone else. Further, all competent adults who have been in therapy together must agree to any release of information before records can be released about any of them, with the exception of the circumstances mentioned above.

Therapist Qualifications, Fees, and Your Consent to Treatment

You are entitled to ask your therapist about her or his training, about the basis for your treatment, and questions about cost. You will be given a copy of our fees before therapy begins, and must sign a payment agreement before therapy will start. You also must sign a separate agreement to enter therapy, which will specify what you can expect and what the limits of your and our obligations are. You are free to discontinue therapy at any time, though we may advise against it.

Your Rights and Research

While we occasionally conduct research with clients, you will never be placed in a research program without your written permission and informed consent, and we will not require you to take part in research as a condition of your treatment. All research involving clients must be approved in advance by the University Institutional Review Board. You may raise any questions regarding research at the Center with the Center Director at 540-231-7201, or with the Review Board.

Electronic Communications

For your protection, federal health care privacy regulations restrict us from communicating with clients by e-mail or by computer-based fax. While we recognize this is an inconvenience, please understand that e-mail and computer fax do not ensure the privacy of your conversations with us. Please use the telephone, the U.S. mail, or your regular appointments.

The Ethical Code of the American Association for Marriage and Family Therapy, and Virginia Law

Therapists are required to abide by the Ethical Code of the American Association for Marriage and Family Therapy and relevant Virginia law. Therapists are prohibited from having "dual relationships" with any client, meaning they cannot serve as therapists for anyone with whom they have business or family relationships, close friendships, or close collegial relationships. Therapists also are forbidden to have romantic or sexual relationships with either current or former clients. Ethical therapists do not “fall in love” with their clients, become sexually or romantically involved with them, loan them money, borrow from them, “hang out” with them, or otherwise take advantage of their position of trust.

Discrimination

Therapists may not discriminate against clients on the basis of the client’s ethnicity, gender, age, sexual orientation, religious affiliation, or disability. This does not mean that your therapist may not sometimes disagree with you or advise a course of action you may choose not to take. But an ethical therapist does not disagree with a client’s choices simply because the therapist holds different values or beliefs. An ethical therapist always tries to help the client make choices that enhance the client’s sense of self control and confidence, and does not use her position for her own emotional or other type of personal gain.

If You Think Your Rights May Have Been Violated

If you think your rights may have been violated or simply have questions about them please telephone the Clinical Director or the Program Director at 540-231-7201.
AUTHORIZATION TO RELEASE INFORMATION

In regard to information about ______________________________________________________,  
born, _____________________________,  
(date of birth)

I hereby give permission to the staff of the Family Therapy Center of Virginia Tech to  
(please check all that apply):

__Send confidential records and/or test results to:
__Discuss confidential records and/or test results with:
__Receive confidential information (oral and written) from:

________________________________________
(Person or agency)

________________________________________
(Address)

This information is released for the purpose of: ________________________________________.

________________________________________
(Signature of client) (Date)

________________________________________
(Signature of Legal Guardian, if client is a minor) (Date)

________________________________________
(Signature of witness) (Date)

This authorization will be in effect for 180 days, unless terminated earlier in writing by the client.

No information sent or received through this authorization may be re-released to any other persons or agency without specific written permission of the client.

rev. August 18, 2006
**Client Communication Record**

*For convenience in documentation, use this form to record any type of contact attempted or made with clients.*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Type of contact (✓ one):</th>
<th>Details (as needed):</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>______</td>
<td>left phone message</td>
<td>client called</td>
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<td>______</td>
<td>______</td>
<td>phone conversation</td>
<td>sent letter*</td>
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<tr>
<td>______</td>
<td>______</td>
<td>left phone message</td>
<td>client called</td>
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<td>phone conversation</td>
<td>sent letter*</td>
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<td>left phone message</td>
<td>client called</td>
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<td>phone conversation</td>
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<td>______</td>
<td>left phone message</td>
<td>client called</td>
</tr>
<tr>
<td>______</td>
<td>______</td>
<td>phone conversation</td>
<td>sent letter*</td>
</tr>
</tbody>
</table>

*All client letters that do not conform to the client letter template on the therapists’ computer must be approved by a supervisor.*
NO-HARM CONTRACT

I, ______________________________, agree that I will not do anything that would cause harm to myself or anyone else for the following specified time:

____________________________.

I realize that I am responsible for my own actions and that if I feel things in my life are becoming too difficult, I will call the Family Therapy Center (231-7201) or RAFT (961-8400).

Signature _________________________
Witness __________________________
Date _____________________________

rev: August 18, 2006
Supervised Visitation Agreement

This supervised visitation is being conducted in compliance with a legal order, titled _____________________________, a copy of which must be attached to this Agreement. The Supervisee is ____________________________, born _________________. The Child (children) with whom the Supervisee shall be visiting is ____________________________, born _________________. The Custodial Parent or Legal Guardian of the Child is ____________________________, born _________________. The Supervisee and the Custodial Parent or Legal Guardian are the parties to this agreement.

PURPOSE OF SUPERVISED VISITATION

The legal order for supervised visitation is intended to protect the Child from possible emotional or other harm caused by contact with the Supervisee, and the legal order for supervised visitation arose from the Supervisee having been: (strike as required) convicted of/strongly suspected of committing (strike those which do not apply) child physical abuse/child neglect/child sexual abuse/assault/sexual assault or offending/other (specify) _____________________________. Thus all parties, including the Supervisee, agree that there is a potential danger of the Supervisee causing harm to the Child if visitation is unsupervised, and this is why the parties have asked the Family Therapy Center to supervise visitation. The purpose of this supervision is to ensure the Child’s emotional safety during contact with the Supervisee.

CENTER NOT A POLICE AGENCY

It is understood by all parties that the Center is not a police or security agency, and that its staff are not trained or equipped to ensure the physical safety of the Child against assault or physical threats from any party, including the Supervisee. If at any time, therefore, the Supervisee or any party threatens, explicitly or implicitly, the physical safety of the Child, Center staff, or any others, supervised visitation will immediately cease and any threats or actual acts of violence will be reported to the proper authorities. Threats or acts of violence against Center staff will be prosecuted to the full extent of the law.

SUPERVISEE’S LIMITED WAIVER OF CONFIDENTIALITY

The Supervisee, and the Custodial Parent or Legal Guardian grant the Center full and free access to any and all persons, records, documents, or other information related to the Supervisee’s potential danger to the Child. This access shall include, but not be limited to, court, police, mental health and social service records; court, police, mental health and social service personnel; and past or present family members of the Supervisee who may have knowledge of her or him which may be important for the conduct of supervised visitation. Any information received constituting ongoing threats to the Child or other minors or incapacitated adults may be communicated to all apropriate agencies without prior consent. Prior to any visitation, the Supervisee shall provide the Center with the names and addresses of all relevant legal, mental health and social service agencies which may have information related to potential risk to the Child. Notwithstanding this waiver, the Center shall not reveal the identity of the Supervisee to anyone except for the purposes outlined above. In no case will any information concerning any parties to this agreement be given to anyone not connected with this case.

AGREEMENT TO ABIDE BY DECISIONS OF THE CENTER

All parties agree that the conduct of supervised visitation, including the decision as to whether supervised visitation is appropriate, or whether it should continue, is the sole decision of the Center, and further agree to abide by all Center decisions and policies. This includes the Center’s standard policies on observation and recording as specified in the Center’s “Therapy Agreement,” which must also be executed to enact this document. The Center will report its findings on the appropriateness of supervised visitation and its progress, if conducted, to the parties and the court issuing the supervised visitation order.

Invent the Future

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
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RESPONSIBILITY TO FIND A LAY SUPERVISOR
The Custodial Parent or Legal Guardian understands that the Center will provide supervised visitation for no longer than six weeks. The Custodial Parent or Legal Guardian further understands that it is her or his responsibility to secure another appropriate person to act as supervisor past this period. The Center may provide training for the person the Custodial Parent or Legal Guardian finds. It is strongly recommended that the Custodial parent or Legal Guardian begin immediately to look for a prospective long-term supervisor.

SUPERVISED VISITATION NOT A SUBSTITUTE FOR CASE-SPECIFIC PSYCHOTHERAPY
All parties also explicitly recognize that supervised visitation is not a substitute for psychotherapy for either the Child or the Supervisee. It is strongly recommended that all involved parties, including the Supervisee and the Child, seek separate treatment as may be appropriate in addition to supervised visitation. The Center may, at its discretion, refuse to conduct supervised visitation in cases where the Supervisee is not actively engaged in therapeutic treatment for the behavior which has given rise to the supervised visitation order, or in cases where supervised visitation would be harmful to the Child in the absence of additional therapy.

SUPERVISED VISITATION IS NOT A GUARANTEE OF SAFETY
All parties to this agreement further recognize that the supervision provided by the Center, or any training of third parties by the Center to provide supervision of visitation, is designed only to reduce the likelihood and/or severity of emotional injury to the Child from unsupervised contact with the Supervisee, and can not in any way be a guarantee of physical or emotional safety or protection for the Child. Supervised visitation may at times provoke distress on the part of all involved parties to this agreement, including the Child, which is also why all parties are strongly encouraged to seek separate therapeutic treatment in addition to supervised visitation.

FEES AND PAYMENT
Fees for this supervised visitation shall be __________ and shall be paid by __________________________. Details of payment arrangements will be recorded in the “Client Payment Plan,” a copy of which shall be attached to this document.

AGREEMENT
By signing below, we agree to all terms and conditions outlined in this document.

Supervisee
Print Name __________________________ Signature __________________________ Date __________ Phone __________

Custodial Parent
Print Name __________________________ Signature __________________________ Date __________ Phone __________

Guardian ad Litem
Print Name __________________________ Signature __________________________ Date __________ Phone __________

Therapist
Print Name __________________________ Signature __________________________ Date __________

Clin. Supervisor
Print Name __________________________ Signature __________________________ Date __________
FILL OUT COMPLETELY & LEGIBLY

Client’s Name ____________________________  Date __________________

Address ____________________________________________

<table>
<thead>
<tr>
<th>Type of Therapy</th>
<th>No. of Hours</th>
<th>Rate Per Hour</th>
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<tbody>
<tr>
<td>I   C   F   G</td>
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Payment Type:  Cash □  Check □  Amount Enclosed ______  Receipt # ______

   University Billing □  Visa/MC □  Settlement Batch # ______

Therapist Signature ____________________________
<table>
<thead>
<tr>
<th>Gross Family Income</th>
<th>Fee</th>
</tr>
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<tbody>
<tr>
<td>To $7,000</td>
<td>$10.00</td>
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<tr>
<td>$7,000 - 10,999</td>
<td>$15.00</td>
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<tr>
<td>$11,000 - 14,999</td>
<td>$25.00</td>
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<tr>
<td>$15,000 - 19,999</td>
<td>$30.00</td>
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<td>$20,000 - 29,999</td>
<td>$40.00</td>
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<td>$30,000 - 39,999</td>
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<td>$40,000 - 49,999</td>
<td>$60.00</td>
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<td>$50,000 - 59,999</td>
<td>$70.00</td>
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<tr>
<td>$60,000 - 69,999</td>
<td>$80.00</td>
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<tr>
<td>Over $70,000</td>
<td>$90.00</td>
</tr>
<tr>
<td>Full-time VA Students</td>
<td>$15.00</td>
</tr>
<tr>
<td>VA employees &amp; families</td>
<td>$25.00</td>
</tr>
</tbody>
</table>
The Family Therapy Center of Virginia Tech  
840 University City Blvd. (0515)  
Suite 1  
Blacksburg, Virginia 24061  

CLIENT PAYMENT PLAN  
(Please print)  

Client Name: ________________________________________________________________________________  

VT ID Number: _______________________ or SSN: _______ - _____ - ________  

Address: __________________________________________________________________  

__________________________________________________________________  

Home Phone #: __________________   Cell Phone #: __________________  

Client Name: ________________________________________________________________  

VT ID Number: _______________________ or SSN: _______ - _____ - ________  

Address: __________________________________________________________________  

__________________________________________________________________  

Home Phone #: __________________   Cell Phone #: __________________  

Total Family Income: __________________   Established Fee: __________________/hour (Minimum $10.00)  

Payment method (please check payment of choice):  

[ ] 1. Cash or check for full amount at each visit.  

[ ] 2. Bill me(us) for payment in full to Virginia Tech Treasurer by the 25th of each month. I(we) understand that there is a finance charge of .667% per month on any past due balance.  

In the event that I(we) wish to cancel an appointment, I(we) agree to notify my therapist within 24 hours of the scheduled meeting time. If I(we) fail to do so, I(we) understand that I(we) will be charged for the missed appointment. Under penalty of perjury, I swear that the amount stated as total family income is accurate.  

Client's Signature: __________________________________________  Date: ______________  

Client's Signature: __________________________________________  Date: ______________  

Therapist's Name: __________________________  

Therapist's Signature: __________________________  Date: ______________  

THERAPISTS, PLEASE RETURN THIS FORM TO THE CENTER OFFICE MANAGER IMMEDIATELY AFTER THE FIRST SESSION.  

Revised April 29, 2010
MFT INTERNSHIP SUPERVISOR EQUIVALENCY DOCUMENTATION

Name: ____________________________________________

Affiliation: ______________________________________

Address: _________________________________________

________________________________________________________________________

________________________________________________________________________

Phone #: ___________________________ Email: ______________

Number of years in clinical practice of marital and family therapy: ______________________

Approximate number of hours of clinical practice of marital and family therapy: ______________

Number of years supervising marital and family therapy: ______________________

Approximate number of hours supervising marital and family therapy: ______________

List all current licenses and certifications: _________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are you a state approved supervision for marital and family therapists (Circle one)? YES NO

If yes, in which state(s)?_____________________________________________________

If yes, please list your state supervisor license numbers(s): ______________________

________________________________________________________________________

Please attach a copy of your most current vita.
Please list graduate degrees relevant to marriage and family therapy that you have received.

<table>
<thead>
<tr>
<th>GRADUATE DEGREE(S)</th>
<th>INSTITUTION</th>
<th>DATE(S) AWARDED</th>
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<tbody>
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</table>

Please list graduate level coursework and professional workshops/seminars relevant to marriage and family therapy or marriage and family therapy supervision that you have attended or taught. Please be as specific as possible.

<table>
<thead>
<tr>
<th>COURSES TAKEN/TAUGHT</th>
<th>INSTITUTION</th>
<th>DATE</th>
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</table>

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY
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<table>
<thead>
<tr>
<th>WORKSHOPS/SEMINARS</th>
<th>SPONSOR/LOCATION</th>
<th>CONTACT HOURS</th>
<th>DATE</th>
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</thead>
<tbody>
<tr>
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Note: Additional items should be listed on a separate page and attached to this form.
Additional Comments: __________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I affirm that the information and statements made in this form or attached to it are correct and true.

Signature: _______________________________       Date: ________________
# Monthly Internship Hours Report

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>Name</th>
<th>PID</th>
<th>Reporting Month</th>
<th>Reporting Year</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Internship Site</th>
<th>Internship Supervisor</th>
</tr>
</thead>
</table>

## Client Contact Hours

<table>
<thead>
<tr>
<th>Mode</th>
<th>Individual</th>
<th>Couple</th>
<th>Family</th>
<th>Total</th>
<th>Ttl Cp+Fm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ind</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Group</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Team</td>
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</tbody>
</table>

## Supervision Hours

<table>
<thead>
<tr>
<th>Mode</th>
<th>Case Rpt</th>
<th>Live</th>
<th>Video</th>
<th>Audio</th>
<th>Total</th>
<th>Ttl Direct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ind</td>
<td></td>
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<tr>
<td>Group</td>
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</table>

By clicking "Send" I affirm that these numbers are accurate and approved by my site supervisor.

(Please be sure to keep a hard copy for your records.)

[Send] [Reset]
INTERNSHIP AGREEMENT

between

NAME, Doctoral Intern,

NAME, Internship Site Supervisor at

INTERNSHIP SITE NAME
INTERNSHIP SITE ADDRESS
PHONE NUMBER
FAX NUMBER

and Megan Dolbin-MacNab, Ph.D., Internship Coordinator for the Marriage and Family Therapy Ph.D. Program at Virginia Tech.

Responsibilities of the Intern
The Intern agrees to work an average of XX hours per week during a XX-month internship beginning DATE and ending DATE. The Intern agrees to attempt to conduct at least XX hours of direct client contact sessions each week and to perform other appropriate duties as arranged with the Internship Site Supervisor. The Intern will submit a monthly report of client contact and supervision hours to the Internship Coordinator by the 15th of each month of the internship. The Intern will also submit (via FAX, email, or mail) a self-evaluation at the end of each semester of the internship to the Internship Coordinator. The Internship Coordinator will provide the Intern with the self-evaluation form.

The Intern is responsible for obtaining liability coverage for her or himself during the entire course of the internship, either through the internship site’s policy or on his or her own. Documentation of liability coverage, however provided, shall be attached to this document.

Responsibilities of the Internship Site Supervisor
The Internship Site Supervisor agrees to provide the Intern with a 12-month (9-12 months required) internship as outlined above, with a minimum of 500 hours of client contact, of which at least fifty percent will be relational (i.e., couples and families), in a location suitable for the conduct of therapy and supervision. The Internship Site Supervisor will be an AAMFT Approved Supervisor or an equivalent (as determined by the faculty of the Virginia Tech MFT Doctoral Program). The Internship Site Supervisor will provide the Intern with at least one hour of supervision for every five hours of client contact the Intern performs. At least fifty percent of this supervision must use live, video, or audiotape sources. Additionally, at least fifty percent of this supervision must be “individual” (i.e., no more than two supervisees per session). The Internship Site Supervisor also agrees to evaluate the Intern at the end of each semester of the internship. After discussion of the evaluation with the Intern, the Intern will forward the evaluation to the Internship Coordinator. The Internship Coordinator will provide the Intern with the Internship Site Supervisor Evaluation Form.
The Internship Site Supervisor further agrees to provide the Intern with financial compensation, health benefits, vacation time, and dissertation or other release time as provided for in the Internship Site Supervisor’s description of the internship, or in such other written agreements that have been negotiated between the Intern and the Site Supervisor. This description and/or other agreements shall be attached to this document.

Finally, in accordance with AAMFT guidelines for internships, the Internship Site Supervisor agrees to provide the Intern with copies of the internship site agency’s policies regarding grievance procedures and non-discrimination.

Responsibilities of the Internship Coordinator
The Internship Coordinator shall be responsible for ensuring that the terms of this agreement conform to AAMFT guidelines for internships, and that such guidelines are met during the course of the internship. Further, the Internship Coordinator shall be available to both the Intern and the Internship Site Supervisor for consultation and questions during the life of this agreement.

General Responsibilities
All parties to this agreement agree to conduct themselves in accordance with AAMFT guidelines for internships and with the AAMFT Code of Ethics.

________________________________________  ______________________
Intern Signature                        Date

________________________________________  ______________________
Internship Site Supervisor Signature    Date

________________________________________  ______________________
Internship Coordinator Signature        Date
Clinical Hours Reporting Requirements Contract

Your Monthly Internship/Residency Reports are due by the 15\textsuperscript{th} of the following month to the Internship Coordinator. For example, June’s form is due no later than July 15\textsuperscript{th}. Late forms will NOT be accepted. \textbf{If the intern misses the deadline, the hours will not count for that month.}

The intern may mail or fax their monthly reports to the Office Manager or Internship Coordinator. You must use the current form provided by Virginia Tech, as they correspond to the current COAMFTE reporting guidelines.

I have read and understood the above requirements.

\begin{tabular}{ll}
Signature & Date \\
\end{tabular}

\begin{tabular}{ll}
Internship Coordinator Signature & Date \\
\end{tabular}

\textit{Return completed form to Erika Grafsky at address above.}
APPROVED SUPERVISOR EQUIVALENCY FORM

Name: ________________________________

Affiliation: __________________________

Address: ______________________________

________________________________________________________________________

________________________________________________________________________

Phone #: ____________________________ Email: ____________________________

Number of years in clinical practice of marital and family therapy: __________________________

Approximate number of hours of clinical practice of marital and family therapy: __________________________

Number of years supervising marital and family therapy: __________________________

Approximate number of hours supervising marital and family therapy: __________________________

List all current licenses and certifications: ____________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Are you a state approved supervision for marital and family therapists (Circle one)? YES NO

If yes, in which state(s)? __________________________

If yes, please list your state supervisor license numbers(s): __________________________

Please attach a copy of your most current vita.
Please list graduate degrees relevant to marriage and family therapy that you have received.

<table>
<thead>
<tr>
<th>GRADUATE DEGREE(S)</th>
<th>INSTITUTION</th>
<th>DATE(S) AWARDED</th>
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Please list graduate level coursework and professional workshops/seminars relevant to marriage and family therapy or marriage and family therapy supervision that you have attended or taught. Please be as specific as possible.

<table>
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<tr>
<th>COURSES TAKEN/TAUGHT</th>
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Note: Additional items should be listed on a separate page and attached to this form.
Additional Comments: 

I affirm that the information and statements made in this form or attached to it are correct and true.

Signature: ___________________________ Date: ________________
MARRIAGE AND FAMILY THERAPY CORE COMPETENCIES:

Developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders, the marriage and family therapy core competencies serve to identify domains of knowledge and essential skills that are important to the practice of marriage and family therapy. Specific core competencies reflect the minimum knowledge and skills that marriage and family therapists (MFTs) licensed to practice must possess and demonstrate.

The ultimate goal for creating and using the MFT core competencies is to enhance the quality of services provided by MFTs. The core competencies were derived from the Institute of Medicine’s six core values (i.e., safe, person-centered, efficient, effective, timely, and equitable), which are considered to be a foundation for a better health care system. The MFT core competencies are intended for the use of educators, trainers, regulators, researchers, policymakers, and the public.

The MFT core competencies include: 1) Admission to Treatment, 2) Clinical Assessment and Diagnosis, 3) Treatment Planning and Case Management, 4) Therapeutic Interventions, 5) Legal Issues, Ethics, and Standards, and 6) Research and Program Evaluation. Secondary domains of the MFT core competencies emphasize the Conceptual, Perceptual Executive, Evaluative, and Professional skills and knowledge that competent MFTs must possess.

Taken together, the MFT core competencies 1) incorporate behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, 2) enhance services that meet the needs of diverse populations, and 3) promote resiliency and recovery. The following evaluation form will ask you to reflect on the intern’s strengths and areas for growth within each of the six MFT core competency domains.

For additional information about the core competencies, please visit: http://www.aamft.org/about/coamfte/Version%2011%20Standards/Version%2011%20Standards%20of%20Accreditation%20Index%20Page.asp
WHEN RATING THE INTERN’S PERFORMANCE, PLEASE USE THE FOLLOWING DEFINITIONS:

Excellent
Excels beyond expected developmental level. Rarely awarded. Reflects that the intern is well beyond others at a similar developmental level.

Very Good
Reflects that the intern is right on target developmentally, and that the supervisor has every expectation that the intern will continue to grow and develop appropriately.

Satisfactory
Supervisor believes that clients will benefit from this level of performance, but there is considerable room for improvement.

Marginal
Reflects that the supervisor believes that clients’ experience of therapy may be hampered by intern’s lack of expertise in this area.

Unsatisfactory
Reflects serious doubts that the intern understands the particular competency and how it applies to therapy. Receiving this evaluation indicates a need on the intern’s part for serious consideration and further discussion/skill building associated with this category. May include unethical actions.

N/A
Not applicable

N/O
Not observed
PLEASE RATE THE INTERN FOR EACH OF THE FOLLOWING CORE COMPETENCIES:

Admission to Treatment
This domain includes all interactions between clients and the intern to the point at which a therapeutic contract is established. This includes issues related to receiving referrals, gathering appropriate intake information, obtaining proper consent to treatment, establishing policies for fees, payment, and record keeping, and maintaining confidentiality.

*Please rate (✓) the intern’s performance related to admission to treatment.*

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Satisfactory</th>
<th>Marginal</th>
<th>Unsatisfactory</th>
<th>N/A</th>
<th>N/O</th>
</tr>
</thead>
</table>

*Please comment on the intern’s strengths and areas for growth related to admission to treatment:*

Clinical Assessment and Diagnosis
This domain includes activities that focus on identifying the issues to be addressed in therapy. This includes the intern’s ability to assess clients’ engagement in the change process, develop hypotheses regarding the system and presenting problems, deliver proper services to clients, and utilize supervision effectively.

*Please rate (✓) the intern’s performance related to clinical assessment and diagnosis.*

<table>
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<tr>
<th>Excellent</th>
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<th>Satisfactory</th>
<th>Marginal</th>
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<th>N/O</th>
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</table>

*Please comment on the intern’s strengths and areas for growth related to clinical assessment and diagnosis:*
**Treatment Planning and Case Management**

This domain encompasses the intern’s efforts related to directing the course of therapy and extra-therapeutic activities. This includes knowing effective models for presenting problems, developing clear treatment plans, prioritizing goals, evaluating risks, and completing documentation.

*Please rate (✓) the intern’s performance related to treatment planning and case management.*

<table>
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<tr>
<th>Excellent</th>
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*Please comment on the intern’s strengths and areas for growth related to treatment planning and case management:*

---

**Therapeutic Interventions**

This domain includes the intern’s efforts at ameliorating identified clinical issues. This includes recognizing the ways in which interventions may impact the treatment process, distinguishing between content and process issues, and facilitating clients’ development and integration of solutions to problems.

*Please rate (✓) the intern’s performance related to therapeutic interventions.*

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*Please comment on the intern’s strengths and areas for growth related to therapeutic interventions:*
Legal Issues, Ethics, and Standards
This domain reflects all facets of therapy that involve statutes, regulations, principles, values, and mores of MFTs. This includes knowledge of state and federal laws and regulations applicable to the practice of marriage and family therapy, recognizing when ethical dilemmas arise, utilizing supervision or consultation when necessary, and taking appropriate action when issues emerge.

Please rate (✓) the intern’s performance related to legal issues, ethics, and standards.

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Please comment on the intern’s strengths and areas for growth related to legal issues, ethics, and standards:

Research and Program Evaluation
This domain includes all factors of therapy that relate to the systematic analysis of therapy and how it is effectively conducted. This includes knowing the extant MFT literature, research, and evidence-based practice, using current MFT and other research to inform clinical practice, and contributing to the development of new knowledge.

Please rate (✓) the intern’s performance related to research and program evaluation.

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Please comment on the intern’s strengths and areas for growth related to research and program evaluation (which may not be applicable, depending on the intern’s responsibilities):
Additional Comments:

Supervisor Signature: ___________________________  Date: ___________________________

Intern Comments:

Intern Signature: _______________________________  Date: ___________________________

Intern Review:
I have reviewed this evaluation with my supervisor and we have discussed any questions I have had.

Intern Signature: _______________________________  Date: ___________________________

NOTE: Please return to Erika Grafsky at erikagrafsky@vt.edu or via FAX (540-231-7209)
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WHEN RATING YOUR PERFORMANCE, PLEASE USE THE FOLLOWING DEFINITIONS:

**Excellent**
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**Very Good**
Reflects that you are right on target developmentally, and that you have every expectation that you will continue to grow and develop appropriately.

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Clients will benefit from your level of performance, but there is considerable room for improvement.

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Clients’ experience of therapy may be hampered by your lack of expertise in this area.

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**N/A**
Not applicable

**N/O**
Not observed
PLEASE RATE YOURSELF FOR EACH OF THE FOLLOWING CORE COMPETENCIES:

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Please rate (✔) your performance related to legal issues, ethics, and standards.

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Please comment on your strengths and areas for growth related to research and program evaluation (which may not be applicable, depending on the intern’s responsibilities):
Intern Signature: ___________________________  Date: __________________

NOTE: Please return to Erika Grafsky at erikagrafsky@vt.edu or via FAX (540-231-7209)