Mercer University
School of Medicine

Master of Family Therapy
Program Handbook
Macon – Atlanta

Master of Family Therapy
and
Post Master’s Certificate Programs:
Marriage and Family Therapy
Medical Family Therapy

2016-2017
Students must read the Mercer University Student Handbook, the MUSM Student Handbook and the MFT Program Handbook and acknowledge their understanding of their contents prior to beginning classes at the School of Medicine*.

The Mercer University Student Handbook, the School of Medicine Student Handbook and the Program Handbooks set forth the major policies and procedures affecting students. Because the University is a dynamic institution, changes are inevitable. This handbook will be revised as new policies and procedures are adopted. The latest edition will supersede all former editions unless stated otherwise in the text.

A majority of student policies and resources can be found in the Mercer University Student Handbook and the University Catalog found at www.mercer.edu/provost. The School of Medicine has additional information and policies that pertain to specific student populations that can be found in the SOM Student Handbook and the Program Handbooks also found at www.mercer.edu/provost. These resources, when taken as a whole, provide students with a basic understanding of the rights and responsibilities of Mercer students.

Links to specific documents are as follows:

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Medicine Bulletin</td>
<td><a href="http://registrar.mercer.edu/catalogs.cfm">http://registrar.mercer.edu/catalogs.cfm</a></td>
</tr>
</tbody>
</table>

Students are required to review these documents and to contact the Office of Student Affairs on their campus if they have any questions. Online copies will contain the most up to date versions of policies and supersede any printed copies should any discrepancies exist. These documents may be provided in an alternative format upon request. The provisions of the Mercer University Student Handbook supersede collegiate and campus policies and procedures.

Wherever the University has chosen to adopt policies and principles similar to or incorporating portions of statements of the American Association of University Professors or other external bodies, the University reserves the right to interpret such policies or principles for itself and is not bound by external interpretations.

All provisions, regulations, degree programs and course listings in effect when the Student Handbook went to press and/or are posted on the website are subject to revision by the appropriate governing bodies of Mercer University School of Medicine (MUSM). Students pursuing degree programs when such changes are instituted are expected to comply with the revisions that relate to their programs. It should be understood that the statements in this Handbook are for informational purposes only and should not be construed as the basis of a contract between MUSM and the student. Though the provisions of this Handbook will ordinarily be applied as stated, MUSM reserves the right to change any provisions contained herein, including but not limited to academic requirements for graduation, without actual notice to individual students. Students are responsible for knowing all regulations and procedures required by MUSM and the advanced degree program being pursued. In no case will a regulation be waived or an exception granted because of ignorance of the regulation or of the assertion that the student was not informed by the advisor or other authority. Students should consult frequently with school deans, chairs, or directors, as appropriate regarding current degree requirements.

The Mercer University School of Medicine is a Member of the Association of American Medical Colleges with full accreditation awarded by Liaison Committee on Medical Education. It is the purpose of the University to adhere to all the rules and regulations, course offerings, and financial charges as announced in the Bulletin or in other publications. The University, nevertheless, hereby gives notice that it reserves the right to withdraw any subject,
to change its rules affecting the admission and retention of students or the granting of credit or degrees, or to alter its fees and other charges, whenever such changes are adjudged desirable or necessary. Attendance at Mercer University is a privilege which may be forfeited by any student whose conduct is adjudged as not being in harmony with the traditions, the policies, and the regulations of the University.

*A copy of the acknowledgement form will be provided to each student upon matriculation to the School of Medicine.
I, the undersigned, am in receipt of the Mercer University School of Medicine Student Handbook and will abide by the policies and procedures provided therein.

I further acknowledge that each program of the School of Medicine will have policies and curricular expectations described in the MFT Program Handbook and I further agree to abide by the policies and procedures provided therein.

____________________________
Print Name

______________________________  ______________
Signature                          Date
# Table of Contents

Statement Regarding Student Handbooks and Program Handbook  
Receipt of Student Handbooks and Program Handbook Form  
Accreditation  
Mercer University Mission Statement  
School of Medicine Mission Statement  
Master of Family Therapy Mission Statement  
Post Master’s Certificate in Marriage and Family Therapy Mission Statement  
Post Master’s Certificate in Medical Family Therapy Mission Statement  
Master of Family Therapy Program Outcomes  
Statement of Institutional Standards of Behavior  
Mercer University Equal Opportunity and Affirmative Action Policy  
School of Medicine Diversity Statement  
MUSM Administration and Community Directory  
MFT Program Directory  
MFT Division Organizational Chart  

**General Information**  
27  
Athletic/Sports Facilities  
Books and Supplies  
Communication, Official  
Fund-raising Projects  
Fund Raising Organization Registration  
Fund Raising Request  
Housing Information  
Library and Learning Resource Facilities  
MUSM Book Club  
Office of Student Affairs  
Parking  
Registrar’s Office  
Security  

**University Wide Policies**  
31  
Academic Integrity  
Community of Respect  
Drug and Alcohol Policy  
Federal Disclosure Requirements  
Grievance, Academic  
Rights Pertaining to Educational Records  

**School Wide Policies**  
36  
Dress Code and Identification Badges  
HIPPA  

**MFT Program Policies**  
38  
Academic Advising  
Academic Program Governance  
Academic Performance Standards
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Year</td>
<td>42</td>
</tr>
<tr>
<td>Attendance Policy</td>
<td>42</td>
</tr>
<tr>
<td>Changes in Program or Major</td>
<td>43</td>
</tr>
<tr>
<td>Comprehensive Exam</td>
<td>43</td>
</tr>
<tr>
<td>Computer Users Guidelines</td>
<td>43</td>
</tr>
<tr>
<td>Course Cancellation</td>
<td>44</td>
</tr>
<tr>
<td>Course Changes</td>
<td>44</td>
</tr>
<tr>
<td>Course Numbering System</td>
<td>44</td>
</tr>
<tr>
<td>Course Syllabi</td>
<td>44</td>
</tr>
<tr>
<td>Course Withdrawals</td>
<td>44</td>
</tr>
<tr>
<td>Credit Units</td>
<td>45</td>
</tr>
<tr>
<td>Credit, Extra-Collegiate Learning Programs</td>
<td>45</td>
</tr>
<tr>
<td>Credit, Graduate Transfer</td>
<td>45</td>
</tr>
<tr>
<td>Credit, Transient Status Mercer Student</td>
<td>45</td>
</tr>
<tr>
<td>Credit, Transient Status Non-Mercer Student</td>
<td>45</td>
</tr>
<tr>
<td>Curriculum Changes</td>
<td>45</td>
</tr>
<tr>
<td>Enrollment Status</td>
<td>46</td>
</tr>
<tr>
<td>Evaluation of Courses</td>
<td>46</td>
</tr>
<tr>
<td>Evaluation of MFT Practicum Experience</td>
<td>46</td>
</tr>
<tr>
<td>Evaluation of Program</td>
<td>46</td>
</tr>
<tr>
<td>Grading System</td>
<td>46</td>
</tr>
<tr>
<td>Graduation Audits</td>
<td>47</td>
</tr>
<tr>
<td>Graduation Degree Requirements – MFT</td>
<td>48</td>
</tr>
<tr>
<td>Graduation Degree Requirements – Post Masters Certificate in MFT</td>
<td>48</td>
</tr>
<tr>
<td>Graduation Degree Requirements – Post Masters Certificate in Medical Family</td>
<td>49</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>49</td>
</tr>
<tr>
<td>Registration</td>
<td>50</td>
</tr>
<tr>
<td>Surveys of Alumni</td>
<td>50</td>
</tr>
<tr>
<td>Standard on Student Harassment and Abuse</td>
<td>51</td>
</tr>
<tr>
<td>Student Professionalism Policy</td>
<td>52</td>
</tr>
<tr>
<td>Plagiarism</td>
<td>53</td>
</tr>
</tbody>
</table>

**MFT Program Curriculum**

- Master of Family Therapy Curriculum                                  | 58   |
- Post Masters Certificate in Marriage and Family Therapy Curriculum    | 59   |
- Post Masters Certificate in Medical Family Therapy Curriculum          | 59   |
- Academic Progression Recommendations – MFT                             | 60   |
- Course Descriptions                                                   | 62   |
- Practicum Experience – MFT                                             | 65   |
- Practicum Experience – Post Masters Certificate in MFT                | 65   |
- Practicum Experience – Post Masters Certificate in Medical Family Therapy | 66   |
- Understanding the Complex Nature of MFT Education at Mercer            | 67   |
- A Developmental Perspective                                           | 67   |
- Self of the Therapist                                                 | 68   |
- Dual Nature of Being a Professional in Training                        | 68   |
- Compromise vs. Compassion                                              | 69   |
- Respecting One Another                                                 | 70   |
- Practicum Course Description                                           | 70   |
- General Practicum Objectives                                           | 71   |
- Practicum Student Learning Outcomes                                   | 71   |
- Definitions Related to Client Contact                                  | 73   |
- Supervision Definition                                                | 74   |
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Process of Practicum Placement</td>
<td>75</td>
</tr>
<tr>
<td>Changing Practicum Sites</td>
<td>78</td>
</tr>
<tr>
<td>Completing and Exiting Practicum</td>
<td>78</td>
</tr>
<tr>
<td>Remediation Plans</td>
<td>80</td>
</tr>
<tr>
<td>Practicum Supervision Process</td>
<td>80</td>
</tr>
<tr>
<td>Supervision Contact Procedures Between Semesters and/or During Emergencies</td>
<td>82</td>
</tr>
<tr>
<td>General Expectations of Practicum Students</td>
<td>82</td>
</tr>
<tr>
<td>Specific Responsibilities of the MFT/Post Masters Certificate Student</td>
<td>85</td>
</tr>
<tr>
<td>Additional Expectations</td>
<td>87</td>
</tr>
<tr>
<td>AAMFT Membership</td>
<td>89</td>
</tr>
<tr>
<td>Responsibilities of MFT Program</td>
<td>90</td>
</tr>
<tr>
<td>Responsibilities of MFT Assistant Program Director</td>
<td>90</td>
</tr>
<tr>
<td>Responsibilities of Community Placement Coordinator</td>
<td>90</td>
</tr>
<tr>
<td>Responsibilities of Practicum Supervisor</td>
<td>90</td>
</tr>
<tr>
<td>Responsibilities Of Practicum Placement Agency</td>
<td>91</td>
</tr>
<tr>
<td><strong>Student Support Services</strong></td>
<td></td>
</tr>
<tr>
<td>AAMFT Membership</td>
<td>93</td>
</tr>
<tr>
<td>Academic Resource Center</td>
<td>93</td>
</tr>
<tr>
<td>Academic Success Initiative</td>
<td>93</td>
</tr>
<tr>
<td>Access and Accommodation Services for Students</td>
<td>94</td>
</tr>
<tr>
<td>Career Support Services</td>
<td>96</td>
</tr>
<tr>
<td>College Study Skills Online</td>
<td>96</td>
</tr>
<tr>
<td>Debt Management</td>
<td>96</td>
</tr>
<tr>
<td>Food Services (Macon only)</td>
<td>96</td>
</tr>
<tr>
<td>Financial Aid</td>
<td>96</td>
</tr>
<tr>
<td>Graduate Student Organization</td>
<td>97</td>
</tr>
<tr>
<td>Georgia Rural Health Association Student Chapter</td>
<td>97</td>
</tr>
<tr>
<td>Insurance Coverage</td>
<td>97</td>
</tr>
<tr>
<td>Online Writing Lab</td>
<td>98</td>
</tr>
<tr>
<td>Personal Support and Development Services</td>
<td>98</td>
</tr>
<tr>
<td>Student Health Services Program</td>
<td>99</td>
</tr>
<tr>
<td>Mental Health Support Services</td>
<td>102</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>102</td>
</tr>
<tr>
<td><strong>Appendix: AAMFT Code of Ethics</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Appendix: Rules of the State of Georgia</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Appendix: AAMFT Core Competencies</strong></td>
<td></td>
</tr>
</tbody>
</table>
The Mercer University School of Medicine is a Member of the Association of American Medical Colleges, full accreditation awarded by the liaison committee on Medical Education.

The Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy, 112 S. Alfred Street, Alexandria, Virginia 22314 (703) 828-9808 accredits the Master of Family Therapy Program.

It is the purpose of the University to adhere to all the rules and regulations, course offerings, and financial charges as announced in the Bulletin or in other publications. The University, nevertheless, hereby gives notice that it reserves the right to withdraw any subject, to change its rules affecting the admission and retention of students or the granting of credit or degrees, or to alter its fees and other charges, whenever such changes are adjudged desirable or necessary. Attendance at Mercer University is a privilege, which may be forfeited by any student whose conduct is adjudged as not being in harmony with the traditions, the policies, and the regulations of the University.

Mercer University is committed to providing equal educational and employment opportunity to all qualified students, employees and applicants, without discrimination on the basis of race, color, national or ethnic origin, sex, age, or disability, as a matter of University policy and as required by applicable State and Federal laws (including Title Vi, Title VII, Title IX, Sections 503 and 504, ADEA, ADA, E.O. 11246 and Rev. Proc. 75-50). Inquiries concerning this policy may be referred to the Equal Opportunity/Affirmative Action Officer, Diane Baca, Personnel Office, Penfield Hall, 1485 Edgewood Avenue, Macon, GA 31207, telephone 478-301-2786.

January 2004
Accreditation
Mercer University is accredited by the Commission on Colleges of the Southern Association of Colleges and School to award bachelor’s, master’s, and doctorate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call (404) 679-4501 for questions about the accreditation at Mercer University. The Commission should only be contacted if there is evidence that appears to support an institution’s significant non-compliance with a requirement or standard.

The School of Medicine MFT program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education of the American Association for Marriage and Family Therapy (COAMFTE).

For the most current information on Mercer University’s accrediting bodies, please refer to the catalogs or online at http://oie.mercer.edu/accreditations/accred-list/.

Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE)

Accreditation is a voluntary process whose major purpose is to ensure quality in a marriage and family therapy program. All accredited programs are expected to meet or exceed all standards of accreditation throughout their period of accreditation. The integrity of an institution and the program is fundamental and critical to the process of accreditation. Accreditation standards are regarded as minimal requirements for quality training. All accredited programs are free to include other requirements, which they deem necessary and contribute to the overall quality of the program and prepare graduates of the program for licensure.

Programs must continually evaluate themselves in relation to their institution’s mission and their own program mission, goals and educational objectives. Accreditation standards, like other aspects of accreditation, are part of a slowly evolving, continuous process. In the long view, there are continuing conversations among accreditors, training programs, trainees, trained professionals, employers, and consumers from which the standards and other aspects of accreditation evolve.

The Commission has the ability to change standards as needed to meet the evolving needs of the profession. In Version 11 Standards, the Commission made a philosophical shift from input-driven standards to a more outcome-based evaluation. The Commission is earnestly interested in, and actively seeks, all comments and suggestions for modification and improvement to these standards and the process. Vested parties maintain the common goal: the best training, the most competent professionals, and the best service to the public that is realistic and available. The objective of the standards is to assure, as much as possible, that individuals trained in accredited programs are competently trained to become marriage and family therapists at the entry and doctoral levels.

The standards apply to the training of marriage and family therapists and are based on a relational view of life in which an understanding and respect for diversity and non-discrimination are fundamentally addressed, practiced, and valued. Based on this view, marriage and family therapy is a professional orientation toward life and is applicable to a wide variety of circumstances, including individual, couple, family, group, and community problems. It applies to all living systems; not only to persons who are married or who have a conventional family.
The Commission believes that a great area of concern for our profession and accredited programs is the inclusion of racial diversity in our training contexts and in the student body of our programs.

The Commission also seeks to enhance the diversity of our programs in terms of age, culture, ethnicity, gender, physical ability, religion, sexual orientation, and socio-economic status, without disregarding the rights of religiously affiliated institutions and institutions outside of the United States. Religiouisly affiliated institutions that have core beliefs directed toward conduct within their communities are entitled to protect those beliefs. All institutions are exempt from those standards that would require them to violate the laws of their states or provinces.

Graduates from COAMFTE accredited marriage and family therapy programs are trained to be clinical mental health practitioners. COAMFTE adopts the Standard Occupational Classification of the Bureau of Labor and Statistics which states that MFTs are qualified to “[d]iagnose and treat mental and emotional disorders, whether cognitive, affective, or behavioral, within the context of marriage and family systems. [They] Apply psychotherapeutic and family systems theories and techniques in the delivery of professional services to individuals, couples, and families for the purpose of treating such diagnosed nervous and mental disorders.”

As a marriage and family therapist, all training is relational, related to context, and culturally sensitive, whether contact hours are relational or individual, whether diagnostic procedure is traditional or relational, and whether a presenting problem is explicitly related to a marriage, a family, or to neither.

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) is a specialized accrediting body that accredits master's degree, doctoral degree, and post-graduate degree clinical training programs in marriage and family therapy throughout the United States and Canada. The Council for Higher Education Accreditation (CHEA) officially recognizes the COAMFTE. CHEA is a non-governmental organization that works to foster and facilitate the role of accrediting bodies in promoting and insuring the quality and diversity of American post-secondary education. CHEA regularly reviews the policies and practices of COAMFTE for continued recognition. Meet the Commissioners.

COAMFTE Organization
The COAMFTE is made up of nine (9) Commissioners -- seven (7) professional members and two (2) public members. Professional Commission members must be senior marriage and family therapy educators or clinicians. Public members represent the interests of the general public and are not professional marriage and family therapy educators, supervisors or practitioners. In selecting Commission members, every effort is made to maintain a balance with regard to race, ethnicity, gender, and geographic location. The Commission must also reflect a balance regarding academicians and practitioners as well as training contexts (master’s, doctoral, and post-degree).

Purpose of Accreditation
Specialized accreditation of marriage and family therapy programs is a public service that aims to:
• encourage programs to continue their own self-study and development; and
• indicate that programs are meeting established standards and their own stated objectives.
This specialized accreditation is both a process and a condition. The process, or the act of accrediting, entails assessing a program’s operations through compliance with specified professional standards developed by a national consensus of professionals in the field. The condition, or the state of being accredited, provides a credential to the public which attests that a program has accepted and is fulfilling its commitment to educational quality.

The COAMFTE works cooperatively with its parent organization, the American Association for Marriage and Family Therapy (AAMFT), state licensing and certification boards, and the Association of Marital and Family Therapy Regulatory Boards (AMFTRB). The COAMFTE program educational standards often serve as the foundation for the development of individual credentialing requirements. The accreditation process is a voluntary process that requires self-study by the program, an on-site review by a selected group of peers, and a review and decision by the COAMFTE to determine compliance with accreditation standards. Once a program has become accredited, it is required to submit annual reports demonstrating continued compliance with standards. Accredited programs are reviewed at least every six years.

Benefits of Accreditation
In fostering quality assurance and program improvement, the COAMFTE’s accreditation process benefits the public, programs, students, and the profession.

• To the public and consumers, accreditation provides assurance that the program has undertaken extensive external evaluation, and meets standards established by the profession.
• Accreditation serves programs by providing a stimulus for self-evaluation and a cost-effective review mechanism which strengthens the reputation and credibility of a program because of the public regard for accreditation. Accredited programs become eligible for funding under several Federal grant programs. Click here for listing of current grant opportunities.
• Students can be assured that the appropriate knowledge and skill areas will be included in the course of study that are necessary for entry into a chosen field and that the program demonstrates financial stability. An accredited degree assures a prospective employer that the student has undertaken a superior course of professional preparation. An accredited degree also allows students to apply for Clinical Membership in AAMFT through the accelerated Accredited Program Track in the absence of state licensure.
• The MFT Profession benefits because specialized accreditation contributes to the unity of the profession. It brings together practitioners, teachers, and students in the vital activity of setting standards for the education of entry level professionals, and of continually improving professional preparation, education, research, scholarship, and clinical practice.

Scope of Accreditation
The COAMFTE’s scope of accreditation includes three types of programs:
• Master’s Degree Programs provide students with broad areas of theory and practice in marriage and family therapy. These programs provide entry level educational requirements for independent clinical practice in the profession. They are designed to prepare individuals for beginning a career in marriage and family therapy by providing basic didactic and clinical skills, as well as professional development and socialization.
• Doctoral Degree Programs prepare students for academic careers, research, advanced clinical practice
and supervision. The doctoral curriculum includes advanced instruction in marriage and family therapy research, theory construction and supervision.

Post-Graduate Degree Clinical Training Programs provide clinical education in marriage and family therapy to trainees with a master's or doctoral degree in MFT, or in a closely related field. A program may allow for specialized training in a particular modality or treatment population.

Commission on Accreditation of Marriage and Family Therapy Education
112 South Alfred Street, Alexandria, VA 22314
Phone: (703) 838-9808  -  Fax: (703) 838-9805
E-mail: coa@aamft.org
Mercer University Mission Statement

Mercer University's mission is to teach, to learn, to create, to discover, to inspire, to empower and to serve.

In fulfilling this mission, the University supports undergraduate, graduate, and professional learning as well as basic research and its application in service to others. As a university committed to excellence and innovation, Mercer challenges members of its community to meet and exceed high standards in their teaching, learning, research, scholarship and service.

Founded by Baptists in 1833, Mercer is an independent university that remains grounded in a tradition that embraces freedom of the mind and spirit, cherishes the equal worth of every individual, and commits to serving the needs of humankind. As a reflection of this heritage:

- We encourage our students to discover and develop fully their unique combination of gifts and talents to become leaders who make a positive difference in the world.
- We seek to inspire members of our community to live virtuous and meaningful lives by using their gifts and talents to serve the needs of humankind as an expression of their love for God and neighbor.
- We seek to enrich the mind and spirit by promoting and facilitating an open and rigorous search for truth and understanding, including an examination of the moral, religious and ethical questions of this and every age.
- We affirm and respect the dignity and sacred worth of every person and celebrate both our commonalities and our differences.
School of Medicine Mission Statement

“To educate physicians and health professionals to meet the primary care and health care needs of rural and medically underserved areas of Georgia”

We believe that the best medical schools focus on the needs of their communities and regions. Therefore, we select and educate medical students who are most likely to practice in medical specialties in short supply in the State of Georgia. These include primary care and a variety of other specialties. We also select and educate students who are most likely to practice in locations in Georgia with shortages of physicians. Most of these are in rural areas, while some are in more metropolitan areas.

- The best medical schools focus on the needs of their communities and regions.
- Georgia has a significant shortage of physicians.
- These include primary care physicians and physicians in important non-primary-care specialties.
- Georgia has many medically underserved areas and populations.
- Most medically underserved areas in Georgia are rural, while some are metropolitan.
- Medically underserved areas may need physicians in specialties in which there is not a statewide shortage.

At Mercer University School of Medicine we train the kinds of physicians and health care professionals that Georgia most needs who will practice in the areas where Georgia most needs them.

Mission Areas
Teaching – Excellence in educational programs that graduate caring, compassionate, competent health care professionals.

Scholarly Activity and Research – Discovering new knowledge, integrating and applying knowledge to improve the health status of Georgians.

Clinical Care – Providing high quality, patient-centered, cost effective health care services.

Community Service – Reaching out and partnering with neighborhoods and communities.

Core Values
The endorsed core values of the Mercer University School of Medicine community are:
Collaboration – working together and respecting each other’s contributions Compassion – showing empathy and concern for the well-being of others
Competence – demonstrating mastery of the skills of one’s profession or vocation
Excellence – performing at the highest level and exceeding the expectations of those we serve
Integrity – unwavering adherence to a professional and ethical code of conduct
Respect and Honesty – conducting ourselves in a manner that demonstrates the value of each individual
Service – offering our talents and skills towards the betterment of our community

“I don’t know what your destiny will be, but one thing I do know: the only ones among you who will be really happy are those who have sought and found how to serve.”

-Albert Schweitzer, philosopher, physician, musician, Nobel laureate (1875-1965)
Master of Family Therapy Program Mission Statement (revised 2015)

The Mercer University School of Medicine Masters of Family Therapy (MFT) program mission is to transform MFT and medical students into competent, compassionate and ethical professionals who work collaboratively to meet the needs of individuals, couples, families and communities, including the rural and underserved. Emphasizing interactive and case-based teaching strategies, our student-centered faculty provides a conceptual and practical foundation that equips graduates to be discerning consumers and innovative producers of knowledge across a variety of medical and other clinical settings, as well as academic institutions. This foundation prepares clinicians to articulate and utilize a wide variety of philosophical perspectives, theoretical orientations, and clinical modalities, all with sensitivity and responsiveness to diverse contextual factors that impact therapist and client systems, as well as institutions and communities in which they participate. Through scholarship and clinical outreach, students and faculty work closely to have local, regional, national, and global impact.

Post Master’s Certificate in Marriage and Family Therapy Mission Statement

The Primary Mission of the Post Masters Certificate in Marriage & Family Therapy Program at Mercer University School of Medicine (MUSM) is to meet the academic requirements for sitting for the Georgia licensing examination as a marriage and family therapist. This Program is designed for professionals who hold a Master’s or a Doctor’s degree in a helping profession (i.e., psychology, medicine, counseling social work, and others).

Post Master’s Certificate in Medical Family Therapy Mission Statement

Medical Family Therapy is a specialty within the family therapy discipline. The Primary Mission of this program is to equip family therapists to work confidently and collaboratively with physicians and other health care providers in addressing the unique psychosocial problems of individuals, couples and families with acute and chronic medically related concerns.
Master of Family Therapy Program Outcomes

Educational Outcomes (ED)

ED 1: Mercer MFT students and faculty infuse a systemic perspective into clinical activities, service, and scholarship consistent with biopsychosocial/spiritual and ecosystemic models.

ED 2: Mercer MFT students and faculty recognize and articulate influences of contextual factors on clinical activities, service, and scholarship; including, but not limited to self, gender, sexuality, aging, health/ability, spirituality, ethnicity, culture, power, privilege, and socioeconomic status.

ED 3: Mercer MFT students and faculty adhere to legal and ethical regulatory standards and are able to recognize the influence of both higher order moral principles (i.e., beneficence, non-maleficence, autonomy, justice, fidelity, and veracity) and moral reasoning schemas (e.g., duty-based, ends-based, and/or care-based) on moral/ethical decisions faced by therapists, clients, allied health professionals, and/or researchers.

ED 4: Mercer MFT students and faculty engage in interdisciplinary collaboration to advance the wellbeing of clients, the profession, and other communities of interest.

ED 5: Mercer MFT students and faculty practice from varied theoretical and empirically informed frameworks in their work across clinical settings with diverse client populations, presenting problems, and interdisciplinary professionals.

ED 6: Mercer MFT students and faculty have local, national, and/or international influence through reciprocal interdisciplinary scholarship and/or clinical outreach.

Program Outcomes (PR) (revised 2014)

PR 1: As a result of participating in the Mercer MFT Program, at least 60% of graduates not pursuing doctoral studies will be employed in the mental health field within three years of graduation.

PR 2: As a result of participating in the Mercer MFT Program, at least 60% of graduates who apply will be successfully admitted to doctoral programs.

PR 3: As a result of participating in the Mercer MFT Program, at least 60% of graduates will be experienced working with a variety of presenting problems in diverse rural and/or underserved populations.

PR 4: As a result of participating in the Mercer MFT Program, at least 60% of graduates will be experienced working collaboratively with healthcare professionals or professionals in training from a variety of disciplines, including but not limited to psychologists, counselors, social workers, nurses and/or physicians.

PR 5: As a result of participating in the Mercer MFT Program, at least 60% of graduates who choose to specialize in medical family therapy will be experienced working in medical settings.

PR 6: The Mercer MFT program will be recognizable (at local, state, national, and/or international levels) as having at least 50% of its full-time faculty exhibit expertise in medical family therapy and/or working with underserved populations. (REVISED 2014)
Faculty Outcomes (FAC) (revised 2014)

FAC 1: Each clinical supervisor at Mercer provides supervision that regularly discusses each of the following: (A) systemic perspective, (B) a variety of philosophical, theoretical and/or empirically informed frameworks, (C) discussion of relevant contextual factors, and (D) adherence to legal and ethical standards.

FAC 2: Each full time faculty member is actively engaged in one or more of the four types of scholarship: (A) investigative research (including quantitative, qualitative, or mixed methods and program evaluation), (B) interdisciplinary integration, (C) application of theory/research/practice feedback loop, and/or (D) transformation of teaching practices.

FAC 3: Each faculty member incorporates current literature and utilizes interactive and/or problem-based teaching strategies in every academic course he or she teaches.

FAC 4: Each full-time faculty member utilizes a wide variety of philosophical and theoretical frameworks during clinical supervision and classroom teaching.

FAC 5: Each full-time faculty member serves as a role model for professional development through his or her active participation in MFT and/or interdisciplinary professional organizations.

FAC 6: Each full-time faculty member serves as a role-model for interdisciplinary collaborative partnerships through service to the university and community.

FAC 7: Each full-time faculty member is a student-centered academic and professional development advisor and mentor to students.

FAC 8: Each full-time faculty member contributes to governance of the Mercer MFT program by participating in regular faculty meetings, student admissions decisions, curriculum reviews, clinical evaluations of students, and/or special committees as needed (i.e., faculty/staff hiring interviews).
Student Learning Outcomes (SL)

Recognizing that full mastery of clinical core competencies is not expected until several years after graduation or at the time of full licensure, the following are expected learning outcomes for students graduating from the Mercer MFT program.

SL 1: Students have the basic core competencies to infuse systemic and biopsychosocial/spiritual perspectives into their academic work and clinical activities.

SL 2: Students have the basic core competencies to provide scholarship and clinical activities from multiple philosophical and theoretical frameworks.

SL 3: Students have the basic core competencies to recognize, articulate, and account for influences of contextual factors on client systems (especially those in rural or underserved populations) and adjust scholarship and clinical activities as appropriate.

SL 4: Students have the basic core competencies to collaborate across disciplines when necessary in order to successfully provide clinical services in both academic and non-academic professional mental health and/or medical settings.

SL 5: Students have the basic core competencies to be discerning consumers and/or producers of empirical research and/or program evaluation in their scholastic work and/or clinical services.

SL 6: Students have the basic core competencies to: (A) meet or exceed minimal legal, ethical, and other professional regulatory standards (i.e., national and state laws, the AAMFT Code of Ethics, and ethical agency policies and procedures); and (B) account for the influence of higher order moral principles (i.e., beneficence, non-maleficence, autonomy, justice, and fidelity) and moral reasoning schemas (e.g., duty-based, ends-based, care-based, and/or narrative based) on moral/ethical decisions faced by clients, therapists, and scholars.

SL 7: Students have basic academic and professional development skills to: (A) complete applications for Georgia Licensed Associate Marriage and Family Therapist (LAMFT), an Associate Member of AAMFT, and doctoral programs as desired; (B) engage in client recruitment/marketing activities; and (C) create professional workshops.
Mercer University School of Medicine

Statement of Institutional Standards of Behavior

Mercer University School of Medicine, consistent with the Accreditation Standards and Mercer University policies and procedures, fosters and maintains an educational community that fosters learning, nurtures learners and is a learning environment in which students, faculty and staff can work together in an atmosphere free of all forms of harassment, exploitation, or intimidation. (For the purpose of this statement, relationships in the educational community include unequal power [teacher-learner or learner-teacher] as well as equal power [teacher-teacher or learner-learner] relationships).

Conduct such as violence, sexual harassment, and inappropriate discrimination based on personal characteristics are inherently destructive and will not be tolerated. Other patterns of unacceptable behavior by MFT faculty, staff, and students in this category include habitual demeaning or derogatory comments that are belittling, insensitive, and/or crude; destructive criticism; student humiliation or dehumanization; rejection and alienation.

While the School recognizes the need for effective and constructive feedback/criticism as a part of the learning process, feedback does not have to be demeaning or dehumanizing.

Examples of inappropriate and unacceptable behaviors in the learning environment are:

- Physical punishment or physical threats
- Sexual harassment
- Discrimination based on race, religion, ethnicity, gender, age, or disability
- Repeated episodes of psychological punishment of a student by a particular superior or equal (e.g. public humiliation, dehumanization, belittlement or derogatory comments, threats, intimidation, rejection, alienation, and removal of privileges)
- Grading or attention used to show favoritism or to punish a student rather than to evaluate objective performance
- Assigning tasks for punishment rather than educational purposes
- Requiring the performance of personal services
- Taking credit for another individual’s work
- Intentional lack of communication
- Repeated annoying or humiliating conduct which offends a reasonable person to whom the conduct was obviously directed, including but not limited to, gestures, facial expressions, speech or physical contact or repeated inappropriate telephone or e-mail messages.
- Hate based language and activities

In keeping with this statement of standards of behavior, a concerted effort must be made to provide employees and students with an environment free of all forms of mistreatment and harassment. Accusations of violations of this policy are serious and can have far reaching effects on the careers and lives of individuals. Allegations must be made in good faith and not out of malice. Any retaliatory action will be a violation of this policy.
Equal Opportunity and Affirmative Action Policy
(From Mercer University Student Handbook)

Mercer University is committed to a policy of equal opportunity without regard to race, color, national origin, disability, veteran status, sex, sexual orientation, genetic information, age, or religion (except in limited circumstances where religious preference is both permitted by law and deemed appropriate as a matter of University policy). This policy applies to all terms and conditions of employment, educational programs, or activities, including, but not limited to, admissions, financial aid, housing, hiring, placement, promotion, termination, transfer, leaves of absence, compensation, training or other educational programs.

In addition, as a federal contractor, the University has adopted an Affirmative Action Plan in accordance with applicable legal requirements. This plan is reviewed and updated annually. Employees and applicants may access, upon request, the full affirmative action plan at locations and times posted in the Human Resources office.

Mercer University will make reasonable accommodations for qualified individuals and students with known disabilities unless doing so would result in an undue hardship. Mercer University prohibits any form of unlawful employee harassment based on race, color, national origin, disability, veteran status, sex, sexual orientation, genetic information, age or religion.

Any employees or students with questions or concerns about any type of discrimination are encouraged to bring these issues to the attention of the Equal Opportunity Officer/Title IX Coordinator, their immediate supervisor or the supervisor of the person behaving objectionably, or for sexual violence/sexual harassment with the Office of Civil Rights. Employees or students can raise concerns and make reports without fear of reprisal, harassment, intimidation, threats, coercion or discrimination.

Mercer University maintains an audit and reporting system to determine overall compliance with its equal employment opportunity mandates and to respond to any specific complaints that students, applicants or employees file with the Mercer University’s equal employment opportunity office. The Associate Vice President for Human Resources [1400 Coleman Avenue, phone (478) 301-2786] is the Equal Opportunity/Affirmative Action Officer/Title IX Coordinator and is responsible for monitoring and coordinating compliance with this policy and applicable laws and regulations, including Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Age Discrimination in Employment Act, Executive Order 11246, and other federal and state laws.
MUSM Diversity Statement
(From MUSM Student Handbook)

Mercer University School of Medicine is privileged to be located in Georgia, a state with a unique, diverse, and evolving heritage. Mercer is committed to serving Georgia by educating physicians and other healthcare professionals to meet the healthcare needs of the state’s medically underserved.

Mercer University School of Medicine and the MFT program believe that an environment of inclusiveness, equal opportunity, acceptance, and respect for the similarities and differences in our community is essential for excellence in the fulfillment of our mission. An atmosphere where differences are valued leads to the training of a culturally competent healthcare workforce qualified to meet the needs of the varied populations of our state and enhances the development of professionalism in our students. Further, we believe that institutional diversity fuels the scholarly advancement of knowledge in an atmosphere of free inquiry and expression.

The School of Medicine and the MFT program adopt a definition of diversity that embraces race, ethnicity, gender and gender identity, religion, sexual orientation, social and cultural attributes, rural or metropolitan background, and disability. The definition of diversity also includes life experiences, record of service and employment, and other talents and personal attributes that can enhance the scholarly and learning environment.

The School of Medicine and the MFT program seek to attain a diverse learning environment through the recruitment, enrollment, hiring, and retention/graduation of students, faculty, staff, and leadership who meet this definition of diversity. We also seek to deliberately and thoughtfully utilize the benefits of diversity in our interactive, team-based educational programs.

Approved December 4, 2012 by the MUSM Executive Council
MUSM Administration and Community Directory

**Dean’s Office**
Jean Sumner M.D., Dean ................................................................. 301-5570
Elaine Arnold, Administrative Assistant ........................................ 301-5570

**Admissions and Student Affairs**
Patrick Roche, M.D., Associate Dean for Student Affairs ............ 301-2531
Wendy Gaskin, Student Affairs Specialist ..................................... 301-2652
Catherine Groover, Admissions Counselor ................................. 301-5425
Jina Parish, Admissions Specialist ................................................ 301-2524

**Financial Aid Office**
Susan Lumsden, Director of Financial Planning ... 301-2539
Mary Scott, Associate Director of Financial Planning ................. 301-2853

**Registrar’s Office**
Cathy Groce, Registrar ............................................................... 301-5137

**International Student Information**
Mercer University Office of International Programs
Julie Strecker, Coordinator, Study Abroad Programs .................. 301-4444/Fax: 5341

**Mercer University Offices and Services**
Library-Macon ............................................................................. 301-4056
Learning Resource Center (Macon) ............................................. 301-4149
Bear Card Office (Macon) ............................................................. 301-2929
Bookstore ..................................................................................... 301-2945
Information Technology Help Desk ........................................... 301-2922
Student Health Center ................................................................. 301-2696
Counseling and Psychological Services (Macon) ....................... 301-2862
Counseling and Psychological Services (Atlanta) ..................... 678-547-6060

**Emergency Numbers**
On-campus Emergency Number .................................................. 2911
Ask a Nurse (daytime only) ......................................................... 746-4646
Mercer Police (MERPO) .............................................................. 301-2970
Community Crisis Line (24 hours) ............................................ 751-4484
Macon Police ............................................................................. 751-7505
Mercer Medicine (24 hours) ....................................................... 301-4111
Medical Center of Central Georgia, Information ...................... 633-1000

**Mercer University Online Directory** ............................................. [http://apps.mercer.edu/directory/](http://apps.mercer.edu/directory/)
MFT Program Directory

Angela Hale, M.D.  
Associate Professor  
Interim Chair, Department of Psychiatry and Behavioral Sciences

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Bowden Templeton, Ph.D., LMFT
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Program Director – Macon/Atlanta

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Atlanta

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Assistant Program Director

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Director of Healthcare Integration

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Clinic Director - Mercer Family Therapy Center

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Community Placement Coordinator

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Assistant Program Director
Clinic Director - Mercer Family Therapy Center

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Assistant Professor

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Doctoral Teaching Intern

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Adjunct Faculty
Bertranna Abrams-Muruthi, M.S.
Tanya Alexander, M.A., LMFT
Marian Andrews, M.S.W, LCSW
Michael Chafin, M.Div., LMFT
Warren Jones, M.Div., LMFT
Shaun Kell, M.F.T., LMFT
David Kim, Ph.D., LPC
Cassandra Lettenberger-Klein, Ph.D.
Kara McDaniel, Ph.D., LMFT
Diane Hall Smith, M.F.T., LMFT
Michelle Smith, Ph.D., LMFT

Staff
Janette Carter, M.Ed. (478) 301-4033  
carter_jm@mercer.edu
Graduate Program Specialist (Macon and Atlanta)

Karen Hall (478) 301-4048  
hall_kj@mercer.edu
Graduate Program Specialist (Macon)

Kotelia Scott (678) 547-6881  
scott_kq@mercer.edu
Graduate Program Specialist (Atlanta)
General Information

Athletic/Sports Facilities
Macon- MUSM students on the Macon Campus have access to the new University Center. The University Center is the most ambitious project undertaken by the University in the last decade. The facility has a coffee shop, food court, indoor track, indoor pool, weight room, cardiovascular room, varsity athletic team rooms, the Trustees’ Dining Room, the Presidents’ Dining Room, Heritage Hall and a 3,500-seat arena. A fee is charged for the use of the pool however, the outdoor pool is available free of charge. Students will be asked to show proper identification when using facilities. Atlanta students have access to the Sheffield Gym.

Books and Supplies
The College Store (physically located on the Macon Campus with convenient internet access at all sites) stocks textbooks and supplies. Store hours are Monday through Friday from 8:30 a.m. to 5:00 p.m. and Saturday, 9:00 a.m. to 12:00 noon. If a medical book is not available in the College Store, the store will order it from Major’s Bookstore, Atlanta. Delivery time is in the range of two to three days. Books and supplies can be ordered online through various vendors. Online information is found at http://mercer-macon.bncollege.com/webapp/wcs/stores/servlet/BNCBHomePage?storeId=31551&catalogId=10001&langId=-1

Communication, Official
Email Services
Upon matriculation, students are assigned an email address. It is recommended that the Mercer Email address be utilized for all official communication and note that students are expected to check their email on a daily basis. For your convenience you may forward your Mercer Email to a personal Email account. The University and the School will use this address for any official e-mail correspondence to students. In the event of an emergency, Mercer will utilize multiple methods, including emergency text phone messaging and email to notify students.

Postal Services
Some communication may occur via postal services. In MUSM – Each MFT graduate student can request an assigned PO Box located in the Atrium in the School of Medicine. An outgoing mail basket is also provided in the Atrium. A sample address for a student is:

<table>
<thead>
<tr>
<th>US POSTAL SERVICE</th>
<th>IN SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms. Stephanie Student</td>
<td>Ms. Stephanie Student</td>
</tr>
<tr>
<td>MUSM Student Box 00</td>
<td>MUSM Box 00</td>
</tr>
<tr>
<td>1550 College Street</td>
<td>(Local) Macon, GA 31207</td>
</tr>
</tbody>
</table>

In case you will be away from MUSM for an extended length of time for study time, etc, it is your responsibility to give your new address to departments from which you intend to receive mail during your absence. The Office of Admissions and Student Affairs must also be notified. Your new/temporary address will then be given to the mail clerk who will forward only FIRST CLASS mail to you. It is strongly recommended that newspapers, magazines, periodicals, be given your home address for processing. It is of utmost importance that you keep your mailbox locked at all times. Open mail boxes not only cause mail to fall out, it also offers access to anyone who may be visiting the building which could result in loss of important information.
Fund-Raising Projects

All fund raising activities must be pre-approved by the Assistant Dean of Student Affairs. The Assistant Dean of Student Affairs and the University Public Relations Office must approve the use of the medical school logos and all drawings for tee shirts, cup, etc. Forms are available in the Student Affairs Office. Items are to be sold to medical students, medical school faculty members and family members only, and must not be sold on the University campus as a whole. Organizations should not solicit funds from local businesses or individuals because such an activity has the potential for interfering with the functions of the University Advancement Office.

Fund-Raising Organization Registration

Before a student group can be affirmatively recognized and use campus facilities, they are required to apply for recognition as an officially sponsored student group of Mercer University School of Medicine. An outline of the structure of the organization including names of officers, bylaws, its purpose, any affiliation with a national organization, and a commitment by the organization to abide by laws and institutional policies must be submitted to the Assistant Dean of Student Affairs along with a letter of request receive official status.

Fund-Raising Request

Forms requesting fundraising events on campus premises are available in the Office of Student Affairs and must be approved in advance of the event by the Assistant Dean of Student Affairs. The Office of Student Affairs and the University Advancement Office must approve any items purchased for resale.

Housing Information

The Offices of Student Affairs in Macon and Atlanta maintain a housing list of available apartments/houses and a list of those students who wish to secure roommates. You may contact their offices at any time to inquire about housing availability. In addition, new listings are posted on the bulletin boards in the student tutorial areas. Online information about housing is found at http://campus-living.mercer.edu/

Library and Learning Resource Facilities

The Mercer Medical Libraries, physically located on both the Macon and Savannah campuses, and the Peyton T. Anderson Learning Resources Center in Macon provide faculty, staff and students in Macon, Savannah, Columbus, and other affiliated sites with resources and services to meet their research, educational, patient care and information needs.

The combined collection contains over 130,000 print volumes, including 46,500 books, 9,200 audiovisuals, 2,500 government documents, and about 500 current print journal subscriptions. Access is also provided to more than 5,000 electronic journals, over 150 electronic books, and 40 plus major indexing and abstracting services. Computers are available in both libraries, the Learning Resources Center, computer lab and the student tutorial areas. Faculty and students with personal computers and laptops can also access e-resources onsite via the university’s wireless network or remotely from their offices and homes. The Macon Medical Library also serves as the hub for GalN (Georgia Interactive Network of Medical Information) a state-wide network serving healthcare providers and facilities throughout the state of Georgia.
A full range of services is provided by the Library faculty and staff. Reference services are offered weekdays and evenings with a combined staff of 10 professional librarians assisting faculty needs in person, via phone or email. Classes on library and information technology topics are taught on request for individuals or groups. The Library is capable of searching more than 300 computer databases including all the National Library of Medicine resources: PubMed/MEDLINE, Gateway, TOXNET; as well as GALILEO, the State of Georgia’s electronic library service. Electronic-based interlibrary loan services connect the libraries with other biomedical library loan collections throughout Georgia, the Southeast and the nation. The libraries offer desktop document delivery of photocopied articles via email upon request. A well-monitored reserve collection is available on both campuses. Study rooms and carrels are available in Macon for individual and group study. Online information about Mercer University libraries is found at [http://about-libraries.mercer.edu/](http://about-libraries.mercer.edu/)

**MUSM Book Club**

The MUSM Book Club consists of interested faculty, staff, and students who enjoy literary pursuits for pleasure. The group makes monthly recommendations based upon participant interest. Depending on the group interest, selections include classics, short stories, popular press, and books related to the practice of medicine. Meeting times are scheduled around best times for students. For additional information contact Dr. Patrick Roche (301-5359).

**Office of Student Affairs**

The Office of Student Affairs oversees many of the support services required by students during the course of their graduate curriculum. These include:

1. Oversee student health compliance in accordance with university policy.
2. Serve as clearing house for housing information.
3. Assists students applying for grants and scholarships that require a letter of recommendation from the Student Affairs Dean.
4. Serve as contact source for referral and follow-up for students presenting with emotional and academic difficulties.

The Associate Dean of Student Affairs is Dr. Patrick Roche and he may be contacted at (478) 301-2542. Online information about Student Affairs is found at [http://studentaffairs.mercer.edu/](http://studentaffairs.mercer.edu/)

**Parking**

**Macon**

All motor vehicles driven on campus must be registered with the University to aid in proper identification. Parking regulations on the city streets surrounding the campus are strictly enforced by the Macon Police Department while the Campus Police Department imposes only those traffic regulations, which are necessary to the function of the University and the safety of the members of its community. Students are required to register their vehicles annually during fall class registration. Students must park only in designated lots according to their parking sticker and in clearly defined parking spaces.

**Atlanta/Piedmont Hospital**

Parking available in North Deck Piedmont parking garage and fees are waived upon presentation of a Mercer identification card.

**Registrar’s Office**

Located in the first floor’s Dean’s Suite, the Office of the Registrar serves students in various capacities. It is
the charge of the Registrar’s Office to register all students for classes, verify enrollment status, issue transcripts, and certify students for graduation. Ms. Cathy Groce serves as the School of Medicine Registrar. Ms. Groce may be reached by calling (478) 301-5137.

Security
Mercer University places a high priority on keeping its campuses safe for its students, employees and visitors. The Mercer Police Department has the primary responsibility for the security of the campuses. All Mercer Police officers are certified by the Georgia Peace Officer Standards and Training Council as having met the qualifications and training requirements for police officers in Georgia. They are authorized to exercise law enforcement powers, including the power of arrest on all campuses. Students, employees and campus visitors are subject to all federal, state, local and campus regulations. Mercer Police officers may arrest individuals suspected of campus crimes or may detain such individuals for arrest by the local police.

The Mercer Police Department is a service-oriented department. Officers are available 24 hours a day and 365 days a year. Officers will provide escorts at night as a safety measure upon request. Online information is found at http://police.mercer.edu/

All crimes and emergencies should be reported to Mercer Police regardless of which campus or clinical site at which the incident occurred.

Macon
All disturbances in or around the Medical Education Building on the Mercer Campus should be reported to Mercer Police at 478-301-2970. Campus Security is located at 1765 Winship Street and also functions as the University’s Lost and Found Department.

All disturbances in or around the Medical Center of Central Georgia should be reported to the MCCG Security at 478-633-1491. All incidents should also be reported to Mercer Police at 478-301-2970 to ensure proper reporting for Federal Disclosure requirements.

Atlanta All Other Campus and Clinical Sites
All disturbances in or around any clinical training site should be reported to the local facility security or local law enforcement officers. Piedmont Hospital Security can be contacted at 404-605-3367. All incidents should also be reported to Mercer Police at 478-301-2970 to ensure proper reporting for Federal Disclosure requirements.
University-Wide Policies

All University policies as noted below can be found in the Mercer University Student Handbook at http://provost.mercer.edu/handbooks/. Selected policies are reproduced below.

- Accreditation
- Federal Disclosure Requirements
- Mission
- Academic Integrity
- ACCESS and Accommodation
- Attendance
- Cell Phones and Pagers
- Communication, Official
- Community of Respect
- Conduct Off Campus
- Behavior
- Conduct, Student Conduct and Judicial Programs
- Conduct, Formulation of Regulations and Code of Conduct
- Crime, Awareness and Campus Security
- Crime, Campus Statistics
- Crime, Reporting Crimes and Emergencies
- Drug and Alcohol Policy
- Drug Free Workplace and Campus Program
- Emergency Preparedness Plan
- Equal Opportunity and Affirmative Action Policy
- Firearms, Weapons, Fireworks/
- Explosives, Grievance, Academic
- Grievance, Non-Academic
- Health and Welfare of Students, Mental and Physical
- Health Insurance
- Housing Without Active Enrollment
- Immunization Policy
- Information Technology
- Policy International Student
- Policy
- Missing Student Policy
- Parking and Traffic
- Regulations Religious
- Observance Policy Rights of
- Students
- Rights Pertaining to Educational Records
- Sexual Misconduct, Policy Prohibiting
- Tobacco Free Policy
- Voter Registration Requirements of the Higher Education Amendments
- Withdrawals, Administrative or Medical
- Alma Mater
Academic Integrity and Honor Code
Mercer University strives to be a community of respect that includes respect for academic integrity. Students operate under an honor or system and will exhibit the values of honest, trustworthiness, and fairness regarding all academic matters. Students, faculty, and staff are expected to report any violations of the form of, but not limited to, cheating, plagiarism, and academic dishonesty to the honor council appropriate for their campus and program.

Procedures related to Honor Systems and Academic Integrity are outlined in the specific handbooks for each campus and can be found of the Provost website at http://provost.mercer.edu/handbooks/

Honor Code, Mercer University School of Medicine
Graduate Students must abide by the University Honor Pledge:

*I pledge myself to neither give nor receive aid during tests or for any individual assignments or papers, nor to use any information other than that allowed by the instructor. I further pledge that I will not allow to go unreported to the proper persons any violation of the Honor System and that I will give true and complete information before the Honor Committee.*

All Graduate Students must adhere to the Graduate Student Honor System policies.

Community of Respect
Mercer University strives to be a Community of Respect where everyone is held in mutual high regard. Because every human being is created in the image of God, each person deserves to be treated with respect and civility. Standards of conduct are based on the values of mutual respect:

*Respect for Academic Integrity*
We value a community that encourages an academic atmosphere. We believe that honesty is important to learning.

*Respect for Other Persons*
We value the worth of every individual in the community and we respect the dignity of each member in the community. We take responsibility for the consideration of the rights of others.

*Respect for the University Community*
We value showing respect for the rights and property of others. We take responsibility to act to maintain University property.

*Respect for Community Authority*
We acknowledge and value our privileges and rights as members of the University community. We take responsibility for acting to uphold community standards.

Drug and Alcohol Policy
The possession or consumption of alcoholic beverages by students is prohibited on campus and at University-sponsored events. Public intoxication, consumption, or display of alcoholic liquors, wines, or beer on campus is prohibited. Use or possession of illegal drugs and drug paraphernalia is also prohibited.

Mercer University shares the widespread national concern with the serious threat to health, safety, and
welfare posed by the unlawful use of drugs and the abuse of alcohol, especially in the workplace and on college campuses. Excessive use of alcohol and illegal drugs can cause serious health problems, and it can negatively affect the success of students in the educational and social areas of university life. For this reason, the University is adamantly opposed to alcohol and drug abuse, and the unlawful possession, use, or distribution of drugs by members of the University community. Mercer University strictly prohibits such activities. The University conducts educational programs designed to lead its students into an understanding of the problems associated with drug and alcohol abuse and to enable them to make responsible choices on personal and social levels.

In addition to abiding by the regulations prescribed by the Mercer University Student Handbook, students must abide by all local, state, and federal laws pertaining to drug and alcohol use. Violations of such laws, whether they occur on or off campus, are subject to internal University investigation, review, and action. For more information about Mercer University’s policy concerning drugs and alcohol, refer to the section entitled “Drug-Free Workplace and Campus Program.”

Federal Disclosure Requirements
Mercer University's Federal Disclosure Requirements are available on the University web site at [http://disclosure.mercer.edu/](http://disclosure.mercer.edu/). This report contains the following information:
- Campus Security: Jeanne Clery Disclosure for Campus Security, campus crime statistics, Campus
- Sex Crime Prevention Act, and fire safety
- Campus Emergency Procedures
- Drug and Alcohol Policies
- Financial Assistance and Cost of Attendance Information
- Health and Safety Information: immunization and missing persons information
- Institutional Information: accreditation, characteristics of students, degree programs, degree program improvement plans, disability support services, FERPA information, retention and graduation rates, peer-to-peer file sharing, post-graduate employment information, readmission of veterans, transfer of credit, withdrawal procedures, voter registration, and satisfactory progress standards

Paper copies of these reports are available upon request. Please contact the Office of Institutional Effectiveness by mailing inquiries to:
Office of Institutional Effectiveness
Mercer University
1400 Coleman Avenue
Macon GA 31207

Grievance, Academic
Students have the right to bring grievances against a faculty member or an administrator concerning academic matters. Such matters may include, but are not limited to failure to abide by requirements described in the course syllabus, arbitrary awarding of grades, discrimination based on age, gender, religion, race, marital status, national origin, or disability.

Time Frame
For grievances of any kind, students are required to initiate appeals with the appropriate faculty member no later than 30 days from the completion of the term in which the course was offered. Appeals received after this period will not be honored.
If a student has a complaint against a faculty member, the student should first attempt to resolve the complaint by an informal meeting with the faculty member involved.

If this is not satisfactory, or if the student believes that he or she cannot discuss the complaint with the instructor, the following protocol should be followed:

1. The student should meet with the appropriate department chair or program director after submitting to this person a formal written account of the grievance. This narrative must be submitted no later than 30 days from the date on which the student was formally notified of the instructor’s decision.

2. If the grievance is not satisfactorily resolved by the department chair or program director, the student should meet with the associate dean after submitting to the associate dean a formal written account of the grievance. This narrative must be submitted no later than 30 days from the date on which the student was formally notified of the department chair’s or program director’s decision.

3. If the grievance is not satisfactorily resolved by the associate dean, the student should meet with the provost after submitting to the provost a formal written account of the grievance. This narrative must be submitted no later than 30 days from the date on which the student was formally notified of the associate dean’s decision.

If the student has a complaint against a dean, he or she should schedule an appointment with that dean in an attempt to resolve the matter. If the matter is not resolved or if the student believes that he or she cannot discuss the complaint with that dean, the student may appeal to the provost. In all grievance procedures, the decision of the provost is final.

Rights Pertaining to Educational Records

The Family Educational Rights and Privacy Act (FERPA) affords students at Mercer University certain rights with respect to their educational records. These rights include:

1. The right to inspect and review a student’s educational records within 45 days of the day the Office of the Registrar receives a written request for access. The student should submit to the Registrar a written request that identifies the record(s) the student wishes to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the Registrar does not maintain the records, the student shall be advised of the correct official at the University to whom the request should be addressed.

2. The right to request the amendment of the student’s educational records if the student believes them to be inaccurate. The student may ask the University to amend a record that he/she believes is inaccurate. The student should write the Registrar, clearly identify the part of the record he/she wants changed, and specify why it is inaccurate. If the University decides not to amend the record as requested by the student, the Registrar (or another appropriate official, if the record is maintained by another office) will notify the student of the decision and advise the student of his or her right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when the student is notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student’s educational record, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A “school official” is a person employed by the University in an administrative, supervisory, academic, research, or support staff position (including law enforcement personnel and health staff); a person or company with
whom the University has contracted (such as an attorney, auditor, or collection agent); a
person serving on the Board of Trustees; or a student serving on an official committee, such
as a disciplinary or grievance committee, or assisting another school official in performing his
or her tasks. A school official has a “legitimate educational interest” if the official needs to
review an educational record in order to fulfill his or her professional responsibility. Another
exception which permits disclosure without student consent is disclosure to officials of another
school, school system, or institution of post-secondary education where a student seeks or
intends to enroll. Upon the request of an institution in which a student seeks or intends
to enroll, the University will forward the student’s education records to the requesting
institution. Upon request, the student may obtain a copy of the record that was disclosed and
have an opportunity for a hearing as provided above. As of January 3, 2012, the U.S.
Department of Education’s FERPA regulations expand the circumstances under which your
education records and personally identifiable information (PII) contained in such records —
including your Social Security Number, grades, or other private information — may be
accessed without your consent. First, the U.S. Comptroller General, the U.S. Attorney General,
the U.S. Secretary of Education, or state and local education authorities (“Federal and State
Authorities”) may allow access to your records and PII without your consent to any third party
designated by a Federal or State Authority to evaluate a federal- or state-supported education
program. The evaluation may relate to any program that is “principally engaged in the
 provision of education,” such as early childhood education and job training, as well as any
program that is administered by an education agency or institution. Second, Federal and
State Authorities may allow access to your education records and PII without your consent to
researchers performing certain types of studies, in certain cases even when we object to or do not request such research. Federal and State Authorities must obtain certain
use-restriction and data security promises from the entities that they authorize to receive
your PII, but the Authorities need not maintain direct control over such entities. In addition, in
connection with Statewide Longitudinal Data Systems, State Authorities may collect, compile,
permanently retain, and share without your consent PII from your education records, and they
may track your participation in education and other programs by linking such PII to other
personal information about you that they obtain from other Federal or State data sources,
including workforce development, unemployment insurance, child welfare, juvenile justice,
military service, and migrant student records systems.

4. The right of a currently enrolled student to request that his/her “directory information” not
be released by Mercer University. The University, at its discretion and without the written
consent of the student, may release “directory information,” which includes the following
items: student name, address, e-mail address, telephone number, date and place of birth,
academic program, dates of attendance, degrees and honors received, most recent previous
institution attended, participation in officially recognized activities and sports, and
photographs or video images. A student request for non-disclosure of the above items must be
filed with the Office of the Registrar.

5. The right to file a complaint with the U.S. Department of Education concerning alleged
failures by Mercer University to comply with the requirements of FERPA. The name and
address of the office that administers FERPA are: Family Policy Compliance Office, U.S.
Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-4605.
School Wide Policies

All School of Medicine policies as noted below can be found in the Mercer University School of Medicine Student Handbook at [http://provost.mercer.edu/handbooks/](http://provost.mercer.edu/handbooks/). Selected policies are reproduced below.

Conflict of Interest Policy

Dress Code and Identification Badges

Grievance, Nonacademic

Health Care Policies

Health Insurance Portability and Accountability Act (HIPAA)

Holidays, School of Medicine

Honor Codes, Mercer University School of Medicine

Graduate Student Honor System

Immunization Policy

Satisfactory Academic Progress for Financial Aid

Testing Accommodations Policy

Dress Code and Identification Badges

*Approved by the Executive Council of the School of Medicine Updated May 30, 2013 AAH*

Mercer University School of Medicine requires faculty, staff and students to maintain a professional appearance appropriate for the activities required to carry out the expected duties. All faculty, staff and students are expected to be neat, clean and presentable at all times. The dress code recognizes that different styles and clothing will be necessary, depending upon the nature of the work, safety issues, contact with the public and patient contact.

Students are expected to conform to the policies of the facility in which they are assigned and to dress professionally as noted below. They are required to wear a clean and neat white coat, closed toed shoes, socks or hosiery and appropriate, professional dress during all clinical rotations, clinical activities and all academic activities where a white coat has been required. Scrubs are acceptable attire in a clinical arena only when approved by the attending during procedurally oriented experiences and scrubs provided by the hospital or clinic should never be worn outside of that hospital or clinic.

**Dress Code:**

**A. Attire**

All clothing must be clean and neat. Proper undergarments must be worn and should not be visible through the clothing being worn. Tank tops, halter tops, midriff tops, or tops/dresses that are strapless or that have spaghetti straps will not be permitted.

**B. Hair**

Hair should be kept in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

**C. Nails**

Nails should be trimmed in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.
D. Jewelry
Jewelry should be worn in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

E. Footwear
Shoes must be worn at all times and should be worn in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

A photo ID is to be worn at all times while at the medical school or while in any of the clinical settings. Identification badges should be worn in accordance to the policies of the medical institution sponsoring rotations.

All School of Medicine Students are required to have Mercer University Identification Cards. Cards will be issued as a part of orientation free of charge. Lost cards must be replaced by the individual at a cost of $25.00.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
Commonly called the “HIPAA Law”, this law is a regulatory requirement imposed on healthcare organizations and other organizations that hold medical information. The Law is designed to protect patient’s rights and to create the standardization of healthcare information. The Law regarding Healthcare Payment, Treatment, or Healthcare Operations is outlined as the Rules for Administrative Simplification.

The Law became effective in 1996, but the implementation of the Law began in 2002. The regulations of the HIPAA Law cover the following areas of healthcare:
Privacy of Health Related Information
Standardization of Electronic Billing Transactions and Code Sets
Standardization of Healthcare Identifiers Plan Employer (Plan Sponsor) Provider Patient
Security of Healthcare Facilities and Healthcare Information
Physical
Electronic

HIPAA is a regulatory requirement, and Mercer University mandates that all Health activities and Health (Medical) information be in compliance. All employees, staff, faculty, and students who use, hold or come in contact with Medical information need to be trained in the HIPAA Law and the Mercer HIPAA Policies and Procedures prior to contact with patients or patient information. The medical school administration coordinates this effort for the School of Medicine.

Any questions about HIPAA or Mercer’s Policies and Procedures need to be directed to the Mercer HIPAA Privacy Officer, Jim Calhoun.
MFT Program Policies

Academic Advising

Each student will be assigned a faculty advisor. The advisor will assist students in selecting courses, devising strategies to meet career objectives, and recommending resolutions to academic problems. The advisor is to meet with the student to establish a course of action outlining the course sequence for the student to follow which best fits with the student’s capabilities and circumstances. The advisee outline is to be stored in the student’s academic file in the Graduate Program Specialists office. The advisor is to be available to the student to counsel as needed concerning the student’s progress through the Program.

Academic Program Governance

To contribute to achievement of Educational Outcomes, students and faculty in the MUSM Master of Family Therapy Program are actively involved in program governance.

Student Role in Program Governance

It is the intention of the MUSM MFT Program that students contribute to program governance. Students are involved in student governance through the following mechanisms including, but not limited to:

- Student Representative to the Faculty: The Graduate Student Organization elects a Student Representative to the Faculty who participates in faculty meetings (with the exception of discussion regarding other students). The Student Representative to the Faculty solicits input from students regarding program strengths and concerns, student needs, and suggestions for improvement and represents this information to the faculty.
- Review of Program Documents and Publications: In the spring semester of each year, the Program Director contacts the GSO requesting review the MFT Program Handbook. The GSO Student Representative to the Faculty forwards recommendations to the Program Director for review and approval by faculty prior to inclusion in the Program Handbook.
- Written Surveys and Interviews: Periodically, students’ views and opinions are solicited by faculty through small written surveys and face-to-face interviews. At the end of their program of study, students are asked to complete the Program Exit Questionnaire that is used to inform program change.
- Course Evaluations: Course evaluations provide feedback that informs curriculum development, teaching effectiveness, and achievement of educational outcomes. This information is used to inform changes made in the program.
- Evaluation of Community Placement Sites
- Evaluation of Clinical Supervisors

All students are encouraged to provide input through each of these mechanisms.

Faculty Role in Program Governance
It is the intention of the MUSM MFT Program that faculty members contribute to program governance. Faculty Handbooks outline authority and responsibility of the faculty and are summarized below. Specific handbooks may be found at:

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<tbody>
<tr>
<td>Mercer School of Medicine Faculty Handbook</td>
<td><a href="https://provost.mercer.edu/mu-provost/handbooks/upload/musmfacultyhandbook.pdf">https://provost.mercer.edu/mu-provost/handbooks/upload/musmfacultyhandbook.pdf</a></td>
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The Mercer University Faculty Handbook outlines overarching authority and responsibility of the Faculty:

1.02 The University Faculty
The University Faculty consists of the President, the Provost, the Deans of the colleges and schools of the University, and all persons appointed to a full-time instructional or administrative position with the rank of Professor, Associate Professor, Assistant Professor, or Instructor.

The University Faculty may, subject to the approval of the President and the Board of Trustees, adopt rules concerning its own organization, governance, and procedures.

The University Faculty may consider any matter touching the effectiveness and quality of the educational program or the professional welfare of the faculty and may make recommendations to the President, the administrative officers of the University, or the collegiate faculties concerning any policies, programs or procedures which affect the educational program or faculty welfare.

1.02.1 Authority and Responsibility of the Faculty
The authority and responsibility of the faculty of Mercer University are delegated to it by the President under the authority of the Board of Trustees. Members of the faculty are appointed by the President, acting on the authority of the Board of Trustees.

The responsibilities of the faculty include the following:

1. To organize and conduct educational programs and courses of instruction in accordance with the policies of the Board of Trustees.
2. To admit candidates for degrees in accordance with the policies of the Board of Trustees.
3. To determine academic policies which effectively carry out the mission of the University within the policies of the Board of Trustees.
4. To evaluate student academic progress and to recommend candidates for degrees.
5. To assist in organizing and conducting programs and services for the support of student development.
6. To review the effectiveness of programs of instructional support and to make recommendations to the President for the improvement of these programs.
7. To contribute to the advancement of knowledge through open inquiry.
8. To make recommendations to the President concerning revision of the scope of educational programs and of the educational policies of the Board of Trustees.

In addition, the MUSM Faculty Handbook identifies duties and responsibilities of its Faculty:

**1.6 Duties and Responsibilities of the Faculty**

The duties and responsibilities of the Faculty shall include the following:

1.6.1 The Faculty has the authority to organize and conduct educational programs and to establish academic policies. This includes establishing the academic and admissions standards and standards for the evaluation of the academic performance of students; certifying students for graduation from the programs of the School; and making recommendations to the Dean concerning the internal administration and the implementation of programs.

1.6.2 Faculty are expected to subscribe to the highest standards of teaching, research, and service in accordance with policies and procedures developed by the Executive Council in support of the School’s academic mission, as well as the highest standards of conduct and ethical behavior.

Faculty roles in MFT Program governance include:

**Program Director** – The Program Director oversees and is ultimately responsible for all aspects of the Macon and Atlanta MFT Programs and represents the MFT Program to Mercer University Administration and all external communities of interest. The Program Director is responsible for achieving the educational outcomes of the program through direct oversight of the curriculum, clinical training program, fiscal and physical resources, services, and program quality.

**Assistant Program Directors** (Macon and Atlanta campuses) – The Assistant Program Directors are responsible for clinical training, specifically through oversight of practicum, community placements, the Mercer Family Therapy Centers, and accreditation-related activities.

**Clinic Directors** (Macon and Atlanta campuses) – The Clinic Directors are responsible for administrative oversight of the day to day functions of the Mercer Family Therapy Center making recommendations to faculty for improvement.

**Community Placement Coordinators** (Macon and Atlanta campuses) – The Community Placement Coordinators are responsible for developing and maintaining clinical placement sites in the community with particular emphasis on site willingness and capacity to provide clinical training opportunities in systemic therapy and with diverse populations.

**Faculty** (Macon and Atlanta campuses) – Specific duties and responsibilities of faculty in program governance include but are not limited to:

- Participate in faculty meetings
• Participate in student admissions decisions
• Participate in student placement decisions
• Participate in faculty and staff hiring decisions
• Participate in curriculum development
• Participate in review of program policies and procedures and make recommendations for changes as needed
• Participate in review of program documents and publications and make recommendations for changes as needed
• Participate in scholarly activity and service to the community
• Participate in oversight of the Mercer Family Therapy Center
• Serve as mentors to students
• Serve as Faculty Advisor to GSO Executive Committee: A faculty member attends and participates in GSO executive committee meetings to find out needs and concerns of students and bring them back to faculty meetings.

**Academic Performance Standards**

A student seeking the Master of Family Therapy degree must complete all program requirements within six years from the start of the program in MUSM. A student seeking one of the Post Masters Certificate Programs must complete all program requirements within three years from the start of the program in MUSM. The time requirements begin when a student formally enrolls in his or her first graduate course in MUSM. A graduate student not enrolled in a course(s) for two consecutive semesters will be withdrawn from the graduate program unless he or she has received prior approval for a leave(s) of absence from the Program Director.

A cumulative grade point average of 3.0 is one of the requirements for graduation from the MFT Programs. In addition to meeting the 3.0 requirements for graduation, Masters students may have no more than two grades of “C” and/or “C+” in the entire graduate work and Post Masters students may have no more than one grade of “C” or “C+” in the entire graduate work. Grades below a “C” do not count toward a degree or certificate. Students not meeting the minimum academic standard will be placed on Academic Warning, Academic Probation, or Academic Exclusion as defined below. A student may repeat only one course to improve a letter grade of “C” or “C+”.

**Academic Warning:**
Upon a Masters student receiving the first grade of “C” or “C+”, the student will be placed on Academic Warning.

Post Masters students are not eligible for Academic Warning status.

**Academic Probation:**
Upon a Masters student receiving the second grade of “C” or “C+”, the student will be placed on Academic Probation.

Upon a Post Masters student receiving the first grade of “C” or “C+”, the student will be placed on Academic Probation.
Academic Exclusion:
A Masters student will be permanently excluded from the program upon receiving a third letter grade of “C” or “C+”.

A Post Masters student will be permanently excluded from the program upon receiving a second letter grade of “C” or “C+”.

The academic record of these students will reflect Academic Exclusion unless the student is able to avail him/herself of the one opportunity provided to repeat one course in which he/she received a letter grade of “C” or “C+”. If a student is successful in improving the letter grade in the repeated course to a “B” or higher, then the student will be placed back on Academic Probation. Should a letter grade of “C+” or lower be awarded in any course thereafter, the student will be permanently excluded from the program.

Mercer University does not award a letter grade of D. Masters and Post Masters students receiving a letter grade of “F” will be permanently excluded from the program. Students are not permitted the retake option in a course in which they earn a letter grade of “F”.

Should a student file a Grade Grievance and be successful in improving any grade award, the rules for Academic Warning, Academic Probation, and Academic Exclusion as defined above will apply.

Academic Year

The academic year for all MFT Program begins with the fall semester (16 weeks) followed by spring semester (16 weeks) and ends with summer semester (11 weeks). MFT Practicum will continue year round (50 weeks).

Attendance Policy

Students are expected to attend all classes each semester. Classes meet once per week, thus, missing one class is the equivalent of being out of school for a week. In a clinical program, all materials and experiences are for the development of adequate patient care skills. However, should absences occur, the following provisions will be followed:

- For each absence: The student must submit an outline of the readings and class material for the class missed. This should be submitted to the instructor at the beginning of the next class attended.

- 2 absences: In addition to the outline, the student must write a paper on the topic missed; the instructor must approve the length and content of the paper.

- 3 absences: In addition to the outline and the paper, the student will experience an automatic grade reduction by one letter grade.

- 4 absences: In addition to the outline and the paper, the student will not be awarded a grade of higher than a C.

- 5 absences: The student will automatically be awarded a grade of F.
Course instructors may exercise discretion to the above policy when absences are pre-approved or excused by the instructor. An excused absence is an absence that occurs due to personal illnesses, accidents, injuries, emergencies, etc. Students should make efforts to inform the instructor before class of the impending absence if at all possible.

**Changes in Program or Major**

If a student enters under one MFT Program and then decides to change to the Mercer MFT program, he/she must meet the following requirements:

1. Have a GPA of at least 3.0 in all courses taken in the Program at that time.
2. Have demonstrated a record of academic, professional, and personal integrity.
3. Have completed all pre-requisite requirements of the Program being sought admission.

Complete a comprehensive interview with faculty advisor.

**Comprehensive Exam**

When a student has completed all academic coursework listed below, he/she must request to take the Comprehensive Exam. This Exam consists of approximately 100 multiple-choice questions and is modeled after the Georgia Composite Board MFT Licensure Exam. Questions are presented from the following areas:

- Introduction to Family Studies
- Family Therapy I
- Family Therapy II
- Family Therapy with Major Psychopathology
- Loss and Grief Across the Lifespan
- Addiction Processes in Families
- Marital, Couple and Sexual Issues in Family Therapy
- Ethics & Professional Practice
- Human Development Across the Lifespan
- Family Methodology Research

The Exam is available three times per year, at the end of each semester. Students must achieve a grade of 70% or higher to successfully pass the Exam. Students not receiving a passing grade on the first attempt will be permitted to retake the exam. Students who are unable to successfully pass the exam on the second attempt will be required to engage in additional study in the areas experiencing the most deficiencies and will then be required to demonstrate proficiency.

Post Masters Certificate students are not required to take the comprehensive exam.

**Computers: Users Guidelines**

The university’s computing and telecommunications facilities are provided for the use of students in fulfilling their needs, which relate to the mission of the college. Other usage is not acceptable. Examples of unacceptable usage, which are also honor code violations, are:

1. Solicitation for charity or other benefits.
2. Activities related to the promotion or running of a person for-profit venture or other activities unrelated to the provision of an undergraduate education.
3. Using foul or abusive language on the network or any electronic communication.
4. Promoting and sending chain letters.
5. Harassing students or employees at the university or other institutions.
6. Sexual harassment comments directed to another person.
7. Racial comments directed to another person.

In a nutshell, usage should be businesslike and appropriate to the college mission. Complaints against any student for violation of the rules will result in immediate revocation of computing and telecommunications privileges. The complaint will then be provided to the student court for disposition and action. Computing and telecommunications privileges will be restored only at the request of the student court of the Dean of Students.

**Course Cancellation**

The School of Medicine reserves the right to cancel a scheduled course due to unforeseen circumstances or if an insufficient number of students enroll for the course. Faculty advisors will assist students in the selection of alternative courses when a course is cancelled.

**Course Changes**

Adding and/or dropping courses must be accomplished on or before the dates specified in the academic calendar. Required forms must be obtained and processed in the Registrar’s Office. Courses dropped during this period will not appear on the student’s grade report or permanent record.

**Course Numbering System**

The numbering system for graduate course work in the MFT program is 600-797. Each course appears in the MFT Program Handbook with the prefix MFST.

**Course Syllabi**

MFT students are provided a course syllabus at the beginning of each course. The syllabus is to outline the required texts, expectations of the course, required papers and projects, exams and all expectations of the course, including attendance and grading. The professor(s) of the course will assign the student a grade in the course based upon the student’s performance as outlined in the syllabus.

**Course Withdrawals**

A student may withdraw from a course with a grade of “W” after the course change period and on or before the last day for withdrawals as shown in the current academic calendar. Withdrawals are not used when computing grade point averages. Students should also read the Financial Information section within MUSM’s website regarding possible loss of financial aid. To make an official withdrawal from a course, a student must obtain and submit a completed Course Withdrawal Form to the MUSM Registrar. If the student elects to discontinue class attendance and academic performance and does not complete an official Course Withdrawal Form within the time limits described, a grade of “F” will be recorded on the student’s official record.
Credit Units

The MFT Program at MUSM uses the semester hour as the basic unit of credit. The individual course descriptions indicate the number of credit hours awarded for each course.

Credit, Extra-Collegiate Learning Programs

No credit will be awarded for courses taken by correspondence or through other forms of life experiences. Courses taken in other graduate programs in which a degree was earned cannot be used for credit in the MFT Program.

Credit, Graduate Transfer

Because of the specialized nature of the MFT Program offered through MUSM, the amount of graduate course credits awarded by transfer will be evaluated by the Program Director on a case-by-case basis. The Program Director will make the final determination on the type and amount of transfer credits to be accepted. The maximum number of transfer credits for Masters students will be limited to six semester hours and for Post Masters students will be limited to three semester hours. Such transfer credits are further restricted to courses in which a grade of “B” or better was achieved. Transfer work will be calculated as part of the stated time limitations for the completion of the programs.

Credit, Transient Status Mercer Student

Students who wish to earn transient credit from another college while currently enrolled in a MUSM graduate program must have prior approval from the Program Director for such credit to be accepted as part of the degree program. The maximum number of credits from transient and/or transfer course work that may be accepted for Masters students is a total of six semester hours and for Post Masters students is a total of three semester hours. Such credits are further restricted to courses in which a grade of “B” or better was achieved. Transient work will be calculated as part of the stated time limitations for the completion of the programs.

Credit, Transient Status Non-Mercer Student

Students enrolled in another institution and/or individuals not enrolled in a degree seeking program who wish to obtain graduate credit for a course taken at Mercer University must complete the MUSM graduate program application, pay the appropriate application fee, and submit a letter setting forth the reasons for requesting the transient status. Transient status requests will be evaluated by the Program Director on a case-by-case basis. Transcripts and admission test scores are waived.

Curriculum Changes

From time to time the program may elect to change the curriculum. The academic year begins with the fall semester (16 weeks) and spring semester (16 weeks) and ends with summer semester (11 weeks). Practicum will continue year round (50 weeks). A student must fulfill the educational requirements in effect during the academic year in which that student entered the program at MUSM unless he or she is not enrolled for two or more consecutive semesters. If a student is not enrolled for two or more
Enrollment Status

Full-time enrollment will be considered six (6) semester hours; half time will be considered three (3) semester hours. A graduate student may not register for more than nine (9) credit hours per semester unless the overload has been approved by the Program Director.

Evaluation of Courses

Each semester students are asked to complete a Course Evaluation form in each course. The process for conducting course evaluations is as follows:

1. Students will receive an email containing a link directing them to the university online course evaluation system, CourseEval.
2. Each student will complete the online evaluation. The evaluation does not request any identifying data from the student in an effort to encourage honest feedback.
3. Upon completion, the student will click submit to register the information from the survey.
4. Results of the evaluations are provided to the Chair of the Department of Psychiatry and Behavioral Sciences, the Director of the Master of Family Therapy Program, and the course instructor via email.
5. The Director reviews the evaluation scores with the faculty to provide feedback and guidance concerning the course content, teaching style and success in the classroom.

Evaluation of MFT Practicum Experience

Each semester a MFT student is engaged in practicum, he/she is required to complete evaluations of him/herself, their practicum site(s) and practicum supervisor(s). See MFT Practicum Experience in this student handbook for additional details concerning the Masters and Post Masters Certificate in Marriage & Family Therapy Practicum Experience.

Evaluation of Program

Following the completion of all academic and clinical requirements and successfully passing the Comprehensive Exam, each MFT student is asked to complete the Mercer MFT Program Exit Questionnaire. This is accomplished by either the student writing out his/her responses to the questions or by a faculty member calling the student and documenting the student’s responses.

Grading System

Letter grades are reported and recorded for all courses in which a student is enrolled. Grades of “Satisfactory” or “Unsatisfactory” are not options for MFT graduate students. Letter grades used in the MFT program are as follows:

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<thead>
<tr>
<th>Grade</th>
<th>Interpretation</th>
<th>Quality Points per Credit Hour</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Excellent</td>
<td>4.00</td>
</tr>
</tbody>
</table>
The grade of “IP” is awarded only in graduate practicum or research project courses, which may extend beyond the end of a semester. A student is expected to finish “In Progress” work based on the timetable established by the professor issuing the “IP” grade, and at least by the last date to withdraw deadline of the following semester after the “IP” course work. If the student does not complete the required work within the time specified, the grade automatically converts to an “F”.

The grade of “ABX” denotes that the student was absent from the examination because of illness or another valid and compelling reason deemed satisfactory to the professor. A makeup exam must be completed by the last date to withdraw deadline of the following semester after the “ABX” course work. If the student does not complete the required work within the time specified, the grade automatically converts to an “F”.

The grade of “IC” indicates that a relatively small part of the semester’s course work remains incomplete because of sickness or reasons satisfactory to the professor. The work must be completed by the last date to withdraw deadline of the following semester after the “IC” course work. If the student does not complete the required work within the time specified, the grade automatically converts to an “F”.

The grade of “W” (Withdrawal) indicates that a student officially withdrew from the course on or before the last day for withdrawals as designated in the current Academic Calendar. Withdrawals are not used when computing grade point averages. Students should also read the Financial Information section regarding possible loss of financial aid. To make an official withdrawal from a course, a student must obtain and submit a completed Course Withdrawal Form to the MUSM Registrar. If the student elects to discontinue class attendance and academic performance and does not complete an official Course Withdrawal Form within the time limits described, a grade of “F” (Failure) will be recorded on the student’s official record. A grade of “W” may not be awarded if a student does not complete the official Course Withdrawal Form on or before the date designated for each semester in the current Academic Calendar.

Graduation Audits

Upon a student successfully completing all academic and clinical requirements, including successfully passing the Comprehensive Exam and any clinical presentations required, a student is ready to graduate from the Program. A Graduation Audit Report is prepared by the Graduate Program Specialist and reviewed by the Program Director. Once the Audit is complete and all academic and clinical information have been verified, the form is signed by the Program Director and forwarded to the Registrar. The Registrar’s Office orders the student’s diploma and the student is included as a graduate
in the Graduation Ceremony held in the spring each year.

A student may be permitted to walk in the Spring Graduation Ceremony prior to completing all academic and clinical requirements or taking the Comprehensive Exam and making any clinical presentations required provided the student demonstrates the ability to successfully complete all remaining Program requirements by the end of the following summer semester in which the student enrolls. In such event, the student will not be awarded the actual diploma until all Program requirements have been satisfied.

Graduation Degree Requirements – Master of Family Therapy

1. Successful completion of all academic course work with a minimum of 3.0 GPA. The student may have no more than two letter grades of “C+” or “C”. Mercer University does not award a grade of “D.” A letter grade of “F” may not be included in course work used for the MFT Program.

2. Successful completion of a one-year practicum experience (nine semester hours) in which the student must accrue 500 hours of direct client contact. A student must have taken additional practicum as needed in order to accrue the 500-hour client contact requirement, half of which must be with couples and/or families.

3. Accrual of a minimum of 100 hours of clinical supervision of which:
   a. A maximum of 50 hours of group supervision and a minimum of 50 hours of individual supervision.
   b. A minimum of 50 percent of the required total supervision must be conducted with raw data (live, video, or audio).

4. Submission of satisfactory evaluations from clinical supervisors and practicum site administrators for each practicum.

5. Submission of accurate records of accrued client contact hours to the Assistant Program Director. A minimum of 500 hours is required, half of which must be with couples and/or families.

6. Successful completion of a clinical presentation (MFST 630). Students must score the equivalent of seven on a ten point scale in order to pass.

7. MFT students must achieve a passing score on the comprehensive exam.

Graduation Degree Requirements - Post Masters Certificate in Marriage & Family Therapy

1. Successful completion of all academic course work with a minimum of 3.0 GPA. The student may have no more than two letter grades of “C+” or “C”. Mercer University does not award a grade of “D.” A letter grade of “F” may not be included in course work used for the MFT Program.

2. Successful completion of a one-year practicum experience (nine semester hours) in which the student must accrue 500 hours of direct client contact. A student must have taken additional practicum as needed in order to accrue the 500-hour client contact requirement, half of which must be with couples and/or families.

3. Accrual of a minimum of 100 hours of clinical supervision including a maximum of 50 hours of group supervision and a minimum of 50 hours of individual supervision.

4. Submission of satisfactory evaluations from clinical supervisors and practicum site
administrators for each practicum.
5. Submission of accurate records of accrued client contact hours to the Assistant Program Director. A minimum of 500 hours is required, half of which must be with couples and/or families.
6. Successful completion of a clinical presentation (MFST 630). Students must score the equivalent of seven on a ten point scale in order to pass.
7. MFT students must achieve a passing score on the comprehensive exam.
   a. Post Masters Certificate students are not required to take the comprehensive exam.

Graduation Degree Requirements – Post Masters Certificate in Medical Family Therapy

1. Successful completion of all academic course work with a minimum of 3.0 GPA. The student may have no more than one letter grade of “C+” or “C”. A letter grade of “F” may not be included in course work used for these Programs.
2. The prior clinical experience, if any, of all students will be evaluated at the time the student starts his/her practicum experience to determine the total amount of clinical practicum to be required, which will not exceed a total of nine semester hours (typically 3 consecutive semesters).
   a. Students with approved prior clinical experience will be required to successfully complete one semester of practicum (four semester hours) in which the student must accrue 150 hours of direct client contact. If 150 hours are not accrued in one semester, the student will be required to take additional practicum as needed in order to accrue the 150-hour client contact requirement.
   b. As determined in the review of the student’s prior clinical experience, or as indicated in a student’s initial semester of practicum, a student may be determined to need additional clinical experience and will be required to enroll for more than the minimum one semester of practicum, for up to two additional semesters of practicum (nine semester hours total).
   c. If a student is required to take more than the one semester minimum of practicum, the total number of client contact hours must average at least 150 hours for each semester the student is enrolled in the practicum experience.
3. Accrual of a minimum of 40 hours of clinical supervision for each semester the student is enrolled in practicum, of which:
   a. A minimum of 20 hours of group supervision and a minimum of 20 hours of individual supervision.
4. Satisfactory evaluations from clinical supervisors and practicum site administrators for each practicum.
5. Submission of accurate records of accrued client contact hours to the Assistant Program Director.
6. Successful completion of a clinical presentation before a faculty panel. Students must score the equivalent of seven on a ten point scale in order to pass.

Leave of Absence

A student may be granted a Leave of Absence for a variety of reasons. An Approved Leave (s) of Absence (LOA) as defined by the Department of Education does not exceed 180 days during a twelve-month period. The 180 days may be taken at one time or may cover several LOA’s during the 12-month
A student who takes an Approved Leave of Absence is considered not to have withdrawn from MUSM. A Leave of Absence is approved if:

1. The student has made a written request for the Leave(s) of Absence.
2. The Leave(s) of Absence does not exceed 180 days.
3. MUSM does not charge the student for the Leave(s) of Absence.

If a student’s Leave(s) of Absence is not approved or the student fails to return to MUSM at the end of an Approved Leave(s) of Absence, the student is considered to have withdrawn from MUSM, and the refund requirements apply.

These Leave of Absence requirements also affect a student’s in-school status for the purposes of deferring Student Financial Assistance (SFA) Loans. A student on an Approved Leave of Absence is considered to be enrolled at MUSM and will be eligible for an in-school deferment for his/her SFA Loans. A student who takes an unapproved Leave of Absence or fails to return to MUSM at the end of an Approved Leave of Absence is no longer enrolled at MUSM and is not eligible for in-school deferment of his/her loans.

Privileges granted during an Approved Leave of Absence include:

1. The student may use the library and other learning resources.
2. A student on Leave of Absence will remain on the distribution list for any student updates, class newsletters, and other communications.

Registration

All students are required to register for courses at the time prescribed in the MUSM calendar or in compliance with official notices issued by the Office of the Registrar at MUSM. Official course enrollment, which includes the completion of satisfactory arrangement for financial payments, is required for admission to classes.

Completing and submitting a registration form in electronic or paper format commits a student for the courses requested and the corresponding fees and charges incurred. A student, who early-registers or registers during an official registration period and is unable to attend classes, must notify the Registrar in writing prior to the first day of class. A student who registers after the official registration period is required to pay a $25.00 late fee.

Surveys of Alumni

Mercer Alumni are contacted on an annual basis (via email, telephone contact) and asked to complete the Mercer MFT Alumni Questionnaire. Mercer MFT alumni contact records are maintained and updated on an annual basis. The MFT Program hosts an Alumni Day each spring. Graduates and students are invited to attend the Armour Family Lecture Series to provide an educational, networking opportunity for students, alumni, and marriage and family professionals. Alumni are also asked to complete the Mercer MFT Alumni Questionnaire each year that requests information on professional
employment status, credentialing status, preparedness to function in the workplace and student satisfaction with their educational experience in the MFT Program.

**Standard on Student Harassment and Abuse**

**Standards of Teacher-Learner Relationships**

The University’s guarantees of academic freedom presuppose that members of the faculty will act in a professional responsible manner. The University expects that members of the faculty will be governed by the American Association of University Professors Statement on Professional Ethics (1987), which declares;

“II. As teachers, professors encourage the free pursuit of learning in their students. They hold before them the best scholarly standards of their discipline. Professors demonstrate respect for students as individuals, and adhere to their proper roles as intellectual guides and counselors. Professors make every reasonable effort to foster honest academic conduct and to assure that their evaluation of students reflect each student’s true merit. They respect the confidential nature of the relationship between professor and student. They avoid any exploitation, harassment or disciplinary treatment of students. They acknowledge significant academic or scholarly assistance from them. They protect their academic freedom.”

In like fashion, students are expected to adhere to high standards of professional conduct. Students are to make every effort to behave respectfully towards faculty, staff, and peers. They should willingly take responsibility for their behavior. They should not make inappropriate demands or become abusive and critical during times of stress. MFT students should be able to accept criticism, when offered appropriately. They should be able to look at themselves objectively, and take whatever steps are necessary to overcome their shortcomings.

**Position**

Harassment and/or abuse are not acceptable at Mercer University School of Medicine. Such behaviors threaten to destroy the environment of tolerance and mutual respect that must prevail if the School of Medicine is to fulfill its purposes. It is the responsibility of every employee and student in the School community to strive to create an environment free of harassment and abuse. Students have the right to bring grievances against a faculty member, staff member or administrator. Such matters may be academic or professional.
**Student Professionalism Policy**

The Marriage & Family Therapy Program (MFT) in the Department of Psychiatry & Behavioral Sciences at Mercer University School of Medicine (MUSM) is accredited by the Commission on Accreditation for Marriage & Family Therapy Education (COAMFTE) of the American Association of Marriage & Family Therapy (AAMFT). The *AAMFT Code of Ethics* exists to promote integrity, competency, and responsibility in the practice of MFT. The *Graduate Honor System of Mercer University* sets the guiding requirements for academic honor for all graduate students of the University. Students enrolled in the MFT Program are not only “students” but also “MFTs-in training” and “mental health administrators-in-training” and are, therefore, expected to adhere to both of these codes as the primary requirements for professional behavior in the classroom, in the clinic, and in the community.

It is the ethical responsibility of Marriage & Family Therapists and mental health administrators to provide high quality mental health care that promotes and preserves the health and well-being of the individuals, couples, and families whom they serve. In order to provide a training and learning experience that fosters such quality of services, this Program places at the heart of both academic and clinical activities hands-on, interactive learning that emphasizes live and video-taped observation of clients, as well as case study presentations. Therefore, students will be called upon from the start of the Program to exercise a high standard of confidentiality and respect as clients and peers share their personal experiences in the classroom and in the clinical setting.

The dynamic interplay between the standards of academic honesty, clinical competence, and interpersonal integrity shapes the ethical nature of the student experience in MFT training. The MUSM MFT faculty advocate that students must excel in their efforts to achieve these standards in order to progress satisfactorily through the Programs. Given the clinical nature of the Programs it is the ethical obligation of the faculty to monitor such progress in terms of both academic and clinical performance, as well as the level of professionalism in their behavior toward self, colleagues, peers, faculty, and community. Concerns of a faculty member about a student in any one of these areas will typically result in the faculty member addressing the concern with the individual student and other faculty members.

* Students are to become a Student Member of AAMFT (703-838-9808 or [www.aamft.org](http://www.aamft.org))
Plagiarism and Cheating

The term “cheating” includes, but is not limited to, the following:

1. Use of any unauthorized assistance in taking quizzes, tests, or examination.
2. Dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments.
3. The acquisition, without permission, of tests or other academic material before such material is revealed or distributed by the instructor.
4. The misrepresentation of papers, reports, assignments, or other materials as the product of a student’s sole independent effort, for the purpose of affecting the student’s grade, credit, or status in the university.
5. Failing to abide by the instructions of the proctor concerning test-taking procedures; examples include, but are not limited to, talking, laughing, failing to take a set assignment, failing to adhere to stating and stopping times, or other disruptive activity.
6. Influencing, or attempting to influence, any university official, faculty member, graduate student, or employee responsible for processing grades, evaluating students, or for maintaining academic records, through the use of bribery, threats, or any other means of coercion in order to affect a student’s grade or evaluation.
7. Any forgery, alteration, unauthorized possession, or misuse of university documents pertaining to academic records. Alteration or misuse of university documents pertaining to academic records by means of computer resources or other equipment also is included within this definition of “cheating”.

Plagiarism is defined as the use of ideas, facts, phrases, or additional materials such as maps and charts from any source without giving proper credit for such material. Any material in a paper or report, which is not acknowledged, is understood to be the original work of the author, regardless of misinformation, carelessness, sloppiness, or typographical errors.”

Avoiding Plagiarism

Remember that a paraphrase needs to show your own ideas, not just someone else's ideas in a slightly different wording from the original. You are presenting your own ideas based upon sources, not merely reporting those sources.

Take notes carefully, noting page numbers and placing quotation marks around words that you copy from the original. Use only exceptional words or phrases quoted in this way.

Purdue OWL: Avoiding Plagiarism  https://owl.english.purdue.edu/owl/resource/589/01/

A great resource that provides information on plagiarism: what it is, what constitutes it, and how to avoid it.

EXAMPLES OF UNACCEPTABLE AND ACCEPTABLE PARAPHRASES

Source


Original

Unfortunately, different countries have different ideas about exactly how close is close. It is easy enough to test your own "space reaction": when you are talking to someone in the street or in any open space, reach out with
your arm and see where the nearest point on his body comes. If you hail from western Europe, you will find that he is at roughly fingertip distance from you. In other words, as you reach out, your fingertips will just about make contact with his shoulder. If you come from eastern Europe, you will find you are standing at "wrist distance." If you come from the Mediterranean region, you will find that you are much closer to your companion, at little more than "elbow distance."

Unacceptable Paraphrase

Regrettably, different nations think differently about exactly how close is close. Test yourself: when you are talking to someone in the street or in any open space, stretch your arm out to measure how close that person is to you. If you are from western Europe, your wrist will reach the person's shoulder. If you are from the Mediterranean region, you will find that you are much closer to your companion. You elbow will reach the other person's shoulder (Morris 131).

Acceptable Paraphrase

People from different nations think that "close" means different things. You can easily see what your reaction is to how close to you people stand by reaching out the length of your arm to measure how close someone is as the two of you talk. When people from western Europe stand on the street and talk together, the space between them is the distance it would take one person's fingertips to reach to the other person's shoulder. People from eastern Europe converse at wrist-to-shoulder distance. People from the Mediterranean, however, prefer an elbow-to-shoulder distance (Morris 131).

----Excerpted from Simon & Schuster Handbook for Writers

SUMMARIZING AN AUTHOR'S MAIN POINTS

from Simon & Schuster Handbook for Writers

Source

Original

During times of stress, daydreaming erects a temporary shield against reality, in much the same way that building a house protects our bodies from the elements. Both may be seen as forms of escapism, but no one wants to spend life in an unrelieved battle for survival. We are entitled to occasional strategic withdrawals to regroup our forces.

Paraphrase

Just as we construct buildings to shield ourselves from extreme climate and weather conditions, our minds create daydreams as protection against difficult emotional situations (Raudsepp 64).

Summary

Our minds create daydreams to protect us from pressure (Raudsepp 64).
Web Resources Regarding Plagiarism
Here are some additional web sites to answer most of your questions about plagiarism. However, when in doubt, ask your professor.
http://writingcenter.unc.edu/
http://owl.english.purdue.edu/owl/resource/589/01/
http://www.indiana.edu/~wts/pamphlets/plagiarism.shtml

How to Recognize Unacceptable and Acceptable Paraphrases
Here's the ORIGINAL text, from page 1 of *Lizzie Borden: A Case Book of Family and Crime in the 1890s* by Joyce Williams et al.:

The rise of industry, the growth of cities, and the expansion of the population were the three great developments of late nineteenth century American history. As new, larger, steam-powered factories became a feature of the American landscape in the East, they transformed farm hands into industrial laborers, and provided jobs for a rising tide of immigrants. With industry came urbanization the growth of large cities (like Fall River, Massachusetts, where the Bordens lived) which became the centers of production as well as of commerce and trade.

Here's an UNACCEPTABLE paraphrase that is plagiarism:

The increase of industry, the growth of cities, and the explosion of the population were three large factors of nineteenth century America. As steam-driven companies became more visible in the eastern part of the country, they changed farm hands into factory workers and provided jobs for the large wave of immigrants. With industry came the growth of large cities like Fall River where the Bordens lived which turned into centers of commerce and trade as well as production.

What makes this passage plagiarism?
The preceding passage is considered plagiarism for two reasons:
- the writer has only changed around a few words and phrases, or changed the order of the original's sentences.
- the writer has failed to cite a source for any of the ideas or facts.

If you do either or both of these things, you are plagiarizing.

NOTE: This paragraph is also problematic because it changes the sense of several sentences (for example, "steam-driven companies" in sentence two misses the original's emphasis on factories).

Here's an ACCEPTABLE paraphrase:

Fall River, where the Borden family lived, was typical of northeastern industrial cities of the nineteenth century. Steam-powered production had shifted labor from agriculture to manufacturing, and as immigrants arrived in the US, they found work in these new factories. As a result, populations grew, and large urban areas arose. Fall River was one of these manufacturing and commercial centers (Williams 1).

Why is this passage acceptable?
This is acceptable paraphrasing because the writer:
- Accurately relays the information in the original
- Uses her own words.
- Lets her reader know the source of her information.
Here's an example of quotation and paraphrase used together, which is also ACCEPTABLE:

Fall River, where the Borden family lived, was typical of northeastern industrial cities of the nineteenth century. As steam-powered production shifted labor from agriculture to manufacturing, the demand for workers "transformed farm hands into factory workers," and created jobs for immigrants. In turn, growing populations increased the size of urban areas. Fall River was one of these manufacturing hubs that were also "centers of commerce and trade" (Williams 1)

Why is this passage acceptable?
This is acceptable paraphrasing because the writer:
• records the information in the original passage accurately.
• gives credit for the ideas in this passage.
• indicated which part is taken directly from her source by putting the passage in quotation marks and citing the page number.
Note that if the writer had used these phrases or sentences in her own paper without putting quotation marks around them, she would be PLAGIARIZING. Using another person's phrases or sentences without putting quotation marks around them is considered plagiarism EVEN IF THE WRITER CITES IN HER OWN TEXT THE SOURCE OF THE PHRASES OR SENTENCES SHE HAS QUOTED.

Plagiarism and the World Wide Web
The World Wide Web has become a more popular source of information for student papers, and many questions have arisen about how to avoid plagiarizing these sources. In most cases, the same rules apply as to a printed source: when a writer must refer to ideas or quote from a WWW site, she must cite that source. If a writer wants to use visual information from a WWW site, many of the same rules apply. Copying visual information or graphics from a WWW site (or from a printed source) is very similar to quoting information and the source of the visual information or graphic must be cited. These rules also apply to other uses of textual or visual information from WWW sites; for example, if a student is constructing a web page as a class project, and copies graphics or visual information from other sites, she must also provide information about the source of this information. In this case, it might be a good idea to obtain permission from the WWW site's owner before using the graphics.

Strategies for Avoiding Plagiarism
1. Put in quotations everything that comes directly from the text especially when taking notes.
2. Paraphrase, but be sure you are not just rearranging or replacing a few words.
   Instead, read over what you want to paraphrase carefully; cover up the text with your hand, or close the text so you can't see any of it (and so aren't tempted to use the text as a "guide"). Write out the idea in your own words without peeking.
3. Check your paraphrase against the original text to be sure you have not accidentally used the same phrases or words, and that the information is accurate.

Terms You Need to Know (or What is Common Knowledge?)
Common knowledge: facts that can be found in numerous places and are likely to be known by a lot of people.
   Example: John F. Kennedy was elected President of the United States in 1960. This is generally known information. You do not need to document this fact.

However, you must document facts that are not generally known and ideas that interpret facts.
Example: According the American Family Leave Coalition's new book, Family Issues and Congress, President Bush's relationship with Congress has hindered family leave legislation (6).

The idea that "Bush's relationship with Congress has hindered family leave legislation" is not a fact but an interpretation; consequently, you need to cite your source.

**Quotation:** using someone's words. When you quote, place the passage you are using in quotation marks, and document the source according to a standard documentation style.

The following example uses the Modern Language Association's style:

Example: According to Peter S. Pritchard in USA Today, "Public schools need reform but they're irreplaceable in teaching all the nation's young" (14).

**Paraphrase:** using someone's ideas, but putting them in your own words. This is probably the skill you will use most when incorporating sources into your writing. Although you use your own words to paraphrase, you must still acknowledge the source of the information.

Produced by Writing Tutorial Services, Indiana University, Bloomington, IN
# MFT Program Curricula

## Master of Family Therapy Curriculum

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Course Title</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFST 600</td>
<td>Introduction to Family Studies</td>
<td>3</td>
</tr>
<tr>
<td>MFST 683</td>
<td>Family Therapy I</td>
<td>3</td>
</tr>
<tr>
<td>MFST 684</td>
<td>Family Therapy II</td>
<td>3</td>
</tr>
<tr>
<td>MFST 620</td>
<td>Family Therapy with Major Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>MFST 630</td>
<td>Marriage and Family Therapy Methods</td>
<td>3</td>
</tr>
<tr>
<td>MFST 685</td>
<td>Addiction Processes in Families</td>
<td>3</td>
</tr>
<tr>
<td>MFST 682</td>
<td>Marital, Couple, and Sexual Issues in Family Therapy</td>
<td>3</td>
</tr>
<tr>
<td>MFST 671</td>
<td>Practicum I</td>
<td>3</td>
</tr>
<tr>
<td>MFST 686</td>
<td>Human Development Across the Lifespan</td>
<td>3</td>
</tr>
<tr>
<td>MFST 680</td>
<td>Loss and Grief Across the Lifespan</td>
<td>3</td>
</tr>
<tr>
<td>MFST 670</td>
<td>Ethics and Professional Practice</td>
<td>3</td>
</tr>
<tr>
<td>MFST 675</td>
<td>Family Therapy Research Methodology</td>
<td>3</td>
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</table>

**Total Required Course Hours** 36

Elective (1 of 2 courses)

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Course Title</th>
<th>Semester Hours</th>
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<tbody>
<tr>
<td>MFST 690</td>
<td>Special Topics in Marriage and Family</td>
<td>3</td>
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<tr>
<td></td>
<td>a. Medical Family Therapy</td>
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<tr>
<td></td>
<td>b. Group Therapy</td>
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**Total Elective Hours** 3

### Practicum

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Course Title</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFST 696</td>
<td>Family Therapy Practicum – Therapy settings (3 semesters minimum)</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Practicum Hours** 9

**Total Credit Hours Required** 48
# Post Master's Certificate in Marriage and Family Therapy Curriculum

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Course Title</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFST 600</td>
<td>Introduction to Family Studies</td>
<td>3</td>
</tr>
<tr>
<td>MFST 683</td>
<td>Family Therapy I</td>
<td>3</td>
</tr>
<tr>
<td>MFST 684</td>
<td>Family Therapy II</td>
<td>3</td>
</tr>
<tr>
<td>MFST 620</td>
<td>Family Therapy with Major Psychopathology</td>
<td>3</td>
</tr>
<tr>
<td>MFST 630</td>
<td>Marriage and Family Therapy Methods</td>
<td>3</td>
</tr>
<tr>
<td>MFST 685</td>
<td>Addiction Processes in Families</td>
<td>3</td>
</tr>
<tr>
<td>MFST 682</td>
<td>Marital, Couple, and Sexual Issues in Family Therapy</td>
<td>3</td>
</tr>
<tr>
<td>MFST 670</td>
<td>Ethics and Professional Practice</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Required Course Hours**: 24

## Practicum

| Practicum       | Family Therapy Practicum – Therapy settings (3 semesters minimum) | 3 |

**Total Practicum Hours**: 9

**Total Credit Hours Required**: 33

# Post Masters Certificate In Medical Family Therapy Curriculum

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Course Title</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFST 755</td>
<td>Pediatric Medical Family Therapy</td>
<td>3</td>
</tr>
<tr>
<td>MFST 757</td>
<td>Advanced Developmental Theory in Family Therapy</td>
<td>3</td>
</tr>
<tr>
<td>MFST 730</td>
<td>Methods in Medical Family Therapy</td>
<td>3</td>
</tr>
<tr>
<td>MFST 770</td>
<td>Chronic Illness, Death, and Dying</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Required Course Hours**: 12

## Practicum

| Practicum       | Practicum in Medical Family Therapy (1 semester minimum) | 4 |

**Total Practicum Hours**: 4

**Total Credit Hours Required**: 16
**Academic Progression Recommendations:**

The following tables represent the recommended order of progression through the MFT Program:

**Master of Family Therapy - 7 Semester Academic Progression**

<table>
<thead>
<tr>
<th>FALL:SEMESTER #1</th>
<th>SPRING:SEMESTER #2</th>
<th>SUMMER:SEMESTER #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFST 600</td>
<td>MFST 683</td>
<td>MFST 684</td>
</tr>
<tr>
<td>Introduction to Family</td>
<td>Family Therapy 1</td>
<td>Family Therapy II</td>
</tr>
<tr>
<td>Studies</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| MFST 686                 | MFST 620                     | MFST 671                               |
| Human Development        | Family Therapy with Major    | Practicum 1                            |
| Across the Lifespan       | Psychopathology              |                                        |

<table>
<thead>
<tr>
<th>FALL:SEMESTER #4</th>
<th>SPRING:SEMESTER #5</th>
<th>SUMMER:SEMESTER #6</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFST 670</td>
<td>MFST 682</td>
<td>MFST 630</td>
</tr>
<tr>
<td>Family Therapy Ethics</td>
<td>Marital, Couple and</td>
<td>Marriage and Family</td>
</tr>
<tr>
<td>and Professional</td>
<td>Sexual Issues in Family</td>
<td>Therapy Methods</td>
</tr>
<tr>
<td>Practice</td>
<td>Therapy</td>
<td></td>
</tr>
</tbody>
</table>

| MFST 675                 | MFST 680                     | MFST 685                               |
| Family Therapy Research  | Loss and Grief Across the    | Addiction Processes in Families         |
|                          | Lifespan                     |                                        |

| MFST 696                 | MFST 696                     | MFST 696                               |
| Practicum                | Practicum                    | Practicum                              |

<table>
<thead>
<tr>
<th>FALL:SEMESTER #7</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MFST 691</td>
<td>Elective</td>
<td></td>
</tr>
</tbody>
</table>
The following represents an accelerated 6 semester progression (must be approved by the MFT Program Director):

### Master of Family Therapy - 6 Semester Academic Progression

<table>
<thead>
<tr>
<th>FALL: SEMESTER #1</th>
<th>SPRING: SEMESTER #2</th>
<th>SUMMER: SEMESTER #3</th>
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<tbody>
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<tr>
<td>MFST 686</td>
<td>MFST 620</td>
<td>MFST 671</td>
</tr>
<tr>
<td>Human Development Across the Lifespan</td>
<td>Family Therapy with Major Psychopathology</td>
<td>Practicum 1</td>
</tr>
<tr>
<td></td>
<td>MFST 671</td>
<td>MFST 690</td>
</tr>
<tr>
<td></td>
<td>Practicum</td>
<td>Elective</td>
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<tr>
<th>FALL: SEMESTER #4</th>
<th>SPRING: SEMESTER #5</th>
<th>SUMMER: SEMESTER #6</th>
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</thead>
<tbody>
<tr>
<td>MFST 670</td>
<td>MFST 682</td>
<td>MFST 630</td>
</tr>
<tr>
<td>Family Therapy Ethics and Professional Practice</td>
<td>Marital, Couple and Sexual Issues in Family Therapy</td>
<td>Marriage and Family Therapy Methods</td>
</tr>
<tr>
<td>MFST 675</td>
<td>MFST 680</td>
<td>MFST 685</td>
</tr>
<tr>
<td>Family Therapy Research</td>
<td>Loss and Grief Across the Lifespan</td>
<td>Addiction Processes in Families</td>
</tr>
<tr>
<td>MFST 696</td>
<td>MFST 696</td>
<td>MFST 696</td>
</tr>
<tr>
<td>Practicum</td>
<td>Practicum</td>
<td>Practicum</td>
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Course Descriptions

MFST 600. Introduction to Family Studies (3 hours)
This course introduces the student to the field of family studies and provides inquiry into broader aspects of family, the psychosocial interior of the family, sociology of the family, healthy family functioning, ethnicity and family life, and the changing family life cycle, including divorce and remarriage as a family-life stage. Relationships between macro and micro systems are emphasized.

MFST 620. Family Therapy with Major Psychopathology (3 hours)
A detailed examination of family systems psychopathology, which contributes to major psychiatric disorders as defined in the Diagnostic and Statistics Manual of Mental Disorders, is provided. The focus of the course is on family theory as it pertains to the functions of assessment, diagnosis, and treatment in family therapy, along with a brief coverage of psychopharmacology and the biopsychosocial/spiritual approach to psychopathology.

MFST 630. Marriage and Family Therapy Methods (3 hours)
Prerequisites: MFST 600, 683, and 684
Students must also be currently enrolled in MFST 696.
This course is designed to facilitate the process of developing an integrative (vs. eclectic) theoretical model upon which to base the practice of MFT. The focus will be on deepening the understanding and operationalization of previously studied theoretical foundations of MFT, such as developmental and general systems theory, Behavioral, Object Relations, Structural, Strategic, Bowenian, Experiential, and Postmodern Theories. Students will begin the construction of their own theoretical frameworks by exploring not only various MFT models but also the nature and treatment of a variety of common presenting issues. We will also explore in-depth the common factors view that therapy is made effective by ingredients that are ubiquitous to all theoretical orientations. In addition, the growing importance of utilizing evidence-based MFT approaches will be surveyed. Students’ awareness of issues related to race, gender, ethnicity, socioeconomic status, sexual orientation, and spirituality will be emphasized throughout the course. We will take a hands-on, interactive approach to learning the material in order to ensure that each student is able to fully grasp the principles and distinct factors related to theories and issues. Students are expected to maximize their participation during class time by engaging in the interactive format.

MFST 670. Ethics and Professional Practice (3 hours)
This seminar-style course will define and explore ethical, legal, and professional issues in the practice of marriage and family therapy. Emphasis will be on developing core knowledge, skills, and attitudes related to professional identity, standards and decision-making. Specifically, students will explore the moral nature of marriage and family therapy from the perspectives of both the professional and the clients they serve. Attention will be given to issues of diversity associated with gender, culture, religion, sexual orientation, and socioeconomic status. As such, students will be expected to engage in critical self reflection of their personal value systems, how these may influence therapy, and how to engage in respectful dialogue with others of differing views. Students will become familiar with professional legal and ethical standards, and be exposed to methods of ethical decision-making.

MFST 675. Family Research Methodology (3 hours)
This course is a study of the social research process, with emphasis on research design, data collection, sampling, data analysis, and evaluation. Particular attention will be given to the family-related and marriage and family therapy-related applications of more generally used research techniques.

MFST 680. Loss and Grief Across the Life Span (3 Hours)
Death and loss are a natural part of the human experience. How we understand death and non-death related losses (our own or those close to us) is mediated by developmental and contextual factors across cultures and the lifespan. Grief and loss are often topics that elicit aversive reactions; facing loss is often quite painful. And yet, by “leaning” into painful topics and experiences rather than avoiding them, important positive life lessons may be learned. This course will utilize a family systems perspective to explore the dying process as well as issues of grieving, coping, and intervention strategies related to death and non-death related losses (e.g., divorce, chronic illness, foster care drift, etc.) across the lifespan. Attention will be given to the fundamental nature of loss and its subsequent grief in students’ personal lives, the lives of their clients/patients, and in their roles as professional helpers. Emphasis will be placed on ethical issues associated with end-of-life care, cultural and gender diversity, evidence-based interventions, and individual and family resilience.

**MFST 671. Practicum I (3 Hours)**

This course is set up as an introduction to the clinical practicum experience. Students will learn and practice engagement skills, clinical assessment skills, and a variety of other basic systemic clinical skills necessary to begin their work with couples, families, groups and individuals in the Mercer Family Therapy Center and their off campus clinical practicum sites. Students will participate in the Mercer Family Therapy Center as a part of this learning experience and receive an orientation to the Family Therapy Center’s policies, procedures and system of operation. Students will also participate as clinical team members in live therapy with the Family Therapy Center’s clients, second year students and MFT faculty. The overall objective of this course is to fully prepare students for their second year clinical practicum.

**MFST 682. Marital, Couples and Sexual Issues in Family Therapy (3 Hours)**

This course will examine the interpersonal, emotional, and intimacy issues that occur in coupling relationships. The etiology of marital, couple, and sexual issues and the prevalent approaches to the practice of marital, couple and sex therapy will be explored. The course provides theoretical and practical foundations for practice with populations of diverse cultural, ethnic, sexual orientation, and religious backgrounds. Readings, lectures and practical applications will be framed within a family systemic context and grounded within reflective understandings of the human person in relationships. Student awareness of their own attitudes regarding marriage, coupling and sexual beliefs, biases, and values will be explored.

**MFST 683. Family Therapy I (3 Hours)**

This course will focus on the major modern and post-modern theories of family therapy and their application to families and couples. MFST 683 is designed to introduce students to both the theoretical framework and the therapeutic practices that inform current practice in the field of family therapy. The course invites students to examine and reflect upon the assumptions underlying various family therapy approaches and to consider how particular family therapy techniques are connected to these assumptions. Students will be introduced to the history and evolution of family therapy as a unique perspective in the field of counseling. Outcome research for particular family therapy models will be used in case conceptualization and clinical planning.

**MFST 684. Family Therapy II (3 Hours)**

This course is designed to complete the examination of models of family therapy begun in Family Therapy I (MFST 683) by exploring non-traditional approaches in marriage/couple and family therapy. The course provides an in-depth exploration of theory driven family therapy applications for a variety of specific clinical issues not covered in other MFT courses along with clinical skill building through interactive exercises.

**MFST 685. Addiction Processes in Families (3 Hours)**
This course will provide an overview of the history, theory, and current research relating to the etiology, family process, assessment and treatment of substance abuse/addiction in families. The course will highlight the existing interplay of family life cycle development, family life dynamics, and the addiction disease process over time. Students will develop a family systems approach to understanding and treating chemical and process addictions.

MFST 686. Human Development Across the Life Span (3 Hours)
This course covers human development across the lifespan of the individual from conception to death with particular emphasis on its application for the mental health professional. Content includes changes in motor skills, biological growth and decline, learning behavior, language, social, emotional, moral, and intellectual development as well as the roles of the family, the school, peers, and work in relation to individual development. The course offers critical evaluation of current theories which describe human development.

MFST 690. Medical Family Therapy (3 hours)
This course will focus on the nature of the major methods used in the practice of medical family therapy. Students will be prepared for work within primary and/or tertiary care medical settings. A major theme throughout the course will be the importance of clinicians in creating a collaborative network of care to fully meet the physical, social, emotional, and spiritual needs of patients and their families. Students will learn how to apply the major family therapy/systemic theories to the care of persons living with physical illness, as well as to work within the systems of care involved in patients' treatment.

MFST 696. Practicum: Master of Family Therapy (9 hours)
Prerequisite: permission of the faculty.
This practicum is designed for the integration and application of marriage and family theory to actual cases in the mental health field. Socialization of the student into the discipline and profession of marriage and family therapy is an ongoing process in the practicum. The student will locate a practicum site, in conjunction with the off-campus practicum site coordinator and/or the Assistant Program Director. The student must take a minimum of nine semester hours of full practicum. In addition, the student is required to have 500 client-contact hours in the practicum, with greater than 51% (255 hours) in relational therapy (i.e., couples and families). If the requirement of 500 client-contact hours, with the relational therapy qualifier, is not achieved in three semesters of full practicum, additional practica will be required. Students who are in the practicum are required to participate in both group and individual supervision with an assigned clinical faculty member of the program. A minimum of 50% of clinical supervision will be conducted by audio, video, or live supervision.

MFST 697. Special Topics in Marriage and Family (3 hours)
Prerequisite: permission of the program director. From time to time, special topics, as they relate to marriage and family studies, will be offered as electives. These offerings constitute the latest research in the field or some special area of inquiry that is not included in the regular curriculum. After completing the requirements in a required course, students have the opportunity to study that subject at an advanced level through independent study. Such study may occur only once and must be arranged between the student and a faculty member and approved by the program director well in advance as a required course in the curriculum.
Practicum Experience

Master of Family Therapy
Post Masters Certificate in Marriage & Family Therapy

The practicum experience for MFT program students is where links are made between theory and practice, and is where the majority of the student learning objectives is enacted. This process is divided into four semesters for master of family therapy students and three semesters for post masters certificate in marriage & family therapy students. The first semester in practicum for MFT masters students primarily functions as a “pre-practicum” orientation during which students observe real cases, practice foundational helping skills and join clinical teams with active clients in the Mercer Family Therapy Center (MFTC). Thereafter, in addition to being in the MFTC, MFT/Certificate students spend a minimum of three consecutive semesters (approximately 50 weeks) in an approved community agency setting doing marriage and family therapy under supervision. The practicum typically begins during the summer between first and second year in the program continues for one full year and finishes at the end of the semester during which the student has accumulated 500 hours of client contact, 255 of which must be with “relational client units” Relational client contact includes therapy with couples, families, and/or unrelated individuals such as roommates or co-workers who have on-going relationships outside of the therapy context and who come to therapy to focus on relational/systemic dynamics.

While the marriage and family therapy program emphasis is placed on relational therapy, students also have the skills to work with individuals. However, work with individual clients must constitute less than 50% of the final 500 client contact hours. Students also frequently gain experience providing group therapy. Groups count toward individual hours when participants start the therapy group without having any ongoing relationships outside the context of therapy with other group members. Students may accumulate up to a maximum of 100 client contact hours for “individual group therapy.” Therapy groups may count as “relational group” client contact if the group consists of two or more “relational client units” (as defined above) within the same group. No more than 150 hours of the 255 hours relational requirement may be earned doing group therapy. Finally, students may earn up to 100 hours of “alternative client contact” by consistently serving as “clinical team members” on on-going cases.

In the beginning of placement, inexperienced therapy students may be able to see only three or four clients a week for whom they function as co-therapist with an experienced agency therapist. With experience, and by the second semester of practicum, the student will be the primary therapist for an average caseload of 10-12 clients per week. This will enable the student to provide a total of 500 hours of direct service to clients in the course of his or her Practicum.

Therapy students spend roughly 20-25 total hours a week in the community practicum placement and at the Mercer Family Therapy Center (MFTC), providing a combined average of 10 to 12 hours of direct client contact as therapist, co-therapist, and/or clinical team members. During this time students also participate in other activities deemed appropriate by the placement agency and/or MFTC. Students are required to see clients at the program’s Family Therapy Center to facilitate live supervision by Faculty Approved Supervisors with expertise in relationally-focused therapy and to participate in the supervision of other practicum students. Thus, while the majority of client contact hours potentially may be accumulated at the community placement site, time spent at the Mercer clinic is considered vital to the educational process and students need to prioritize their time at the MFTC accordingly.

Toward the end of a student’s practicum experience, they will be required to give a clinical presentation in front of MFT faculty and students of their theory of change, theory of therapy, and representative video/audio clips of their work. This requirement is generally completed during MFST 630 (Family Therapy Methods).
Faculty Approved Supervisors will provide no less than 100 hours of clinical supervision, including a minimum of 50 hours of individual supervision and a maximum of 50 hours of group supervision. Only supervision provided by an AAMFT Approved Supervisor or Supervisor Candidate contracted by Mercer counts toward the 100 hour program requirement. At least 50 of the 100 hours of supervision must include either live observation or review of audio or video recordings of a students’ clinical work. Students will receive regular supervision throughout their entire time in practicum.

The 100 hours of clinical supervision occur at the Program’s Family Therapy Center throughout the entire practicum experience. In Macon, individual supervision (i.e., one or two interns with one supervisor) occurs for 1 1/4 hours every week and group supervision (i.e., three to six interns with one supervisor) occurs every other week for at least 2.5 hours. In Atlanta, individual supervision occurs for 2 hours each week for three weeks out of the month, and group supervision meets on the fourth week of the month for 4 hours. This is the schedule during each academic semester. Between academic semesters, Mercer supervisors continue to provide clinical supervision on a rotating basis, but schedules may vary based on unique circumstances.

See MFT Practicum Experience in this student handbook for additional details concerning the Master and Post Masters Certificate in Marriage & Family Therapy Practicum Experience.

**Practicum Experience – Post Masters Certificate in Medical Family Therapy**

Students enrolled in the Medical Family Therapy Certificate Program will spend a minimum of one semester in an appropriate agency setting doing marriage and family therapy under supervision by a Faculty Approved Supervisor. The Practicum may begin during the first or second semester of training, depending upon the clinical experience of the student, and will continue until the end of the semester during which the student has accumulated 150 hours of client contact. During this practicum experience the student will see a majority of individuals, couples and families in which at least one member has an acute medical situation or chronic illness. Supervision will focus on systemic/relational dynamics of the individuals, couples and families and how these dynamics are influenced and impacted by the presence of medical problems. Efforts will also be directed in delineating the impact and influence of the medical health care team and the medical environment upon individual and family functioning.
Understanding the Complex Nature of MFT Education at Mercer

We admitted you into our MFT program because of your potential to become a good therapist. Whether you live up to this potential ultimately has far more to do with you than the program as a whole or even individual faculty. As a program, we will partner with you and do everything we can to help you to succeed. However, merely paying graduate school tuition does not automatically entitle students to a degree. Paying tuition entitles students to the OPPORTUNITY TO EARN a graduate degree. You will learn that in therapy if the therapist is working harder than the client, the therapy becomes non-productive. The same can be said for education: For you to benefit, you must put forth the lion’s share of the effort. In the final analysis, each student is responsible for his or her own education.

A Developmental Perspective

Beginning clinicians often have pictures in their heads of what it means to do good therapy and be good therapists. Then they compare themselves to the fully developed pictures in their heads and get discouraged when they don’t measure up right away. If you do this, you may develop a tendency to hide your insecurities, to always try to appear to your peers and your professors to have it all together. This is natural, but not always the most helpful to your progress through the MFT program. Chances are good that if you have a question or are struggling with something, at least some of your peers do too. The MFT faculty expects you to have many questions. We worry more about beginning clinicians who do not ask for help and do not expect you to be a seasoned therapist.

Instead, we see your progress through a developmental lens and we encourage you to see yourselves in this way as well. Somebody who has just started playing T-ball is not expected to smack the ball over the back fence. Allow yourself to be the best therapy intern you can be within each stage of development. You were accepted into the Mercer MFT program because we believed in you, believed in your potential, believed in your dreams to help others. Now, believe us that you are not alone as you go through this program. The faculty is here to help. Stop by our offices or give us a call. We want to do everything we can to help you reach your goal of becoming an excellent therapist.

It is also important to remember that learning to do therapy is not the same as learning another academic topic. All of you are already top achievers or you would not have been accepted into this program. You have already figured out how to navigate academia successfully. This will be useful to you, but learning to be a therapist requires a completely different set of skills than the skills that allowed you to be so successful in your previous studies. Remember that Michael Jordan, who was a superstar at basketball, did not automatically transfer his superstardom to baseball. To learn the game of therapy, you will be required to use familiar intellectual, emotional and social “muscles” in new ways. You may feel uncoordinated at first as you try to learn the basics and then combine the basics in increasingly complex patterns. You may discover “psychological muscles” you never knew you had or realize that an old “emotional muscle” injury is acting up again; but keep stretching yourself and practicing nevertheless. Be patient with yourself as you learn a whole new game, namely marriage and family therapy. As you look back over your first year in the program you will be amazed at how far you have come!
Self-of-Therapist

Some people believe a distinction can be made between therapists who are “technicians” and those who are “clinicians.” Those therapists who are “technicians” do a great job applying their knowledge and skills to help “fix” people problems. They see little need for self-reflection beyond what is needed to meet ethical standards. There is nothing wrong with this and for many clients this is all that is needed. “Clinicians,” on the other hand, have the same skills as therapy technicians, but also open themselves up for a deeper journey. They go beyond theories and techniques by reflecting carefully on their own family dynamics, their own process and experience as they go through life, seeking to learn more about themselves any time they interact with others. When they do this “self-of-therapist” work, they increasingly become sensitized to nuances of personal experience that can provide insight into their clients’ problems beyond what can be learned from books or supervisors.

There may be differences between you and your peers, as well as between MFT faculty, as to the degree to which you and they value and want to pursue self-of-therapist issues. It is important to note that when supervisors address self-of-therapist issues, the focus is always on how your personal experience relates to your work with clients. While these insights may prove to be personally therapeutic to you, your supervisor should not take on the role of your therapist; instead, he or she may refer you to a therapist to work through the larger issues.

Some psychotherapy programs require students to be in therapy while participating in their training program. Here at Mercer we do not usually require this, though we highly recommend it for everyone for several reasons. First, we believe that therapy is a good and helpful process that can help anyone motivated to gain additional insight about oneself, one’s relationships and as a means to develop new skills. Second, working with other people’s pains and traumas can stir up your own unresolved issues (and none of us goes through life without some unresolved issues!). Having a place to sort out your personal challenges helps keep them from negatively impacting your work with clients. [Please note: in the event that it becomes apparent to clinical supervisors that you may be struggling with personal issues to such an extent that they are hampering your work with clients, the clinical faculty may require you to get personal therapy in order to continue enrollment in the clinical practicum sequence.] Third, putting yourself in the role of the client will give you increased sensitivity to what your clients may be experiencing when they come to see you for therapy. Fourth, experiencing good therapy for yourself will give you insights as you try to learn how to provide therapy with others. Fifth, graduate school in general and a therapy training program specifically can be especially stressful and being in therapy may give you an extra measure of emotional support as you go through your graduate training.

Dual Nature of Being a Professional in Training

The Mercer Family Therapy Center has three interrelated missions: (1) to provide high quality mental health services to individuals, couples and families; (2) to serve as an educational training facility for master’s level students in the Department of Psychiatry and Behavioral Sciences’ Marriage and Family Therapy Program; and (3) to contribute to the broader body of knowledge about therapy processes and outcomes through voluntary participation by clients, students, and faculty in scientific research. This is in keeping with the three missions of the Mercer University: teaching, outreach, and research. As much as possible, we strive to operate in such a way that these three missions work in synch with one another, to the benefit of all. Sometimes, however, achieving balance can be difficult and there can be tensions that exist between the educational demands placed on students, the needs of the clinic which must meet the needs of clients, and the research demands placed on faculty.

Working toward an advanced degree and focusing on the development of clinical expertise creates unique
challenges for MFT interns and clinical faculty. A professional training program is not the same as other academic programs. In academic programs that do not lead to professional certification or licensure (e.g., teaching or therapy), the primary purpose is the transmission of knowledge to the student. If the student does well or does poorly in a class, the immediate impact is usually limited to just that student (e.g., a high or low grade). Professional training programs are usually characterized by some sort of practicum or internship during which students practice their newly acquired skills and knowledge in real life circumstances. Whether they do well or do poorly can have immediate impact on the lives of others. For a therapist in training, this means that while your individual student needs are very important, you cannot focus on them exclusively; you (and the clinical faculty) must strive to balance your individual needs with the needs of clients and the facility serving those clients (e.g., the Mercer Family Therapy Center). When it comes to the needs of individual students and the collective needs of the Family Therapy Center, our attitude whenever possible is one of “both me and we” rather than “either me or we.”

As a student, everything you do is tied to a grade. As a professional-in-training, everything you do is also tied to agency expectations and a professional code of ethics, meaning that you are required to do what good professionals do, not just what is needed to earn the grade that is satisfactory to you. As a student, you are fairly autonomous insofar as most assignments are to be completed by you alone. As a professional in training your autonomy is limited by virtue of the fact that you are operating under the professional licenses of your clinical supervisors and they must retain careful oversight of your actions. Your autonomy is also constrained by your peers and the fact that together you form a clinical team that must operate collectively in order to sustain the Family Therapy Center clinic. Some of what you will be expected to do while in the MFT program will be directed at the individual level, whether for a specific client system or you as a specific MFT intern. Other expectations will be geared more toward the larger system level, whether clients in general, or the clinical team as a whole.

Another way that the Marriage and Family Therapy Program differs from other graduate programs is that you retain professional responsibilities even when classes are not in session. COAMFTE accreditation standards require that the Mercer Family Therapy Center is open to see clients twelve months a year; it does not follow the academic calendar. This means that you will continue to see clients and receive individual supervision on a weekly basis even if classes are not in session. This does not mean that you can never take a break or go on vacation, but rather that you are allocated a certain amount of vacation leave per twelve months that must be scheduled in consultation with and approved by the Clinic Director.

**Compromise vs. Compassion**

We find it helpful to distinguish between *compromise* and *compassion* as they relate to expectations. The MFT program and the Department of Psychiatry and Behavioral Sciences at Mercer University have high standards. We believe that it is important to set the bar high enough that we are always pressing ourselves to be more than we thought we could be. This can feel very stressful in the short term, but is ultimately how we all grow. If the bar is set too high, however, we can become overwhelmed and give up. It is always a bit of a delicate balance to figure out how to set expectations high enough that we are motivated to stretch and grow, but not so out of reach that we become defeated. There is a temptation to want to *compromise* standards by lowering expectations so much that we do not have to stretch beyond our comfort zone; this feels much better in the short run, but limits us in the long run.

Instead of compromising, we suggest having *compassion* with ourselves and with one another when we are trying our best, but can’t quite make the mark. To have compassion as it relates to expectations is to recognize that sometimes life happens—we get sick, there is a family problem, the dog dies, we have a misunderstanding/miscommunication, we didn’t get enough sleep, there is more to do then time to do it, and
so forth. It is critical that we still agree that the standards that have been set are the appropriate expectations, and we are still accountable to accept the consequences for not meeting them, but compassion gives us emotional and psychological space to not beat ourselves or others up for failing to meet the benchmark. Compassion is acknowledging the limitations of the human condition insofar as excellence is achievable, but perfection is not.

Respecting One Another

Your experience in this program will in many respects be largely shaped by the relationships you develop with your peers and the faculty (both clinical and non-clinical). We all have different personality styles, background experiences, strengths, weaknesses, and ways of reacting to and coping with stress. We are all wired differently and see the world through our own unique vantage point. This presents a great opportunity to learn from one another, but doing so requires patience with others and ourselves. The good news and the bad news is that you, your peers and the faculty and staff at the Mercer Family Therapy Center, in the Department of Psychiatry and Behavioral Sciences, and across the University are all human beings. This means we will all have times of triumph deserving celebration and times of mistakes or disappointment deserving apologies and forgiveness.

During the course of your time at Mercer, each of us will likely both succeed and fail to meet our own expectations. Additionally, odds are good that we will each also exceed one another’s expectations as well as disappoint and be disappointed by others along the way. Learning to accept and be okay with our own humanity and that of other people is one of life’s most challenging, but also most rewarding, lessons. This lesson is also one we usually have the opportunity to practice over and over throughout our lives.

We think you will gain a lot from your time in the Mercer Marriage and Family Therapy program and are confident that you will find many rewards while working with clients and collaborating with your peers and supervisors in the Family Therapy Center. The more you put into this program at both the individual and the team levels, the more you will get out of it. We have great faith in your potential to grow into your dream of becoming a great therapist!

The rest of this manual will explain expectations, policies and procedures for working in the Mercer Family Therapy Center.

Practicum Course Description

Practicum is a multi-semester progressive course designed to enable the student to apply marriage and family therapy theory to cases in a therapy setting. At least three semesters must be completed concurrently in order to maximize therapeutic continuity for clients and students’ development of clinical skills. Five hundred (500) client contract hours, 100 supervision hours and at least three semesters of Practicum are required by the end of the practicum sequence. Fifty-one percent or 255 client contact hours must be with couples, families, a sibling group or other family constellations. The focus of clinical supervision will be on the client/patient data brought to supervision. This data should be from the caseload of individuals, couples and/or families which the student is seeing at his/her Community Practicum Site and at the Mercer Family Therapy Center (MFTC). Students must remain actively seeing clients throughout the entire semester of practicum; though caseloads may be reduced (but not eliminated) once the 500 hour requirement has been reached. It is the students’ responsibility to be familiar with the clinical content of all cases they are seeing and to bring to the practicum supervision class each week the following: client contact logs (with community supervisors’ initials), completed case presentation forms and/or client case documentation, scored clinical assessments, audio/video recordings of therapy they conduct or to arrange for live
supervision.

General Practicum Objectives

The American Association of Marriage and Family Therapy (AAMFT) established core competencies that are essential to the provision of therapy with individuals, couples, and families. While it is recognized that full mastery of the AAMFT clinical core competencies is not expected until several years after graduation or at the time of full licensure, this multi-semester course is designed to facilitate the development of foundational skills needed for competency in the six domains of clinical activity as described below. Each of the six domains includes five sub-domains, also described below. More detailed information is available at www.aamft.org.

Definitions of Core Competency Domains of Clinical Activity
[As listed at www.aamft.org and adapted from Gehart (2010)]:

1) Admission to Treatment – All interactions between clients and therapist up to the point when a therapeutic contract is established (i.e., getting therapy started)
2) Clinical Assessment and Diagnosis – Activities focused on the identification of the issues to be addressed in therapy (i.e., assessing individual, couple, and family functioning).
3) Treatment Planning and Case Management – All activities focused on directing the course of therapy and extra-therapeutic activities (i.e., developing a plan of care and coordinating with other professionals).
4) Therapeutic Interventions – All activities designed to ameliorate the clinical issues identified (i.e., facilitating change in the therapy session).
5) Legal Issues, Ethics, and Standards – All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs (i.e., understanding the moral, ethical and legal aspects of therapy practice).
6) Research and Program Evaluation – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively (i.e., knowing the relevant research and how to evaluate one’s effectiveness).

Definitions of Core Competency Sub-Domains of Clinical Activity
[As adapted from Gehart (2010)]:

1) Conceptual Skills – Factual knowledge; what we expect to learn from books (i.e., developing a conceptual map based on theoretical and empirical concepts)
2) Perceptual Skills – Ability to perceive or see what is going on with clients and in the therapy process (i.e., ability to recognize the theoretical and empirical concepts learned from books as they manifest in actual therapy sessions, or where the clients are at on the conceptual map)
3) Executive Skills – Behavioral (verbal and/or non-verbal) actions by the therapist during the process of a therapy session (i.e., ability to ‘execute’ knowledge and produce change by following the conceptual map)
4) Evaluative Skills – Ability to assess one’s own abilities and performance accurately (i.e., how well is the therapist creating, recognizing, and executing the conceptual map in order to facilitate change with the client
5) Professional Skills – Ability to adhere to professional and workplace policies, procedures, and ethical standards

Practicum Student Learning Outcomes

Using the definitions provided above, students who successfully complete this course will…
1. Have the basic core competencies to infuse systemic and biopsychosocial/spiritual perspectives into their clinical activities. As evidenced by:
   a. The correct and consistent completion of client case documentation at the MFTC, including DAP progress notes, written assessment packets, biopsychosocial/spiritual family assessment report, and treatment plan as verified by the supervisor and recorded on the Mercer Supervision Tracking Form.
   b. Students’ contributions to supervision discussions or observation of live or recorded therapy sessions of MFTC and community clients by Mercer Supervisors as tracked on the Mercer Supervision Tracking Form.
   c. Meeting expectations for the development of core competencies (domains and sub-domains) as measured by the Basic Skills Evaluation Device.

2. Have the basic core competencies to conduct clinical activities from multiple philosophical and theoretical frameworks. As evidenced by:
   a. The correct and consistent completion of the theory section of the Mercer DAP note.
   b. Students’ contributions to supervision discussions or observation of live or recorded therapy sessions of MFTC and community clients by Mercer Supervisors as tracked on the Mercer Supervision Documentation Form.
   c. Meeting expectations for the development of core competencies (domains and sub-domains) as measured by the Basic Skills Evaluation Device.

3. Have the basic core competencies to recognize, articulate, and account for influences of contextual factors on client systems (especially those in rural or underserved populations) and adjust clinical activities as appropriate. These contextual factors include, but are not limited to self-of-therapist issues, gender, sexuality, aging, health/ability, spirituality, ethnicity, culture, power, privilege, and socioeconomic status. As evidenced by:
   a. The correct and consistent completion of client case documentation at the MFTC, including DAP progress notes, written assessment packets, biopsychosocial/spiritual family assessment report, and treatment plan as verified by the supervisor and recorded on the Mercer Supervision Tracking Form.
   b. Students’ contributions to supervision discussions or observation of live or recorded therapy sessions of MFTC and community clients by Mercer Supervisors as tracked on the Mercer Supervision Tracking Form.
   c. Meeting expectations for the development of core competencies (domains and sub-domains) as measured by the Basic Skills Evaluation Device.

4. Have the basic core competencies to collaborate across disciplines when necessary in order to successfully provide clinical services in both academic and non-academic professional mental health and/or medical settings. As evidenced by:
   a. Successful completion of community based practicum and positive reviews by community supervisors.
   b. Meeting expectations for the development of core competencies (domains and sub-domains) as measured by the Basic Skills Evaluation Device.
5. Have the basic core competencies to be discerning consumers of empirical research in their clinical activities.
   a. Consistent use of client feedback via the ORS and SRS assessment forms.
   b. As evidenced by: Students’ contributions to supervision discussions or observation of live or recorded therapy sessions of MFTC and community clients by Mercer Supervisors as tracked on the Mercer Supervision Tracking Form.
   c. Meeting expectations for the development of core competencies (domains and sub-domains) as measured by the Basic Skills Evaluation Device.

6. Have the basic core competencies to adhere to legal, ethical, and other professional regulatory standards, and recognize the influence(s) of higher order moral principles (i.e., beneficence, non-maleficence, autonomy, justice, and fidelity) and moral reasoning schemas (e.g., duty-based, ends-based, care-based, and/or narrative based) on moral/ethical decisions faced by both therapists and clients. As evidenced by:
   a. Students’ contributions to supervision discussions or observation of live or recorded therapy sessions of MFTC and community clients by Mercer Supervisors as tracked on the Mercer Supervision Tracking Form.
   b. Meeting expectations for the development of core competencies (domains and sub-domains) as measured by the Basic Skills Evaluation Device.

**Summary of Client Contact Hours Maximums and Minimums:**

<table>
<thead>
<tr>
<th>Individual Client Contact</th>
<th>Relational Client Contact*</th>
</tr>
</thead>
<tbody>
<tr>
<td>245 total</td>
<td>255 total</td>
</tr>
<tr>
<td>Group = max of 100</td>
<td>Group = max of 150</td>
</tr>
<tr>
<td>TEAMING = max of 100</td>
<td></td>
</tr>
<tr>
<td>Total = 500</td>
<td></td>
</tr>
</tbody>
</table>

**Definitions Related to Client Contact**

- **Direct Client Contact** = Face-to-face therapy with the client and therapist in the same room; therapists may also serve as co-therapists and count the hours as direct client contact for the time they spend in the therapy room with the client and primary therapist

- **Alternative/Teaming Client Contact** = On-going participation in a client’s therapy by a therapist who observes live therapy and consistently provides input to the therapist who is providing direct face-to-face therapy. Teaming therapist MUST engage in case conceptualization/planning discussion with the primary therapist immediately preceding and following each therapy session and view the session *in real time* (i.e., as it is actually occurring) in order to count as an alternative client-contact hour. If a teaming therapist is not available to view the session live, they are encouraged to watch the recording of the session and discuss it with the therapist in order to remain clinically current on the case, but time spent watching the recording may *not* count as client contact. 100 hours maximum permitted toward the 500 total required hours.

- **Individual Client Contact** = Individual therapy with one person as the client in the therapy room; maximum of 245 hours may count toward the total 500 required hours

- **Relational Client Contact/Relational Client Unit** = Therapy with couples, families, and/or unrelated individuals such as roommates or co-workers who have *on-going relationships outside of the*
therapy context and who come to therapy to focus on relational/systemic dynamics. A minimum of 255 hours required.

- **Couple Therapy** = Couple therapy with two people involved in an intimate relationship; counts toward the minimum requirement of 255 hours of relational client contact
- **Family Therapy** = Family therapy with two or more biologically or legally related people (e.g., parent/child; siblings, foster/adoptive families), or two or more unrelated individuals such as roommates or co-workers who have on-going relationships outside of the therapy context and who come to therapy to focus on relational/systemic dynamics; counts toward the minimum requirement of 255 hours of relational client contact

**Group Therapy that counts toward Individual Client Contact** (abbreviated on hours log as “Grp Indiv Tx”) = Group therapy with unrelated individuals who prior to the group therapy had no on-going relationship with one another; maximum of 100 hours may count toward the 245 maximum of individual client contact hours

**Group Therapy that counts toward Relational Client Contact** (abbreviated on hours log as “Grp Cpl Tx” or “Grp Fam Tx”) = Group therapy with multiple pairs of couples, or group therapy with multiple sets of related family members or “relational client units” (as defined above); maximum of 150 hours may count toward the 255 minimum of relational client contact hours

**Group Therapy that counts toward Alternative/Teaming Client Contact** (abbreviated on hours log as “Alt Ind/Cpl/Fam Tx”) = individual, couple, family therapy, or group hours acquired by alternative/teaming contact as defined above.

**Summary of Supervision Requirements:**

<table>
<thead>
<tr>
<th>Individual Supervision</th>
<th>Group Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 hours minimum</td>
<td>50 hours maximum</td>
</tr>
<tr>
<td>Total = 100 hours</td>
<td></td>
</tr>
<tr>
<td>At least 50% of all supervision must incorporate raw data.</td>
<td></td>
</tr>
</tbody>
</table>

**Supervision Definitions:**

- **Individual supervision** (abbreviated on the hours log as “Indiv Sup”) = Clinical supervision in which at least one and no more than two supervisees meets with at least one supervisor or supervisor to review cases by oral/written report, dvd/videotape/audiotape or live supervision. Students must have three semesters of individual supervision, which add up to at least 50 hours of individual supervision.

- **Group Supervision** (abbreviated on the hours log as “Group Sup”) = At least three and no more than six supervisees meets with at least one supervisor or supervisor candidate to review cases by oral/written report, DVD/videotape/audiotape or live supervision. Students must have three semesters of group supervision, which add up to no more than 50 hours of group supervision.

- **Live Supervision** (abbreviated on the hours log as “Live Sup”) = A therapist is in the room with a client at the same time a supervisor is observing that therapy session in real time via a mirror or video equipment

- **Video/Audio Supervision** (abbreviated on the hours log as “Video/Audio Sup”) = A supervisee shows a supervisor a video or audio recording of all or part of a therapy session that took place prior to supervision and this video or audio provides the foundation of the supervisory conversation.

- **Case Report** abbreviated on the hours log as = Supervision discussions incorporate only the supervisee’s verbal descriptions of what happened in therapy or what is recorded in the client’s case file. This category may also be used for the discussion during supervision of general topics related to the provision of therapy services and/or professional development not tied to specific cases.
• **Raw Data** = The incorporation of live observation, video or audio recordings (or a combination) into supervision discussion

• **Counting Hours for Client Contact and Supervision**
  - Hours should be counted as follows: up to 15 minutes = 0.25 hour; 16-30 minutes = 0.5 hour; 31-45 minutes = 0.75 hours; 46-60 minutes = 1.0 hour; 61-75 minutes = 1.25 hours; 76-90 minutes = 1.50 hours; 91-105 minutes = 1.75 hours; 106-120 minutes = 2.0 hours; Etc.
  - **Individual Supervision, which counts, is as follows:**
    - If a student is simultaneously being supervised and having direct clinical contact, the time is counted as both supervision time and direct clinical contact time.
    - Even if additional students are present when a supervisor is conducting live supervision, the therapist(s) in the room with a client (up to two therapists) may count the time as individual or dyadic supervision.
    - Supervision of two students can be counted as equivalent to supervision of an individual.
    - Supervision of one student is counted as supervision of an individual.
  - **Group Supervision, which counts, is as follows:**
    - At least one supervisor is present with the students.
    - There are at least three, but no more than six students present with a single supervisor.
    - The supervisory experience involves an interactional process between the primary therapist(s), the observing students and the supervisor(s).

### The Process of Practicum Placement

Practicum is a multi-semester progressive course designed to enable the student to apply marriage and family therapy theory to cases in a therapy setting. The practicum sequence begins with MFST 671/practicum I, which orients students to clinical and administrative policies and procedures, as well as giving students the opportunity to observe active clients and begin building their own caseload at the Mercer Family Therapy Center. MFST 696 continues the practicum experience at an accelerated and more in-depth rate over the span of at least three more semesters, known as Practicums II, III, and IV. Students must be engaged in this practicum sequence (i.e., I – IV) for no less than 12 consecutive months. This helps maximize therapeutic continuity for clients and the development of students’ clinical skills, in addition to fulfilling a GA licensure requirement. Given that the regular calendar year does not exactly map onto Mercer’s academic semester schedule, it should be understood, that while MFST 671/Practicum I may be included as part of the 12 months for purposes of licensure (pending licensure board interpretation), students are still expected to consecutively complete no less than three full semesters of MFST 696.

All students see clients at two types of placement sites: (1) the Mercer Family Therapy Center, and (2) a community-based agency. The benefit of the Mercer clinic is that supervisors are readily available to give in-depth feedback and recommendations for how a student may improve their clinical skills. Supervision experiences in the community may vary across agency settings. There may also be differences among students and between Atlanta and Macon regarding where students will likely accumulate most of their 500 hours—at the MFTC or in the community. What is most important to understand, however, is the value placed on students’ having experiences in BOTH settings. Because the MFTC is more of a “controlled setting,” students will begin their practicum experiences with observation and teaming in the MFTC and then move into the community setting upon faculty approval.

Ongoing assessment of students’ readiness to enter both types of practicum sites begins as soon as they enter the MFT program. Students’ behaviors during structured activities (e.g., during class or advising meetings) or
informal interactions (e.g., between class, impromptu conversations, etc.) contribute to faculty impressions about practicum readiness. Students’ participation in class discussions, interactions with peers and other authority figures, the quality of their writing, anxiety and stress management skills, demonstrations of insight into themselves and others, ability to take personal responsibility for their actions without externalizing blame, and teamwork skills together constitute a non-exhaustive list of considerations essential for determining if a student is ready to assume the demands and responsibilities of clinical placements. These impressions along with other qualities are formally appraised by faculty as described below.

There are three phases for which students must receive approval in order to proceed with the full practicum experience. Approval in one phase does not guarantee approval for subsequent phases.

**Phase I: Readiness to Interview for Community Placement.**

- Students may be competing for community placement practicum sites with graduate students from other mental health training programs; this is particularly true in Atlanta. As such, interviews at community practicum sites may take place early in the spring for placements that are not scheduled to start until the start of fall semester.
- The faculty believes that one partial semester during which to interact with a student serves as a good initial assessment, but is not sufficient to make a fully informed decision about a student’s readiness to begin direct client contact. Therefore, readiness to interview should not automatically be equated with the readiness to start the four semester practicum sequence. Instead this initial assessment should be understood as a first step, the timing of which primarily has to do with the typical timing of agencies in the community at which students often work toward completion of practicum requirements.
- By the **end of the 11th week of classes** during the first semester in the MFT program, students will prepare practicum application materials (available on-line), including their resume and cover letter, and submit them to the Community Practicum Site Coordinator.
- Students will make appointments to meet with the Community Practicum Site Coordinator during weeks 12-15 of the first semester in order to discuss application materials and readiness to interview at community placement sites.
- Prior to these meetings, the Community Placement Coordinator (CPC) will solicit verbal feedback from all faculty about the perceived areas of strengths and growth edges of each first year student. These conversations will then be documented and a written summary to be reviewed by the MFT faculty.
- This written summary will be shared with each student during meetings with the CPC and/or the Assistant Program Director and the student will be given an opportunity to share their response to faculty feedback. A copy of this feedback will accompany the students’ application materials to placement sites.
- **It is important to note that a student’s acceptance by an agency to be an intern does not guarantee approval by the faculty for the student to actually begin that internship placement (Phase III).** Since ultimate liability for clinical activities by Mercer students are the responsibility of the Mercer MFT Program, not the community agency; the program, not the agency, will give final approval for student to start a placement.
- If during this feedback process any concerns about a student’s readiness to interview for community placement are discovered, these concerns will be documented and discussed with the student in a meeting with the CPC and Assistant Program Director in order to gather the student’s perspective prior to any formal decision being made to delay permission to interview.
- If interviews are delayed, the student and the faculty will collectively create a written action plan for resolving the concerns in a timely manner. This action plan must be approved by the Program Director. If approved as part of the action plan, the student may still submit materials for
consideration to enroll in Practicum I in order to begin observing and participating in clinical teams at the Mercer Family Therapy Center only.

- Once approval to interview for practicum placements has been granted, students will work closely with the Community Placement Coordinator to determine the appropriate placement opportunities. Students are actively encouraged to both explore new practicum placement possibilities as well as follow up on suggestions made by the CPC.
- Student and agencies indicate their preference to the Community Placement Coordinator to participate in the matching process. The CPC, not the student, actually submits application materials to agencies.
- Agencies will either contact the student directly or the CPC to set up interviews.
- After the placement agency, the student, and the CPC agree on a particular placement, the MUSM/MFT Contract and Guidelines for Practicum & Supervision document is executed and maintained in the student’s file in Macon or Atlanta.

**Phase II: Readiness to Enter Practicum I (i.e., “pre-practicum/practicum orientation”).**

- One month prior to the end of the students’ second semester (usually spring), all full time and adjunct faculty will complete the Evaluation of Students Readiness to Enter Practicum form for each and every student with whom they have had formal (e.g., in class) or reasonably significant informal contact. These evaluation forms are turned into the Assistant Program Director.
- At the same time, students also will have an opportunity to comment on their own self-perceived readiness to enter practicum by completing the form, Students’ Self-Evaluation of Global Readiness for Practicum. This form must be turned into the Assistant Program Director by the end of the 12th week of the semester.
- On both forms, using a five point scale (1= Problematic, 2= Struggling, 3= Average, 4= Above Average, and 5= Outstanding) the student is rated on 30 personal and interpersonal qualities/behaviors the faculty associate with good clinical practice.
- As a general guideline, students need to receive at least 90 points by each faculty member completing this form in order to be considered ready for Practicum I. It is recognized, however, that readiness for clinical practicum cannot be 100% reduced to a numerical score. As such exceptions to this general numerical guideline may be made based on qualitative feedback.
- Depending on the nature and/or severity of concern expressed by faculty, if one or more areas on the evaluation form are rated as “problematic” a formal remediation plan may need to be created. The MFT faculty will meet to review both the student’s self-evaluation and the feedback from faculty.
- If during this feedback process any concerns about a student’s readiness to enter Practicum I are discovered, these concerns will be documented and discussed with the student in a meeting with the CPC and Assistant Program Director in order to gather the student’s perspective prior to any formal decision being made.
- If entry into Practicum I is delayed, the student and the Assistant Program Director (with input from the rest of the faculty) will collectively create a written action plan for resolving the concerns in a timely manner. This action plan must be approved by the Program Director.
- A student may not start a community placement until after completing Practicum I.

**Phase III: Readiness to Start Community Placement**

- Toward the end of Practicum I (i.e., “pre-practicum/practicum orientation”), one of the course assignments will be an oral exam/role play assessment, such that the 2nd year students serve as “standardized clients” with whom 1st year students must conduct a 45 minute intake session in front of at least 2 faculty/clinical supervisors and other students.
- During this role play faculty are evaluating students’ ability to join, instill hope, ask follow up
questions, establish initial treatment goals, develop initial plan of action, etc (faculty to develop rubric).

- After role play “standardized clients” give 1st year student feedback on their experience as clients and 1st year students can ask questions of the ‘standardized clients as well. After this, faculty gives verbal feedback to the student.
- Mercer MFT faculty will meet together to discuss the student’s performance, determine if the student is ready to start seeing clients at the community placement, and create a written document detailing areas of strengths, challenges and recommendations for initial goals of supervision for the following semester.

Changing Practicum Sites

It is Program Policy that a student is assigned to one or more Practicum Site(s) and remains there for at least three semester or 12 months. Ideally, a student should be able to get 255 hours of couple/family on site and 250 individual therapy hours with a variety of presenting problems. Practicum sites are selected carefully with the student’s needs in mind, the fit between the student and the site, and with the hope that the number of relational hours will be adequate. When an individual is assigned to a student as a client, the student can encourage the client to also bring in family members. It is very disruptive for the agency and for the student’s client caseload, if a student leaves his/her practicum site before the end of the 12-month period. Therefore, a student should carefully consider a request to change Practicum sites. However, if for some critical reason a student believes a site change is necessary, the following protocol is to be followed:

- The student is to make an appointment to speak with his/her Practicum Supervisor to review the concerns the student is having and any solutions, which have been attempted. The Practicum Supervisor will meet with the Community Placement Coordinator to review the student’s concerns. The student may be asked to participate in the meeting.
- The Community Placement Coordinator may wish to contact the Agency On-site Director for clarification. Should it be determined that the student should terminate the placement site and/or find a new placement site, the Community Placement Coordinator will notify the MFT Assistant Program Director and seek approval of the student’s request.
- If it is determined that the student will not terminate the current site(s), the Practicum Supervisor and/or the Community Placement Coordinator will meet with the student during individual supervision or privately to discuss steps to be taken to correct problems at the current site. The Community Placement Coordinator may contact and involve the Agency On-Site Director in this process.
- If the student is to terminate the current site(s), the Practicum Supervisor will advise the student as to how to write a letter of resignation and how to set up a meeting with the Agency On-Site Director to terminate professionally.
- The Community Placement Coordinator will meet with the student to select and establish a new placement site.

Completing and Exiting Practicum

It is expected that students will complete all 500 hours of direct client contact (including the 255 relational component) by the end of finals week their third consecutive semester of practicum (excluding the first “pre-practicum/orientation” semester). It is recognized, however, that sometimes circumstances beyond the students’ control may delay the completion of clinical hours. If, by the last day of finals week, a student has
completed at least 450 total hours, consisting of 205 or more relational hours he or she may seek approval from the Assistant Program Director to be assigned an IP (“in progress”) instead of a traditional letter grade for the semester. An IP will allow the student to remain covered by Mercer’s liability insurance in order to complete their clinical hours during the weeks before the following semester begins.

Students with IPs are responsible for arranging another appointment with the Assistant Program Director no later than the day prior to the first day of the new semester to verify that they have completed their 500 hours (including the 255 relational hours). Students who do not complete their clinical hours prior to the first day of the new semester or who fail to contact the Assistant Program Director to make an appointment will be expected to re-enroll in practicum for another semester. However, those students who believe they will be able to complete all clinical requirements by the end of the second or third week of the new semester should still make an appointment to meet with the Assistant Program Director to verify their remaining hours, assess the viability of the timely completion of those hours, and if appropriate, make arrangements to drop the practicum class prior to the end of the drop/add period.

Students who have 449 total hours or less and/or 204 hours or less of relational client contact by the end of finals week of their third consecutive semester of practicum (excluding the first “pre-practicum/orientation” semester) will be given a traditional grade for practicum and are expected to register for another full semester of practicum. They will be allowed to reduce their caseloads during the next semester once clinical requirements are completed, but they must remain clinically active the entire semester in order to receive course credit. During the final semester of the training program, when the student has reached the required 500 hours, she/he will not accept new clients beyond mid-semester and will begin the process of termination or referral of their client caseload.

Steps for wrapping up client contact are as follows:

• Students will give advance notice to clients of the date of the termination date of their practicum placement and plan for termination or case transfer with their clients. Advance notice should be give at least four weeks in advance of termination or transfer.

• With the Agency On-Site Director’s permission, the student may continue to see those clients for whom this would be deemed particularly helpful beyond their termination date, but for only a brief number of sessions in order to terminate successfully.

• While enrolled in the program, students are not to see clients outside of agency settings without specific permission of the Assistant Program Director and Program Director.

• Malpractice insurance provided by MUSM for the MFT students will cease at the completion of the term in which the student achieves 500 hours of client contact experience. The student is encouraged to apply for his or her own malpractice insurance coverage at the beginning of the last term of supervision. This will prevent a lapse in coverage of malpractice insurance on the part of the student. No student, under any circumstances, should agree to see clients without malpractice insurance coverage.

Insofar as it serves as a capstone course, generally students should register for MFST 630 (Family Therapy Methods) only when they have less than one third of their 500 hours of client contact requirement remaining to be completed. As such MFST 630 is usually taken concurrently with a students’ fourth semester of the four semester practicum sequence. Exceptions to this guideline must be approved by the Assistant Program Director and the Program Director prior to the start of the semester.

As a final project in MFST 630, students will write a formal paper in which they articulate their own theory of change and theory of therapy. They will then utilize video/audio clips of their own work to illustrate that what they actually do in practice is consistent with the theory of change and theory of therapy that they discuss in their paper. They will present this paper with video/audio clips of their work to all students enrolled in MFST 630 and one or more MFT Clinical Faculty members in addition to the course instructor.
Remediation Plans

In some instances, a supervisor may require behavioral change of a trainee. For instance, (a) when, in the judgment of the supervisor, trainee behavior negatively impacts the welfare of clients; or (b) when trainee responsibilities to the program or agency are not being performed. The supervisor will bring his or her concerns to the attention of the Assistant Program Director. Depending on the nature of the concerns, the Assistant Program Director will arrange to meet with the student independently or with the supervisor and/or other clinical faculty. The student will then be given an opportunity to share his or her perspective on the concerns that have been expressed and a contract for improvement will be collaboratively discussed, with final approval of the plan resting with the Assistant Program Director and/or Program Director. If significant behavioral change is needed, a formal remediation plan for improvement may be established by the faculty. Failure by the student to adhere to the terms of the remediation plan could result in interruption of practicum and/or termination from the program.

Practicum Supervision Process

The supervision process is a vital part of the growth and change necessary to develop into a competent family therapist. Supervision is the oversight of the trainee’s interaction with clients in clinical therapy sessions. Supervision helps the trainee learn the process and skill of becoming a competent family therapist. During each semester, weekly DAP notes and Case Presentation Forms of ongoing cases are expected to be brought for supervision. Formal Biopsychosocial/spiritual Family Assessments will be required each semester. Students receive a minimum of fifty hours of supervision by means of direct observation. The Practicum Supervisor will direct the student regarding the number of recordings needed for individual supervision. Each student should plan to bring one recording to each group supervision class.

Please believe that your supervisors genuinely care about you and always have your best interest at heart. You can expect them to both nurture and challenge you. Please bear in mind that everyone is different and it takes time for supervisors to learn the optimal balance between nurturing and challenging that each student needs. Please let your supervisors know if you feel they need to make adjustments to their attempts to balance between nurturing you and pushing you to grow. You can also expect MFT faculty to respect your abilities and aspirations from a developmental perspective, create an atmosphere for the pursuit of excellence in clinical and academic matters, share their interests with you, and encourage a questioning and objective approach to ideas presented in the context of practicum training.

You can expect MFT faculty to be available to you either for face-to-face consultation or by phone. There is a natural inclination among students to not want to bother professors, especially by phone. It truly is okay for you to call us. If we cannot talk with you at that moment, we will get back to you just as soon as we can. You are practicing therapy under your supervisors’ professional licenses, which means that they are ultimately responsible for everything you do. It is in your best interest, your clients’ best interests, and your supervisors’ best interest that you not hesitate to ask questions and call a supervisor if none are available in person. You should call your individual supervisor first, your group supervisor second, the Clinic Director third, and the Program Director fourth.

Frequency of Supervision – In Macon, students will meet for individual supervision for 1.25 hours each week, plus meet every other week for 2.5 to 3 hours of group supervision. In Atlanta, students will meet for 2 hours each week for individual supervision. Once every four weeks, they will not meet for individual supervision and meet for 4 hours of group supervision instead.

- Weekly attendance at supervision is considered the equivalent of weekly attendance in any course in the Mercer MFT program, insofar as students are expected to adjust their personal and professional schedules (including clinical and administrative responsibilities at community placement sites) in
order to attend. While we will make every effort to provide supervision options that will accommodate a wide variety of employment schedules, we cannot guarantee from semester to semester that group and individual supervision will accommodate the unique needs of each individual student. While the nature of clinical supervision is not the same as classroom instruction in didactic classes, it is essential to achieving the educational outcomes established by the Mercer MFT Program.

- Students are expected to attend all scheduled supervision sessions, to be punctual and to remain for the duration. Attendance at each class is mandatory and there will be no unexcused absences.
- With the exception of genuine emergencies, if a student needs to miss supervision, it is important to contact the supervisor in advance and ask if the absence will be excused; please do not merely inform your supervisor of your absence, assuming that it will automatically be considered excused. If you do not get in touch with your supervisor in advance of your absence, the supervisor reserves the right to not excuse your absence and deduct points from your grade.
- If a supervisor has to cancel supervision for any reason, the supervisor will make reasonable efforts to arrange time with the student(s) to make up the missed supervision. However, if the student misses supervision, the supervisor may, but is not obligated to make up the missed supervision time.

In order to graduate, it is ultimately the student’s responsibility to make sure that he or she reaches a minimum of 100 hours of supervision (at least 50 of which must be based on raw data) by the end of the final semester of practicum.

- The program is responsible for offering regular supervision so that students may achieve the 100 hour requirement over the course of the entire practicum sequence, but it is the responsibility of the student to make sure that they are taking full advantage of these opportunities each semester.
- The program is not responsible for providing extra supervision opportunities if a student reaches the end of their practicum sequence and is falling short of the 100 hour requirement and/or the 50 hour raw data requirement.

**AAMFT Approved Supervision:**
- It is face-to-face interaction with the supervisor. The learning process is sustained and intense. It is recommended that the total supervision experience include more than one Practicum Supervisor; therefore Faculty assignments are rotated each Practicum semester.
- MFT supervision emphasizes the raw data from a student’s continuing clinical practice made directly available to the Practicum Supervisor through such means as direct observation, co-therapy, written clinical notes, or audio and video recordings.
- MFT supervision is a process clearly distinguishable from personal psychotherapy, and is contracted to serve professional/vocational goals.
- Supervision from a family member is not acceptable.
- Peer supervision is not acceptable.

**Student Practicum Supervisory Relationship:**
A supervisory relationship is a faculty/student relationship with the following dimensions:

- The supervisor evaluates and grades the trainee’s work.
- The supervisor has special training and several years experience in the practice of MFT.
- The supervisor has responsibility for guiding the trainee regarding intervention with clients.
- The trainee may be asked to look at the interface between her/his work and personal life. This may lead to a position of vulnerability because of personal information shared by the trainee. Supervisors are trained to be sensitive to this material and handle it appropriately.
- The trainee is responsible for his/her own therapy whether it is recommended by the supervisor or
chosen by the trainee.

- The supervisor may raise personal issues with trainees as related to the trainee’s work, but does not serve as therapist for the trainee.
- The supervisor who recommends that the trainee needs therapy to address personal issues which may be blocking the trainee’s growth as a therapist will discuss it with the trainee.
- Supervisors and trainees should avoid dual relationships; trainees assume the right and the responsibility for the following: to raise concerns about their supervision with their supervisors, including, but not limited to: a) direct feedback about what is and is not helpful; b) the personal reasons for blockages which are willing to be shared in supervision.
- Concerns not adequately resolved with the supervisor, are brought to the Assistant Program Director for further guidance.

*Supervision in the practicum setting is not:*

- Administrative supervision - for example, clinical practice performed under administrative rather than clinical supervision of an agency director or administrator.
- A didactic process wherein techniques or procedures are talked about or demonstrated in a classroom, workshop or seminar.
- Consultation, staff development, or orientation to a field or program.
- Role-playing of family relationships as a substitute for current practice in an appropriate clinical situation.

**Supervision Contact Procedures Between Semesters and/or During Emergencies**

Between academic semesters, Mercer supervisors continue to provide clinical supervision on a rotating basis, but schedules may vary based on unique circumstances. Toward the end of every semester, the Assistant Program Director will notify students who they should go to for supervision during semester breaks. Once a new semester starts, the newly assigned Practicum Supervisor will assume supervisory responsibilities with the students.

If a crisis arises during the academic semester related to a Mercer Client, the student should first contact his or her Mercer Practicum Supervisor. If the Practicum Supervisor cannot be reached, the students should contact the Assistant Program Director and then the Program Director as needed. If the crisis involved a client at a community practicum site, the student should first follow the agency’s emergency procedures and then immediately notify his or her Mercer Supervisor, following the same chain of contact listed for Mercer clients. Whether the crisis is related to a Mercer client or a community client, the student is responsible for promptly informing his or her Practicum Supervisor of the nature of the crisis.

If a crisis occurs between semesters, students should contact the rotating faculty member on call as communicated by the Assistant Program Director. In Macon, if the Practicum Supervisor is not available, students may also call the Mercer Health Systems Answering Service at (478) 301-5930 and request that the Family Therapist on call be paged. The student should provide the answering service with the telephone numbers(s) at which the student may be readily available.

See also Appendix “Emergency Protocol for MFT Family Therapy Center”.

**General Expectations of Practicum Students**

*Be Pro-active Regarding Supervision*

- Students should be prepared to report to any supervisor on the status of all their cases at any time.
• Students should provide their Practicum Supervisors with lists of all cases on a regular basis. The lists should be updated as needed, per either student or Practicum Supervisor’s initiative.
• Students should be prepared to present case material on all of their 500 (or more) case hours over three (or more) semesters.
• Students are required to report any crises with individuals or families that place persons at risk. Examples include but are not limited to suicide risk, homicide risk, abuse and chemical dependency. This may be done during Individual or Group Supervision, if the situation is stable/chronic. However, if the situation is acute, the student should report immediately to the Practicum Supervisor as well as the On-site Director or other appropriate persons.

Audio/Video/DVD Recording for Clinical Supervision
• Once Practicum placement begins you will be required to bring a written report, video or audio tape of your work to supervision each week. Many of the placements have equipment at their facilities for you to use. However, if a student does not have access to video equipment, it might be possible to check out equipment from Mercer, but this option is never guaranteed. For additional information concerning the equipment and its availability please see the MFT Graduate Program Specialist.
• All sessions at Mercer Family Therapy Center must be video-recorded.
• If video recording is not available at community placement sites, students must provide their own audio recording equipment and discuss with their community supervisors procedures for recording sessions.
• While it is understood that some placements will make recording a difficult or impossible option, students should make every effort in consultation with their supervisors to record as many sessions as possible.
• Students are expected to obtain written informed consent to audio/video from every off campus client using the documentation specified by their placement supervisors. Written permission to record sessions is embedded in the standard informed consent documents used at the Mercer clinic.

Case Management and Case File Documentation
• Students are expected to stay current on all paperwork required at their off-site practicum placement and at the Mercer Family Therapy Center.
• They are also expected to stay current with any case management needs (i.e., phone calls, consultations with other providers, etc.) that each case requires and/or as requested by any clinical supervisor.
• Students are expected to fully complete DAP progress notes for each therapy session held at Mercer Family Therapy Center and by the third session a Biopsychosocial/spiritual Family Assessment for each MFTC client and bring them to supervision for review.
• These will be assessed during part of regular client chart reviews by supervisors when staffing Mercer cases, by spot checks made by the Mercer Assistant Program Director, by verbal conversations between the Mercer Community Placement Liaison and Community Supervisors, as well as end of the semester evaluations by Community Supervisors.

Transporting Client Files and/or Clinical Documents for Clinical Supervision
• In order to uphold the highest ethical standards, students are required to keep client files, other clinical documentation, and/or audio/video recordings in a secure locking file box while transporting. This may be a locking briefcase, a metal cash-box, or a heavy duty money bag with a built in lock.
• These locking file boxes are for temporary transportation purposes only and should not be considered permanent or long term storage. Lockable space is available at the Mercer Family Therapy Center for long term storage of clinical materials while the therapist is in practicum.
• Mercer Family Therapy Center Files and DVDs may not leave the premises without direct permission from the Assistant Program Director.
**Professional Attire**

- Professional attire is expected whenever you are actively working with clients. As a general rule, this means avoiding blue jeans, casual shorts, tank tops, and anything that could be perceived by clients as provocative (i.e., very tight clothing, spaghetti straps or sleeve-less shirts, or blouses revealing more than just a hint of cleavage). Hair must be neatly done; it must also not be unnaturally colored. (e.g., hot pink, green or bright purple).
- You are expected to comply with the request of any clinical supervisor should they ask you to make changes in your attire, including but not limited to the use of camisole cover-ups.
- You are also expected to comply with the professional standards of dress as established by agency policies at your community placement site.

**Weekly Logs of Therapy and Supervision Hours**

- Students are expected to complete weekly logs of both clinical hours spent with clients and supervision hours obtained with the Faculty Supervisor using the electronic forms that will be provided to you.
- Using Blackboard, you will turn in an electronic copy of your clinical contact and supervision logs on a weekly basis. This must be turned in ON TIME during the open window on Blackboard; the system will NOT accept late submissions.
- After you have submitted your electronic copy via Blackboard, print out a hard copy of your hours to take to your community supervisors so they can verify your client contact from the previous week by initialing your client contact log.
- AFTER obtaining your community supervisor’s initials, bring this signed copy of your hours to your Mercer supervisor so they may verify your hours of AAMFT approved supervision and client contact obtained at the Mercer Family Therapy Center.
- After both supervisors have signed the form, add your signature and turn in a COPY to the Administrative Clerk.
- KEEP ALL ORIGINAL PAPERWORK; YOU WILL NEED THIS FOR LICENSURE.
- It is the students’ responsibility to keep track of the number of BOTH hours of client contact and supervision received. While the program will keep copies of these records, students must keep ALL original documentation and cannot automatically expect the program to provide this information.

**Evaluation of Clinical Skills**

- The Basic Skills Evaluation Device (BSED) assesses 24 skills grouped in six categories (i.e., conceptual, perceptual, executive, professional, evaluative, and application of theory skills) and closely correspond to the AAMFT Core Competencies. Please note that the final group, “theory” can be evaluated either as “theories in general” or one or two specific theories if the student is actively focusing on the mastery of an identified theoretical model.
- At mid-term, students should complete the BSED as a self-evaluation and bring it to supervision for discussion. The purpose of the student’s completion of the BSED is to facilitate self-reflection and a mid-point conversation about progress. *This mid-term BSED will not be graded beyond “completed” or “non completed.*
- At the end of the semester, both the student and the supervisor will complete the BSED and compare their evaluations during a private supervision time during finals week. During this time, the student is free to discuss any concerns or disagreements with the supervisor’s assessment of their clinical skills. The rating given by the supervisor (not the student) will contribute to the student’s final grade.

**End of the Semester Student, Agency, and Faculty Evaluations**

- At the end of the semester, students are expected to complete evaluations of themselves, their placements,
and supervisors. Points will be awarded for the completion of the evaluations, not based on the actual feedback given.

- Students should complete (1) a self-evaluation using the Basic Skills Evaluation Device, (2) an evaluation of their community placement site, (3) an evaluation of their Community supervisor (or supervisors if more than one) and (4) an evaluation of their Mercer supervisor (or supervisors if more than one within a single semester). Students should also print out the (5) form that Community Supervisors will complete for each student and give it to their community supervisors. These forms are available on Blackboard.

- It is the student’s responsibility to return feedback from community placement supervisors to their Mercer supervisor. This means that students must give their community placement supervisors evaluation forms at least two weeks in advance of this deadline. This is so that community supervisors have time to complete and discuss their evaluation with the student prior to the Mercer supervisor’s completing the student’s final evaluation.

- All evaluations but one are to be turned into the Mercer supervisor NO LATER THAN THE START OF THE LAST WEEK OF CLASSES. The exception to this is the students’ evaluation of their Mercer supervisor.

- All evaluations of Mercer supervisors should be turned into the Assistant Program Director after your last supervision session for the semester. If your Mercer practicum supervisor is the Assistant Program Director, your evaluation should be turned in to the Program Director. Practicum supervisors do not have access to students’ written evaluations of them until after semester grades have been submitted to the registrar’s office.

- Students are encouraged to have open dialog with all their supervisors about what went well and what supervisors could do differently to improve the student’s experience. However, given the power differential, students may feel free to reserve their feedback for the written evaluation that supervisors will see after grades have been submitted.

**Student Vacations and Continuity of Client Therapy**

- Students should be aware that the MFT Practicum continues for a minimum of three semesters annually (50 weeks).
- The student and Practicum Supervisor are responsible for their client sessions while in treatment.
- The assigned Practicum Supervisor in conjunction with the Assistant Program Director will help the student work out time off from the Mercer Clinic at Holidays and between semesters.
- Community agencies do not follow the Mercer academic calendar, so it is also imperative that students gain permission in advance before scheduling time away from community practicum sites.
- Students are responsible for making for clinical back-up for their clients while they are on vacation; these plans must be approved by Mercer and community supervisors prior to the students’ vacation.

**Specific Responsibilities of the MFT/Post Masters Certificate Student:**

- To sign the Authorization for Release of Records & Information, the Student Applied Learning Experience Agreement and the MFT Guidelines for Practicum & Supervision for each Practicum site.
- To function ethically, competently and professionally as a member of the agency.
- To spend up to 20 hours per week (or number of hours agreed upon among the agency, student and Community Practicum Site Coordinator) in the Practicum placement for at least three consecutive semesters providing therapy and activities required by the placement site.
- To keep appropriate records required by the placement agency and by the MFT program.
- To advise the Agency On-Site Director if caseload needs are not being met.
- To adhere to all agency requirements regarding client confidentiality.
• To be responsive to the Agency On-Site Director on all matters of legal responsibility for clients.
• To provide the Practicum Supervisor with recordings of therapy sessions as specified in the syllabus each semester. When possible to arrange for at least one session each semester to be supervised live.
• To participate in Practicum supervision with faculty supervisors of the MFT training program plus additional on-site supervision if required by the Practicum placement.
• To participate in all other training experiences as requested by the Practicum site’s policies. The student should keep the Community Placement Coordinator informed of all arrangements.
• To learn the office procedures of the Agency and to adapt to the values and organizational style of the agency in which the student is placed complete evaluations of supervision sessions each Practicum semester to provide feedback to the Practicum Supervisor.
• To complete an Agency Evaluation Form each semester for each site the student is engaged in the Practicum experience.
Additional Expectations

You are expected to know and adhere to the policies and procedures outlined in this handbook and look to faculty, not other students, for clarifications. While it is often more convenient and more comfortable to ask a more senior student how to do something, it is ultimately your responsibility to make sure that you have verified any answers you have received from another graduate student with your supervisor.

You are expected to attend and participate in clinic meetings. Clinic meetings are held regularly throughout the semester and represent an important time for the exchange of information regarding the day to day operation of the clinic. This is an invaluable opportunity for students to offer feedback and contribute new ideas for improving the clinic and clinical training.

You are expected to adhere to the ethical standards of the profession. These include the Ethics Code of the American Association for Marriage and Family Therapy, the Georgia State Code of Ethics for Marriage and Family Therapists, and Mercer Family Therapy Center policies and procedures related to maintaining client privacy and confidentiality. Breach of any of these ethical standards may result in dismissal from the practicum and/or other consequences deemed appropriate by the Program Director.

You are expected to help contribute to a clean, organized and appealing physical space for your clients and your peers. Please make sure that the waiting room and each of the therapy rooms are tidy at all times. All therapists will assume responsibility for keeping the observation room clean and well organized. If you walk by the waiting room and see something out of place, please correct this. If you use toys or move furniture during a therapy session, it is important that you leave the room straightened and completely set up for the next therapist. Toys should be arranged neatly on the shelves, not just casually tossed there. Adults and children frequently come to therapy when their lives have become too chaotic or unmanageable. Providing an orderly environment for clients can contribute to their sense of safety and confidence in the therapy process.

It is especially important that therapists leave time in their sessions with children to have them help clean up. Not only does this teach them responsibility, but it is also a clinically significant step in their therapy experience. Children work through their issues via the symbolic world of play; they open up their vulnerable side to the therapist while playing. Clean-up time allows them to “re-pack” their vulnerabilities by giving them the opportunity to transition from their inner symbolic world back into the outer world of everyday life.

Your lives as students can also be overwhelming at times, so it is also important that you respect the need for order in the break room space and the intern office. At home, some of us are neat freaks and some of us are slobs. At the clinic the neat freaks will need to tolerate a bit more clutter and the slobs will need to put in extra effort to keep things picked up. Be sure to always clean your dishes promptly since this is a shared space and dirty dishes can create a health hazard.

You are expected to contribute to the visibility of the Mercer Family Therapy Center through your participation in formal and informal marketing efforts. To maintain enough cases for clinicians, the services of the Family Therapy Center may periodically need advertising. All therapists-in-training are expected to participate in these marketing efforts which include, but are not limited to, distributing brochures, posting fliers about treatment or support groups, and/or making presentations about Family Therapy Center services across campus or in the surrounding community. The need for such marketing may vary from year to year. Alumni from our program have reported that such marketing experience was valuable to later efforts to establish their own clinical practices. Since marketing is part of agency practice, employers also value skills in this area.
You are expected to seek out educational and clinical reading materials beyond those assigned to you as part of your formal coursework. Therapists in training must actively and independently pursue learning in areas of interest and/or weakness. Completing readings or activities assigned in your courses will only serve as a starting point for all you need to do to become a successful therapist. There is no way to predict in advance the problems faced by the clients that will be assigned to you. It may be that you will need to read up on an issue before you actually get to that topic in one of your courses, or even if covered in class, you may need to read more on your own. We have an excellent library at the Mercer Family Therapy Center and you are encouraged to check out materials on your own. You need to remember that being a marriage and family therapist will require independent reading and continuing education throughout your career. You should keep your supervisor informed of outside reading you are doing so that they may guide you on the implementation of ideas and techniques that you are discovering on your own.

You are expected to keep documentation in client files up to date at all times. This is especially important in the event that something happens (e.g., a car accident, or being out of town) that results in your supervisor not being able to reach you or leaves you suddenly unable to continue providing therapy. Your supervisor must have access to have an up to date written record of all your interactions with your clients. Keeping up with paperwork is more of a challenge for some of us than for others of us, depending on our personalities and organizational work habits. Nevertheless, now is the time, while you are at the start of your career, to develop a working system for yourself that facilitates your staying on top of documentation requirements. Developing such skills now will be benefit to the rest of your career; not doing so will create a burden.

You are expected to contribute to the financial viability of the Family Therapy Center through the consistent collection of client fees. The Mercer Family Therapy Center is a self-sustaining unit within the Department of Psychiatry and Behavioral Sciences. This means that all costs associated with operating the clinic are paid for by funds generated by client fees and contacts for clinical services. It is imperative that you enforce the policies and procedures set forth in the Financial Agreement signed by your clients (see section on Family Therapy Center Forms). Fees should be mentioned during the intake phone call and the Fee Agreement discussed in depth during the intake session. In a procedural change from the past, we are now training MFT interns to collect fees at the start of each session to help protect clients from getting behind in their fees. DO NOT let clients accumulate unpaid balances. Your primary supervisor may discuss fee collection practices in weekly individual supervision sessions to ensure that you are charging for sessions and no-shows as well as keeping your outstanding balances low. The Clinic Coordinator and the Clinic Director will also be monitoring this issue.

It can often feel very uncomfortable for beginning therapists to have to focus on the “business” side of therapy. You may experience feelings of inadequacy such that you don’t believe your time is valuable, because you are still learning. Trust us; your time and skills are valuable!! You will know more about the therapy process within a month of being in the program than the majority of your clients. If that doesn’t convince you of the value of your services, consider also that your clients are not only paying for your great work, but also the time, skills, and insights of your licensed supervisors!

Attending to client’s financial situation goes beyond simply paying for therapy. Personal finance can be one of the greatest sources of stress for individuals, couples, and families. When clients have trouble paying for services, it is not simply a “business” issue; it is a clinical issue as well. Clients with significant financial difficulties may need referral to community resources with expertise in financial management.

You are expected to give and receive feedback from colleagues in a constructive manner. One of the advantages of a group practicum is the opportunity it affords to give and receive feedback among therapists-in-training. Reports from therapists in the field indicate that they miss the advantages afforded by such feedback. They find that the lack of it slows professional development. Another advantage of the practicum is that it allows the therapist-in-training to experiment, take risks, and try new interventions in a protected
environment. Thus, the more open you are to receiving and contributing constructive feedback about your own or others’ strengths and areas of growth, the better.

*You are expected to keep your supervisors fully informed as to what is happening in your cases.* It is important that you are as thorough as you can be when discussing your case in supervision so your supervisor has as much information as possible about the case in order to effectively guide you. Supervision is NOT the time to put on appearances, though sometimes when we feel insecure we might be tempted to do so. Being 150% honest and transparent during supervision will maximize your learning and your supervisor’s effectiveness. It is your responsibility, not the supervisor’s, to make sure that each of your cases is discussed in supervision at least once each month. If you need more time to cover all your cases, let your supervisor know so that he or she may either schedule extra time with you or make adjustments to how time is managed during already scheduled supervision sessions.

*You are expected to follow instructions given to you by your supervisors.* Research has indicated that the most effective supervision contains a balance of positive and challenging feedback. Most often you and your supervisor will collaborate and co-construct interventions for you to implement with your clients. There may be times, however, especially during live supervision when time is of the essence, that you will be asked to simply trust the guidance of your supervisor and do what they ask, whether or not it makes complete sense to you at the moment.

Your supervisors have years of experience and a deeper grasp of theory and technique than you are expected to have during your training. It is from this deep well of knowledge and experience combined with a genuine concern for the well-being of clients and your professional growth that they make their recommendations. It is certainly okay to disagree with your supervisor and, in fact, you are encouraged to express your thoughts and opinion as part of a constructive dialog, but in the final analysis the decision of the supervisor must be respected. The expectation that you follow all directives given to you by your supervisors also includes issues related to case management and professionalism.

**AAMFT Membership**

*You are required to become student members in the American Association for Marriage and Family Therapy (AAMFT) and the Georgia Association of Marriage and Family Therapy (GAMFT).* Membership is required both for the professional advantages provided as well as for possible enhancement of job opportunities. To become a member of AAMFT please see AAMFT’s website (www.aamft.org). Student members of AAMFT will be automatically enrolled in the Georgia Association for Marriage and Family (www.gamft.org).

Intern therapists will be kept informed concerning dates for the Associations’ state and national conventions. Therapists-in-training are encouraged to attend these meetings as volunteers, presenters, or both as a means of providing additional clinical instruction and valuable networking opportunities. These meetings are an opportunity for personal, professional, and clinical skill development but are not required. Support for attendance at these conferences is sometimes available (but never guaranteed), and is linked to students’ serving as conference volunteers or presenters. Students who volunteer to work at the national and state conferences are often provided free or reduced conference fees.

*You are expected to maintain awareness of licensure requirements throughout your time in the program, as these are beyond the control of the Mercer faculty.* The Mercer Marriage and Family Therapy program is committed to meeting accreditation standards as set forth by the Commission on Marriage and Family Therapy Education. We do not guarantee that you will *automatically* be eligible for *any* state licensure upon graduation from our program. While as a general rule we seek to meet Georgia eligibility requirements, laws in Georgia governing licensed marriage and family therapists or extenuating circumstances within the
department may change at any time. Additionally, laws for MFT licensure vary greatly from state to state and may also change at any time. You are encouraged to gather licensure information from the regulatory board in whichever state you plan to practice after graduation. The sooner you have this information, the more prepared you will be to make informed choices throughout your graduate program. Contact information for these licensure boards is available at the AAMFT website.

Practicum Responsibilities

Responsibilities of MFT Program:

a. To adequately screen and train students to function as marriage and family therapists in training.
   b. To provide student malpractice insurance.

Responsibilities of MFT Assistant Program Director:

a. To receive completed Practicum applications.
   b. In consultation with Practicum Supervisors and Program Director, to assign students to Practicum Supervisors and Practicum Groups.
   c. To act as contact for the Agency On Site Director when the agency needs to discuss the student’s clinical behavior.
   d. To survey student’s Practicum needs and be sure they are being met.
   e. To inform agency about provision of insurance and provide a copy of the face sheet to the policy when requested.
   f. To be available to the Community Placement Coordinator for consultation and assistance in establishing and maintaining community practicum placement sites.

Responsibilities of Community Placement Coordinator:

a. To explore new possibilities for practicum sites.
   b. To suggest Practicum sites for students and to make contact with the Practicum site by telephone.
   c. For a first time placement of a student at a Practicum site, make a personal visit to establish a working relationship with the Agency On-Site Director and to get the MUSM/MFT Contract and Guidelines between the Program, student and the agency signed.
   d. To discuss the student needs with the Agency On-Site Director.
   e. To explain program expectations, including Practicum Supervisor responsibilities.
   f. To evaluate agency site for appropriateness and quality of Practicum experience.

Responsibilities of Practicum Supervisor:

a. To focus on raw data (audio, video, live) from student’s clinical practice as much as is reasonably possible.
   b. To review and discuss the MFT Practicum Materials with the student.
   c. To assess student competency level.
   d. To act as a source of information re:
      1. Georgia Composite Board Law & Rules for Licensure
      2. Ethics and Professional Practice
      3. AAMFT Core Competencies
      4. Clinical hours and supervision requirements
      5. How to write case notes, family and individual assessments, and how to keep records.
      6. Monitor and assist student’s integration of DSM V diagnoses with family systems understanding of clients.
      7. Assure student of proper referral procedures to psychiatrist, medical specialist, service agencies, etc. towards end of facilitating a collaborative model of care.
      8. Evaluate student’s use, as appropriate, of common family therapy/mental health
assessment instruments.
e. To evaluate student ethics and professionalism as well as use of theory and its clinical application to family therapy.
f. To be sure that office and agency procedures are adhered to by the student at the practicum site.
g. To encourage student’s availability for case conference or team meetings.
h. To monitor availability of ten or more cases weekly for student and report to Assistant Program Director and/or Community Placement Coordinator when student needs are not being met.
i. To inform student that program forms are available in the Department Office.
j. To evaluate write-ups, audio or videotapes of students and to be sure that all three supervision media are used by all students in Practicum group.
k. To ask weekly about suicidal or homicidal ideation and intention among student’s cases and urge student to inform the Agency On-Site Director of potential at risk clients.
l. To review and sign the Weekly Record of Therapy & Supervision form submitted by the student each week.
m. To collect all Practicum evaluation forms from the student at the end of each semester.
n. At the end of each semester, to complete the Basic Skills Evaluation Device on each student and discuss it with the student.
o. To inform MFT faculty when a student is in trouble and to discuss options for rehabilitation, etc.
p. To evaluate student’s case management skills.
q. To evaluate student’s use of systems theoretical approach to treatment.
r. To evaluate student’s communication with clients, professionals, and colleagues.
s. To evaluate student’s use of supervision.
t. To follow the student’s client load and make suggestions for planning therapeutic strategies and developing interventions.
u. To make suggestions for personal therapy when appropriate.
v. To avoid dual relationships, i.e. friend/therapist.
w. To use four media to supervise; audiotape, videotape, case notes, live supervision.
x. To be available in any crisis situations.
y. To provide appropriate feedback.
z. To support the student by identifying strengths and confronting changes to be made.
aa. To maintain confidentiality.
b. To suggest appropriate and relevant reading material.

Responsibilities of Practicum Placement Agency:
a. To sign the MUSM Student Affiliation Agreement and the MFT Guidelines for Practicum & Supervision.
b. To provide the student with an appropriate space which is confidential, safe, clean and professional for the student to see clients.
c. To provide an orientation for the student as to the Agency’s policies, procedures, requirement for paperwork & physical facilities.
d. To provide a sufficient number and type of clients or 12 successive months as required for the training of a marriage and family therapist, half of which should be families and/or couples. The difficulty of the cases assigned should reflect the experience level of the trainee.
e. To provide direction of the student’s work, including assignment of cases, to the degree deemed appropriate by the agency, and retain legal responsibility for the clients (MUSM carries malpractice insurance on students).
f. To communicate with the Community Placement Coordinator and/or Assistant Program Director concerning the case variety and level of difficulty for the student’s ability.
g. To involve the student in Agency case conferences and/or team meetings.
h. To ensure that either the Agency On-Site Director or an appropriate agency representative is in the
building at all times the student is engaged in therapy with a client.
i. With appropriate safeguards for confidentiality, to permit the student to audio tape or video tape a minimum of six of his/her therapy sessions with clients each semester and transport the recordings to the MFT Family Therapy Center for supervision with the student’s Practicum Supervisor.
j. To permit the student, once or twice a semester, to request that one of his/her client families be available for “live” consultation with the Practicum Supervisor, if this is feasible.
k. To permit the student to do therapy with another therapist in the room; however, it is appropriate for a beginning therapist to do co-therapy up to a period of one semester.
l. To communicate with the Practicum Supervisor, Assistant Program Director or Community Placement Coordinator regarding the student’s work whenever necessary and understand that the Practicum Supervisor is responsible for the student’s growth and development as a therapist.
m. To complete an Agency Evaluation Form to provide an evaluation of the student’s work at the agency each semester.
n. To contact the Assistant Program Director or Community Placement Coordinator immediately should a student violate Agency policies or procedures or the Practicum Contract & Guidelines.
o. To agree that students usually cannot charge for their services; however, if the Agency chooses to do so, the MFT Program does not object.
Student Support Services

AAMFT Student Membership – GAMFT – Atlanta areas chapters and Middle Georgia Chapter

The American Association for Marriage and Family Therapy (AAMFT) is the professional organization for Marriage and Family Therapists in the US and Canada. The Association’s divisions are active at the state and local level, providing conferences for professional interchange and training, public advocacy on marital and family issues, as well as opportunities for referral.

Once enrolled in the Mercer MFT accredited graduate program in family therapy, all students are required to apply for student membership in AAMFT. After national student membership is established, the student will be registered as a student member in the Georgia Association for Marriage and Family Therapy (GAMFT), the state chapter of AAMFT, and the Middle Georgia Association for Marriage and Family Therapy (MGAMFT) in Macon or the Metro Atlanta chapter in Atlanta. Along with these memberships, the student receive two national publications; Journal of Marital and Family Therapy and the bi-monthly newspaper Family Therapy News. The student member will also receive the GAMFT newsletter. Together these publications will give current research findings, news features, professional opinions, conference information, and national as well as local information. Applications for student membership are maintained in the MFT Administrative Clerk’s Office.

Web access to AAMFT may be found at http://aamft.org and web access to GAMFT may be found at http://www.gamft.org.

Students are invited to attend local chapter meetings of the Middle Georgia Association for MFT on the first Friday of each month, at noon, for lunch, at Coliseum Psychiatric Hospital. Lunch is free but reservations must be made in advance. Students in Atlanta are invited to attend local chapter meetings of the Metro Atlanta Association for MFT the third Friday of each month.

Academic Resource Center

The Academic Resource Center (ARC) seeks to help member of the campus community attain academic and career success by promoting independent, active and lifelong learning; scholarly achievement; and personal development. ARC offers students tutoring, supplemental instruction, study help, and computer lab access.

Contact Jennifer Zimmerman, Director, at: (478) 301-2669 or go their website: www.mercer.edu/arc for more information. Operation Hours: Sunday 2:00pm – 3:00am, Mon. – Thurs. 8:00am – 3:00am; Fri. 8 am – 5 pm. Location: ARC is located on the first floor of the Connell Student Center, across from the Admissions Office.

http://departments.mercer.edu/arc/

Academic Success Initiative

It is the desire of the MFT Program that each student has every opportunity to succeed. Important resources in this regard are Faculty Advisors and the Mercer University Academic Resource Center at http://departments.mercer.edu/arc/.

Faculty Advisors

1. Each incoming student will be assigned an academic advisor with the MFT program. The advisors will serve as resources for information and guidance on academic and career choice issues, as well as other issues related to graduate education as requested by the students.
2. Each incoming student will have the responsibility of scheduling a brief meeting with his/her
advisor within the first half of the first semester of starting the program.

3. Students may change advisors at any time upon request. Reasons for changing advisors include but are not limited to prior acquaintance and/or personality conflict. To change your advisor, you must ask another faculty member to serve in the role of your advisor and submit your request in writing to the MFT Program Director. The Program Director will notify your previous advisor of the change. It is up to the student to decide if he/she wishes to notify the previous advisor, as well, of the change.

4. The advisor will NOT have the responsibility for monitoring advisees’ academic progress. However, the advisor can play a valuable role in helping students proactively identify and address evolving academic problems before these problems develop into serious academic difficulties. Students are advised to meet with their advisor regularly to discuss their academic performance. Advisors will have access to advisees’ academic records for the purposes of academic counseling upon request.

Access and Accommodations Services for Students
Mercer University is committed to making all of its programs, services and activities fully accessible to qualified students with disabilities. Students requesting to be recognized as a person with a disability or requesting accommodations for a diagnosed physical, medical, psychological or learning disability must first self-identify by registering with the Office of Accessibility, Consultation, Collaboration, and Education, Support Services (ACCESS) and Accommodation. Appropriate and reasonable accommodations will be determined on a case-by-case basis upon review of the submitted documentation. The Office of ACCESS and Accommodation for students also offers voter registration information and assistance.

Please report any problems for physical access, such as non-working elevators, to the Office of ACCESS and Accommodation immediately. Students who believe they have been discriminated against or denied access to a program or service because of a disability should contact the Office of ACCESS and Accommodation. Further information on policies, procedures and documentation requirements may be obtained by contacting the Director of ACCESS and Accommodation at 478-301-2778. All policies and procedures including Disability Grievance Procedures may be found at http://studentaffairs.mercer.edu/disabilityservices/.

Testing Accommodations Policy (ACCESS and Accommodation)
Updated 3-20-2012 AAH

It is in the intent of Mercer University School of Medicine (MUSM) to create a transparent accommodations environment for those students receiving testing accommodations. Those students requiring additional time for written tests should be given the opportunity to test in an environment separate from those students not receiving accommodations to minimize bias.

Each student eligible for testing accommodations will be offered accommodations as specified in their Testing Accommodations Notification Letter at the time of testing.

There should be no form or indicator in the student’s academic record indicating that they have received accommodations but a copy of the Testing Accommodations Notification Letter will be on file at the Mercer University Office of Disability Services.

Students who believe that they should receive testing accommodations should contact the Senior Associate Dean of Admissions and Student Affairs at 478-301-2652 to begin the application
process.

Requesting Testing Accommodations
As required by law, students requiring accommodations for a disability must initially self-identify as a student with a disability by registering with the Office of ACCESS and Accommodation Services.

Only students who are registered with the Office of ACCESS and Accommodation Services will be eligible for accommodations and recognized by the institution as a student with a disability. Accommodations for students at the School of Medicine are conditionally approved by the Senior Associate Dean for Admissions and Students Affairs pending a meeting of the Test Accommodation Committee. Approval may require additional or updated medical documentation to be submitted.

Registering with the Office of ACCESS and Accommodation Services consists of:
- Submitting a Student Request For Accommodations form to the Senior Associate Dean
- Submitting appropriate documentation verifying the presence of a disability and its current impact (The Mercer University Medical Verification of Disability Form is required)
- Meeting with the Senior Associate Dean for Admissions and Student Affairs to review procedures and request accommodations (Students at the Savannah or Columbus Campus may be able to complete their registration via mail or email)
- The approval of specific accommodations by the Senior Associate Dean for Admissions and Student Affairs based upon the student’s request, the completion of all forms by the student’s healthcare provider and national standards for individuals with comparable test-taking issues.

Registering with the Office of ACCESS and Accommodation Services is required of all students wishing to be recognized by the institution as a student with a disability regardless of whether accommodations are being requested.

Documentation for most disabilities consists of a recent formal letter of diagnosis from an appropriate licensed medical professional or licensed psychologist who is not a relative and should include a diagnosis, current impairments in functioning, and recommendations for specific accommodations to reduce the impact of the impairment. Use of the Mercer University Medical Verification of Disability Form includes all requirements. Some types of disabilities may require that diagnostic testing results such as a psychological evaluation report, vision testing, allergy testing or an audiogram be submitted in addition to the Form or letter of diagnosis. Specific documentation requirements may be found on the Mercer University Medical Verification of Disability Form and more information is available upon request.

Requesting accommodations is an interactive process and should be completed in a timely manner to allow adequate time for accommodation arrangements to be made. Accommodations may be requested at anytime during the academic year regardless of when the student is diagnosed. Last minute requests may be denied.

Accommodations are determined on a case-by-case basis and must be supported by appropriate documentation. Additional or updated documentation may be required in order to receive specific or ongoing accommodations. An accommodation may be denied even if it has been recommended by an appropriate medical professional or has been granted by another agency or institution in the past. Provisional accommodations may be provided for up to one academic
year in cases where the documentation submitted is determined to be out-of-date, incomplete or otherwise insufficient to allow the student sufficient time to obtain adequate documentation.

A request for accommodations must be made on an annual basis by completing an annual update form. Accommodations granted to students within the MUSM curriculum do not assure that accommodations on examinations not directly a part of the MUSM programs will be granted (for Example the LMFT licensure examinations).

Career Support Services

MFT faculty integrate discussions concerning current and future career opportunities for graduates throughout their academic experience. As job openings are brought to the attention of the faculty, these are shared with currently graduating students and/or alumni depending upon the stated qualifications of the position. Position openings are also posted on the bulletin board at the Mercer Family Therapy Center at Orange Terrace. A network of contact is maintained with graduates, MFT educators and clinicians, and professional organizations such as AAMFT and GAMFT, which facilitates awareness of available positions in the field of marriage and family therapy. Web access to AAMFT may be found at http://www.aamft.org and web access to GAMFT may be found at http://www.gamft.org.

College Study Skills Online

College Study Skills Online is designed to provide all Mercer University students with the resources needed to help themselves become better students. We encourage all students to explore the various study skills topics and to actively participate in addressing individually identified academic challenges. Online information is found at http://departments.mercer.edu/arc/LSK/.

Debt Management

Because debt management is so important to students and graduates, the financial aid office conducts workshops and shares with student information that will help them plan their borrowing and their repayment. Whenever you have suggestions, questions, or concerns, please contact Youvette Hudson, Director, or May Scott, Associate Director, at 478-301-2853. See also “Financial Aid” below.

Food Services (*Macon only)

MFT students have the option of purchasing a meal ticket through the Mercer University Cafeteria located in the Connell Student Center. Several plans are available and can be discussed by contacting the Food Management Services Director at extension 2925.

In case you will be away from MUSM for an extended length of time for study time, etc, it is your responsibility to give your new address to departments from which you intend to receive mail during your absence. The Office of Admissions and Student Affairs must also be notified. Your new/temporary address will then be given to the mail clerk who will forward only FIRST CLASS mail to you. It is strongly recommended that newspapers, magazines, periodicals, be given your home address for processing. It is of utmost importance that you keep your mailbox locked at all times. Open mail boxes not only cause mail to fall out, it also offers access to anyone who may be visiting the building which could result in loss of important information.

Financial Aid

Financial Aid is available to students to reduce the difference between the cost of an education and the expected family contributions. Mercer University School of Medicine believes that the cost of education should be borne primarily by the student and/or the student’s family. Personnel in the MUSM Office of
Financial Aid, located in the administrative suite of the Medical School building are available to help students explore possible financial aid resources to meet their individual needs. The Free Application for Federal Student Aid is required annually for all federal and institutional programs. Detailed information on the various programs can be found in the Financial Aid Maze, which can be obtained from the Financial Aid Office (478) 301-2853. Online information is found at http://medicine.mercer.edu/student-services/financial-aid/

**Graduate Student Organization**

The Graduate Student Organization (GSO) was created by and for MFT graduate students and is led by an elected body of officers. Its mission is to improve the career development opportunities and social relations of graduate students in the MFT program. The GSO plans events such as speakers, socials, new student orientation, and facilitates communication between faculty and students.

**Georgia Rural Health Association Student Chapter**

The student chapter of the Georgia Rural Health Association at MUSM is a network of students united by a commitment to improve health and healthcare for rural Georgians. It is the first student chapter of any rural health association in the nation and the only student organization to include members from all degree programs at MUSM, including medicine (MD), public health (MPH), and family therapy (MFT). The goals of the student chapter are to promote the participation of students in the Georgia Rural Health Association and the National Rural Health Association; to increase student awareness about the healthcare needs of rural Georgia; and to provide opportunities for students interested in gaining rural healthcare experience. For additional information concerning this Association you may contact Rita Smith at 478-301-2827.

**Insurance Coverage**

**Health Insurance**

Due to the continuing need for all students to have adequate health care coverage, Mercer University requires that all Macon, Atlanta, Savannah and Columbus Campus students provide proof of health insurance coverage each semester. If you do not currently have health insurance, it is imperative that you acquire coverage before the beginning of your studies at Mercer.

Students are automatically charged by the University for health insurance every time they register for classes. Those students who already have health care coverage through other sources may have this charge removed from their account. This charge can be removed by completing the online waiver form before the end of the waiver period. To complete the waiver process, go to http://bursar.mercer.edu/studentinsurance/ Students must complete the waiver before the stated deadline. Failure to complete this form before the deadline will result in insurance being purchased for you and charged to your account. For more information on student health insurance, please contact http://studentaffairs.mercer.edu/studenthealthcenter/insurance.cfm.

**Disability Insurance**

There is limited disability insurance provided to MD students through MedPlus Advantage should you become disabled while in medical school. You can learn more at www.medplusadvantage.com

**Malpractice Insurance**

When students participate in clinical experiences that are approved as part of their program training they will be covered by the School's malpractice insurance policy. In addition to the formal curriculum, MUSM recognizes that other experiences and activities contribute to the education and development of
a physician and health care professionals. The experiences and activities include but are not limited to shadowing of physicians and health-care professionals, participation in hospital and community health care and wellness activities, participation in charitable health care organizations such as free clinics, and participation in faith-based and non-faith-based medical functions such as medical missionary trips. Students are expected to participate in such activities and the Medical School considers these to be approved curricular activities.

Online Writing Lab (OWL)
The Online Writing Lab is staffed by professional tutors who can assist you with your writing for any course. Appointments are not required. The OWL is accessible through the Blackboard Course Management System. To obtain access to the service students must register once on the Mercer Blackboard site. Successfully registered students will find the Online Writing Lab course listed among their other registered courses. Blackboard allows students to submit papers and receive comments from our professional writing tutors, all within a secure, password-protected system.

http://departments.mercer.edu/arc/OWL.html

Personal Support and Development Services
Counseling Services
Macon http://studentaffairs.mercer.edu/counseling/
Atlanta http://atlstuaffairs.mercer.edu/shac/
Senior Associate Dean of Admissions and Student Affairs: 478-301-2542
Associate Dean of Student Affairs: 912-350-1738
Mercer Counseling and Student Development Center: 478-301-2862
Crisis Line of Middle Georgia: 478-745-9292

The Office of Student Affairs serves as the point of contact for many student support services, such as:

Academic Support Services
The Senior Associate Dean of Admissions and Student Affairs routinely meets with individuals who are concerned with their academic progress. The graduate curriculum is often more than a student expects and may call for new test-taking strategies, study strategies, and better time management. For many students it may be the first time that they experience an academic failure.
The Senior Associate Dean of Admissions and Student Affairs offers both counseling and referral services.

Mental Health Support Services
It is not uncommon for students to experience heightened levels of stress, insecurity and in some cases anxiety and depression while attending graduate school. Additionally, students under such stress may find themselves at risk of abusing alcohol and drugs. Coupled with the demands of the graduate curriculum are life events that occur outside of the classroom. Students may experience a significant breakup or divorce, the illness or death of a loved one, or personal illness. Under such circumstances it is a sign of strength for a person to seek help.

Substance Abuse
Mercer University is covered by the Drug-Free Workplace Act of 1988. This act requires all contractors and grantees of federal agencies and all applicants for federal grants or contracts, to verify that a drug-free workplace is being provided.
Federal and State Law make it unlawful to manufacture, distribute, dispense, possess or use a controlled substance (as listed in schedules I through IV, Section 202 of the Controlled Substance Act). University policy for employees is that illegal possession or use of intoxicants/drugs on University premises is cause for immediate termination. Graduate Students and Medical Students are held to the same standard as regards to University premises and other premises where the student is present as part of the School’s educational program.

In addition, substance abuse and/or unlawful acts of manufacture, distribution, dispensation or possession by students will be viewed as conduct that must be considered as part of decisions regarding retention as a student or promotion. Non-academic actions, such behaviors may be considered in faculty/administrative judgments related to a student’s suitability in the programs of the School of Medicine.

Notwithstanding the above, it is recognized that personal involvement in substance abuse is a complex matter. Students who believe they have such problems are urged to seek medical advice and treatment, either on their own or through the Office of the Dean, other School offices, or individual faculty.

The Office of Student Affairs is a specific contact point where students can receive information about the evaluation and treatment possibilities both within the School and outside the School.

Information about personal problems with substance abuse shared in a student-initiated request for assistance or shared with a personal therapist, whether a Mercer employee or not, will be treated as confidential information and will not be used in retention and/or promotion decisions.

However, where student problems are identified by the School and where evaluation and treatment are components of a School/student approved plan of action, it is expected that the student will permit the therapist to report whether or not the student is participating in the approved plan. The therapist's judgment will not be sought regarding the student’s suitability to practice medicine, nor will completion of a treatment plan or failure to complete a treatment plan be the sole reason for a retention or promotion decision.

**Signs of Emotional Illness or Chemical Dependency**

The following are signs of emotional illness or chemical dependency. The list is not necessarily comprehensive. It is intended to assist individual faculty in identifying students with potential difficulties.

- Change in personality, dressing habits or neatness
- Excessive irritability, anger beyond control
- Mental confusion, drowsiness, inattention to work, loud, inappropriate euphoria
- Appearance of being depressed, sad, withdrawn
- Unsteady gait, slurred speech, alcohol on breath

**Student Health Services Program**

The Mercer University Student Health Services Program (SHSP) offers students a comprehensive approach to health care, and is available to all Mercerians at no additional cost. The SHSP is NOT a
health insurance policy, but is rather a means of access to a health care delivery system.

The SHSP is also available to assist students in reducing the costs of health care while enrolled at Mercer. Thus, spouses, children and relatives of Mercer students and Mercer Faculty and Staff are not eligible for coverage under the SHSP.

For students enrolled in the MD Program at the School of Medicine, access through the Program is available for the entire calendar year. For all other students, access through the Program is available beginning the first day of classes and ending the last day of final exams in each semester in which the student is enrolled, as specified in the official Academic Calendar for the student’s program. Access through the Program is available through the last day of final exams or the student’s graduation date, whichever is later.

The SHSP is not meant to take the place of primary insurance held by you, your parents, guardian, or spouse. Your primary insurance will be billed for all physician services provided and all co-pays will apply.

Please follow these procedures when healthcare is needed*:

1. When initial medical services are needed, you must first go to the Student Health Center (SHC). You will be referred to Mercer Medicine or to another Physician if more extensive treatment is needed. **Students in the MD Program should refer to the MD Program Handbook for the most up-to-date information concerning healthcare providers and access to care. All other students in the School of Medicine should follow these guidelines to access health care.**

2. If the SHC and MERCER MEDICINE are closed, you should call 478-301-4111. The answering service will instruct you where to go. Do not go to a physician without calling for a referral. If medical treatment is received without a referral from SHC or MERCER MEDICINE, charges will not be covered under the SHSP.

3. In the event of a “true emergency” or traveling outside of the central Georgia region, you should go to the nearest urgent care center (The Medical Center of Central Georgia is the preferred center in central Georgia). You must notify the SHC or MERCER MEDICINE within forty-eight (48) hours of the emergency treatment and obtain a referral or charges will not be covered under the SHSP.

   a. **NOTE:** If you go to an emergency room, urgent care center, or private physician without a referral, you will be responsible for paying all charges at the time of service. Referral Forms are available through Student Health Services. Under the SHSP, you may submit the charges (bill) for payment to Core Administrative Services after your primary insurance has paid.

4. Your primary health insurance carrier, occupational benefit plan, HMO, or public assistance plan or policy will be billed initially for services provided under the SHSP. If you choose at the time of service to sign a waiver that requests that your claims not be submitted to your primary health insurance carrier, the SHSP will not provide any financial assistance and you will be responsible for the entire bill.

5. Your SHSP has a prescription drug program. This program will allow students without primary health insurance access to low cost prescription drugs when purchased from a pharmacy that participates with this program. Prescription drugs not purchased with this card
or at a non-participating pharmacy will not be covered. A list of participating pharmacies is shown at the end of this package. This program includes a generic incentive and a list of preferred brand drugs (or formulary drugs). When you select generic and brand name drugs from this list (See Patient First Pocket Formulary Drug List) you will receive the highest level of benefits.

http://studentaffairs.mercer.edu/studenthealthcenter/pharmacy.cfm

Please contact your SHSP for the current co-payments for the Prescription Drug Program.

*For those students enrolled on a campus that is 50 miles or more from the Atlanta or Macon Campus then the requirement for a referral prior to medical attention is waived however attention should be paid to those services not included.

**Student Health Services Program Exclusion List**

1. Services that are not Medically Necessary.
2. Any catastrophic illness (such as AIDS or Cancer), other than initial evaluative and diagnostic tests considered medically necessary by the treating physician.
3. Inpatient Substance Abuse treatment except for detoxification.
5. Cosmetic Services.
6. Any Dental Care unless it results from an accident or injury.
7. All evaluative, diagnostic and corrective surgical procedures for chronic problems of infertility or fertility.
8. Elective surgery, except for minor surgical procedures performed by a MERCER MEDICINE physician for curative or diagnostic purposes.
9. Medical expenses resulting from operating and/or occupying any motorized or self-propelled vehicle that has less than (4) wheels, or is of a kind not required to be registered by any State government for use on public highways or waterways.
10. Experimental Services.
11. Hearing or Vision Examinations and related expenses.
12. Pre-existing conditions, exclusive of allergies.
13. Maternity Expenses or voluntary interruption of pregnancy for non-medical reasons.
14. Routine physicals or examinations.
15. Attention Deficit Hyperactivity Disorders or any related diagnostic services.
16. Learning Disabilities or any related diagnostic services.
17. Non-emergency use of an Emergency Room.
18. Claims submitted over 12 months from the date incurred.

If you have any questions please address them to the staff of the Student Health Center or the Student Affairs Office.

All Campuses:
CORE Administrative Services 478-741-3521 (Call with questions regarding coverage or payment of claims)

Chartis, Inc. 888-722-1668

http://studentaffairs.mercer.edu/studenthealthcenter/insurance.cfm (Comprehensive Student Insurance Policies)
Mental Health Support Services

It is not uncommon for students to experience heightened levels of stress, insecurity and in some cases anxiety and depression while attending medical school. Additionally, students may find themselves at risk of abusing alcohol and drugs. Coupled with the demands of the medical curriculum are life events that occur outside of the classroom. Students may experience a significant breakup or divorce, the illness or death of a loved one, or personal illness. Under such circumstances it is a sign of strength for a person to seek help.

In recognition of this, MUSM provides confidential psychology and counseling services at no charge to our students. In order to protect confidential student health information, MUSM provides general healthcare and psychology care providers and sites separate from the teaching environment.

The following additional resources are also available to you:
Counseling and Psychological Services (Macon): 478-301-2862
Counseling and Psychological Services (Atlanta): 678-547-6060
Coliseum Health System Life-Line (Macon): 800-548-4221
Medical Center of Central Georgia (Macon): 478-633-1000

If the student prefers, the Senior Associate Dean of Admissions and Student Affairs, Dr. Alice House, can be reached at 478-301-2531 (daytime) or after hours at 478-258-1573. The Associate Dean of Student Affairs-Savannah Campus, Dr. Robert Shelley, can be reached at 912-350-1738 (daytime) or after hours at 912-657-7510. Feel free to call either Dr. House or Dr. Shelley regardless of your campus affiliation.

If you believe you are in need of emergency care, call 911 or report to the nearest hospital emergency room.

Substance Abuse

Mercer University is covered by the Drug-Free Workplace Act of 1988. This act requires all contractors and grantees of federal agencies and all applicants for federal grants or contracts, to verify that a drug-free workplace is being provided.

Federal and State Law make it unlawful to manufacture, distribute, dispense, possess or use a controlled substance (as listed in schedules I through IV, Section 202 of the Controlled Substance Act).

University policy for employees is that illegal possession or use of intoxicants/drugs on University premises is cause for immediate termination. Medical students are held to the same standard regarding the University premises and other premises where the student is present as part of the School’s educational program.

In addition, substance abuse and/or unlawful acts of manufacture, distribution, dispensation or possession by students will be viewed as conduct which must be considered in decisions regarding retention as a student or promotion. While such behaviors are non-academic actions they may be considered in faculty/administrative judgments related to a student’s suitability for the practice of medicine.

The full content of the Drug-Free Workplace and Campus Program can be found at http://hr.mercer.edu/mu-hr/policies/upload/Drug-FreeProgram.pdf

Notwithstanding the above, it is recognized that personal involvement in substance abuse is a complex
matter. Students who believe they have such problems are urged to seek medical advice and treatment, either on their own or through the Office of the Dean, other School offices, or individual faculty. The offices of the Deans of Student Affairs are specific contact points where students can receive information about the evaluation and treatment possibilities both within the School and outside the School.

Information about personal problems with substance abuse shared in a student-initiated request for assistance or shared with a personal therapist, whether a Mercer employee or not, will be treated as confidential information and will not be used in retention and/or promotion decisions.

However, when students are in academic difficulty and professional and behavioral lapses are identified by the School and where evaluation and treatment are components of a School/student approved plan of action, it is expected that the student will permit the therapist to report whether or not the student is participating in the approved plan. The therapist’s judgment will not be sought regarding the student’s suitability to practice medicine, nor will completion of a treatment plan or failure to complete a treatment plan be the sole reason for a retention or promotion decision.
PREAMBLE
The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

Honoring Public Trust
The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation
Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation
The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.
Ethical Decision-Making
Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

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

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

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

Aspirational Core Values
The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature, and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.

The core values of AAMFT embody:
1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards
Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.
STANDARD I

RESPONSIBILITY TO CLIENTS

Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

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

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

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

1.4 Sexual Intimacy with Current Clients and Others. Sexual intimacy with current clients or with known members of the client's family system is prohibited.

1.5 Sexual Intimacy with Former Clients and Others. Sexual intimacy with former clients or with known members of the client's family system is prohibited.

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

1.7 Abuse of the Therapeutic Relationship. Marriage and family therapists do not abuse their power in therapeutic relationships.

1.8 Client Autonomy in Decision Making. Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise clients that clients have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Relationship Beneficial to Client. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

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

1.11 Non-Abandonment. Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.
1.12 Written Consent to Record. Marriage and family therapists obtain written informed consent from clients before recording any images or audio or permitting third-party observation.

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

STANDARD II

CONFIDENTIALITY

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

2.1 Disclosing Limits of Confidentiality. Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information. Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without 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 Client Access to Records. Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

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

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

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

2.7 Confidentiality in Consultations. Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.
STANDARD III
PROFESSIONAL COMPETENCE AND INTEGRITY
Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Maintenance of Competency. Marriage and family therapists pursue knowledge of new developments and maintain their competence in marriage and family therapy through education, training, and/or supervised experience.

3.2 Knowledge of Regulatory Standards. Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

3.3 Seek Assistance. Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

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

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

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

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

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

3.9 Gifts. Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

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

3.11 Public Statements. Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

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

RESPONSIBILITY TO STUDENTS AND SUPERVISEES

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

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

4.2 Therapy with Students or Supervisees. Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Sexual Intimacy with Students or Supervisees. Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

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

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

4.6 Existing Relationship with Students or Supervisees. Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

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

4.8 Payment for Supervision. Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

STANDARD V

RESEARCH AND PUBLICATION

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

5.1 Institutional Approval. When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.
5.2 Protection of Research Participants. Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.3 Informed Consent to Research. Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation. Marriage and family therapists respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

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

5.6 Publication. Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

5.7 Authorship of Student Work. Marriage and family therapists do not accept or require authorship credit for a publication based from student's research, unless the marriage and family therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on student research should be determined in accordance with principles of fairness and justice.

5.8 Plagiarism. Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

5.9 Accuracy in Publication. Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

STANDARD VI

TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.
6.1 Technology Assisted Services. Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

6.2 Consent to Treat or Supervise. Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

6.3 Confidentiality and Professional Responsibilities. It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.4 Technology and Documentation. Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

6.5 Location of Services and Practice. Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically-assisted means for practicing outside of their allowed jurisdictions.

6.6 Training and Use of Current Technology. Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.

STANDARD VII

PROFESSIONAL EVALUATIONS
Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.

7.1 Performance of Forensic Services. Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

7.2 Testimony in Legal Proceedings. Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

7.3 Competence. Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.
7.4 Informed Consent. Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

7.5 Avoiding Conflicts. Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

7.6 Avoiding Dual Roles. Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

7.7 Separation of Custody Evaluation from Therapy. Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist’s perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions. Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

7.9 Changes in Service. Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

7.10 Familiarity with Rules. Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

STANDARD VIII

FINANCIAL ARRANGEMENTS

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

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

8.2 Disclosure of Financial Policies. Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

8.3 Notice of Payment Recovery Procedures. Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

8.4 Truthful Representation of Services. Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.
8.5 Bartering. Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

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

STANDARD IX

ADVERTISING

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

9.1 Accurate Professional Representation. Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

9.2 Promotional Materials. Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

9.3 Professional Affiliations. Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

9.4 Professional Identification. Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials. Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

9.6 Employee or Supervisee Qualifications. Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

9.7 Specialization. Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

9.8 Correction of Misinformation. Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist’s qualifications, services, or products.
RULES
OF
GEORGIA COMPOSITE BOARD OF
PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE
AND FAMILY THERAPISTS

ADMINISTRATIVE HISTORY
The Administrative History following each Rule gives the date on which the Rule was
originally filed and its effective date, as well as the date on which any amendment or
repeal was filed and its effective date. Principal abbreviations used in the Administrative
History are as follow:
f. — filed
eff. — effective
R. — Rule (Abbreviated only at the beginning of the control number)
Ch. — Chapter (Abbreviated only at the beginning of the control number)
ER. — Emergency Rule
Rev. — Revised

Note: Emergency Rules are listed in each Rule’s Administrative History by Emergency
Rule number, date filed and effective date. The Emergency Rule will be in effect for 120
days or until the effective date of a permanent Rule covering the same subject matter
superseding this Emergency Rule is adopted, as specified by the Agency.
Chapters 135-1 entitled “Organization”, 135-2 entitled “Fees”, and 135-4 entitled
“Procedural Rules” have been adopted. Filed January 14, 1986; effective February 3,
1986.
Chapter 135-3 entitled “Application for Licensure” has been adopted. Filed February 26,
1986; effective March 18, 1986.
Chapter 135-5 entitled “Requirements for Licensure” has been adopted. Filed March 10,
Rules 135-5-.02 to .04 have been adopted. Filed May 23, 1986; effective June 12, 1986.
Rule 135-1-.04 has been repealed and a new Rule adopted. Rule 135-1-.05 has been
adopted. Rules 135-5-.01 to .03, 135-5-.01, .03, and .04 have been amended. File
November 7, 1986; effective November 27, 1986.
Rule 135-5-.01 has been amended. Filed December 18, 1986; effective January 7, 1987.
Rule 135-5-.02 has been amended. Filed March 18, 1987; effective April 7, 1987.
Rule 135-5-.03 has been repealed and a new Rule adopted. Filed June 26, 1987; effective
Rule 135-5-.02 has been amended. Filed July 24, 1987; effective August 13, 1987.
Rule 135-5-.01 has been amended. Filed September 8, 1987; effective September 28, 1987.
Chapter 135-7 entitled “Code of Ethics” has been adopted. Filed October 19, 1987; effective November 8, 1987.
Rules 135-5-.01 and .02 have been amended. Filed November 18, 1987; effective December 8, 1987.
Rule 135-5-.04 has been amended. Chapter 135-6 entitled “Regulation of Licenses” has been adopted. Filed January 20, 1988; effective February 9, 1988.
Rules 135-5-.01 and .02 have been amended. Filed February 16, 1988; effective March 7, 1988.
Chapter 135-8 entitled “Disciplinary Actions and Procedures” has been adopted. Filed March 25, 1988; effective April 14, 1988.
Chapter 135-9 entitled “Continuing Education” has been adopted. Filed July 27, 1988; effective August 16, 1988.
Rule 135-5-.01 has been amended. Filed October 26, 1988; effective November 15, 1988.
Rules 135-3-.01, .02, and .04 have been amended. Filed December 20, 1988; effective January 9, 1989.
Rule 135-9-.01 has been repealed and a new Rule adopted. Rule 135-9-.02 has been amended. Filed September 5, 1989; effective September 25, 1989.
Chapter 135-9 has been amended. Filed October 10, 1991; effective October 30, 1991.
Rule 135-5-.02 has been amended. Filed October 26, 1988; effective November 15, 1988.
Chapter 135-10 has been amended. Filed October 28, 1991; effective November 17, 1991.
Rule 135-5-.03 has been repealed and a new Rule adopted. Filed December 3, 1991; effective December 23, 1991.
Rule 135-5-.01 has been amended. Filed December 3, 1992; effective December 23, 1992.
Rules 135-5-.02 and .03 have been renumbered to 135-3-.02 and .03 and a new Rule 135-3-.02 entitled “Americans With Disabilities Act” has been adopted. Filed March 29, 1993; effective April 18, 1993.
Rule 135-5-.02(a)4 has been amended. Filed May 10, 1993; effective May 30, 1993.
Emergency Rule 135-5-0.1-.02 was filed October 4, 1993, effective September 27, 1993, to remain in effect for 120 days or until the effective date of a permanent Rule covering
the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted due to “the new law that went into effect July 1, 1993 . . .” (Said Emergency Rule will not be published; copies may be obtained from the Agency.)

Emergency Rule 135-5-0.2-.02 was filed February 2, 1994, effective January 28, 1994, to remain in effect for 120 days or until the effective date of a permanent Rule covering the same subject matter superseding this Emergency Rule is adopted, as specified by the Agency. Said Emergency Rule was adopted due to “the new law that went into effect July 1, 1993 . . .” (Said Emergency Rule will not be published; copies may be obtained from the Agency.)

Rule 135-1-.04 has been repealed and a new Rule adopted. Filed April 22, 1994; effective May 12, 1994.

Rule 135-5-.01 has been amended. Filed May 12, 1994; effective June 1, 1994.

Rule 135-5-.02 has been repealed and a new Rule adopted. Filed May 27, 1994; effective June 16, 1994.

Rule 135-5-.01 has been amended. Filed November 2, 1994; effective November 22, 1994.

Rules 135-5-.03, .04, 135-6-.03, .06 have been amended. Filed June 27, 1995; effective July 17, 1995.

Rules 135-5-.01 and .04 have been amended. Filed January 30, 1996; effective February 19, 1996.

Rule 135-9-.01 has been repealed and a new Rule adopted. Filed April 10, 1996; effective April 30, 1996.

Rule 135-5-.04(2)(b) has been amended and Rule 135-5-.05 has been adopted. Filed October 8, 1996; effective October 28, 1996.

Rule 135-5-.02 has been amended. Filed November 21, 1996; effective December 11, 1996.

Rule 135-5-.06 has been adopted and Rule 135-5-.01 has been repealed. Filed January 13, 1997; effective February 2, 1997.

Rules 135-5-.05 and .06 have been amended. Filed August 29, 1997; effective September 18, 1997.

Rule 135-9-.01(2) has been amended. Filed December 9, 1997; effective December 29, 1997.

Rules 135-5-.05, .06 have been amended. Filed July 6, 1998; effective July 26, 1998.

Rule 135-5-.01 has been adopted. Chapter 135-7 has been repealed and a new Chapter adopted. Filed February 28, 2000; effective March 19, 2000.

Rule 135-6-.04 has been repealed and a new Rule adopted. Filed June 22, 2000; effective July 12, 2000.

Rule 135-9-.01 has been amended. Filed January 5, 2001; effective January 25, 2001.

Rule 135-5-.02 has been amended. Filed April 20, 2001; effective May 10, 2001.

Rule 135-9-.01 has been amended. Filed May 18, 2001; effective June 7, 2001.

Rule 135-6-.03 has been amended. Filed June 28, 2001; effective July 18, 2001.

Chapter 135-1 Preamble has been repealed and a new Preamble adopted. Rules 135-1-.05, 135-4-.01, 135-8-.03 have been repealed and new Rules adopted. Rules 135-8-.01, .02 have been amended. Filed August 16, 2001; effective September 5, 2001.

Rule 135-3-.03 has been amended. Filed May 2, 2002; effective May 22, 2002.
Rules 135-5-.05 and .06 have been amended. Filed October 11, 2002; effective October 31, 2002.
Rules 135-6-.03 and .04 have been amended. Rule 135-6-.05 has been repealed. Filed October 22, 2002; effective November 11, 2002.
Rules 135-5-.01 and .02 have been repealed and new Rules adopted. Filed August 13, 2003; effective September 2, 2003.
Rule 135-5-.05 has been amended. Filed July 12, 2005; effective August 1, 2005.
Rules 135-5-.01, .02, .05, and .06 have been amended. Filed March 21, 2006; effective April 10, 2006.
Rule 135-5-.02 has been repealed and a new Rule adopted. Filed July 24, 2006; effective August 13, 2006.
Rule 135-5-.01 has been amended. Filed March 14, 2007; effective April 3, 2007.
Rules 135-5-.02, 135-5-.04 and 135-5-.06 have been amended. Filed March 16, 2007; effective April 5, 2007.
Rule 135-5-.05 has been amended. Filed August 2, 2007; effective August 22, 2007.
Rule 135-5-.06 has been amended. Filed May 30, 2008; effective June 19, 2008.
Rules 135-6-.03 and .04 have been repealed and new Rules adopted. Filed May 19, 2010; effective June 8, 2010.
135-1-.01 Organization of Board.

The Board is composed of ten (10) members who are appointed by the Governor. The ten (10) members shall be constituted as follows: three (3) members licensed as Professional Counselors, three (3) members licensed as Social Workers, three (3) members licensed as Marriage and Family Therapists and one (1) member representing the public at large. The three (3) members of the Board from each specialty shall constitute a separate Standards Committee for their respective specialty.

135-1-.02 Officers.

The Board shall elect from its members a Chairperson and a Vice-Chairperson in January of odd numbered years. Each shall serve a term of two years, or until their successor has been elected. Neither the Chairperson nor the Vice-Chairperson may succeed themselves in that office.

135-1-.03 Meetings.

Each year the full Board shall hold at least two meetings. Additional meetings may be called by the Chairperson or may be held upon the written request of any four members of the Board. A majority shall constitute a quorum, so long as at least one (1) member of each specialty is present, provided that no decision of the Board regarding a particular specialty shall become effective without the approval of at least two (2) of the members of the Standards Committee for that specialty. A majority of the members of a Standards Committee shall constitute a quorum for a Standards Committee meeting.

135-1-.04 Restrictions on Board Members' Activities. Amended.

(1) After a person has submitted a completed application for licensure to the Board, no member of the Board may supervise or direct such applicant for a fee until such time as that applicant becomes licensed by the Board. (2) No Board member shall participate in the deliberation or the vote on licensure of any applicant who was previously supervised or directed by that Board member.

135-1-.05 Public Information.

135-2-.01 Fees.

Refer to fee schedule for appropriate fees payable to the Board. Fees may be reviewed and changed at the discretion of the Board. Any request for refund must be submitted in writing. An indebtedness to the Board caused by a returned check will be dealt with in accordance with Code Section 16-9-20 of the Criminal Code of Georgia.

135-3-.01 General Procedure. Amended.

(1) A person who seeks licensure as a Professional Counselor, Social Worker or Marriage and Family Therapist shall submit the appropriate application to the Board on forms which will be furnished upon request.
(2) A person who seeks more than one license shall submit a separate application and separate non-refundable application fee for each license.
(3) The Board will only review complete applications.
   (a) All documents must be received at least fourteen (14) days prior to presentation to the Board.
   (b) An application must be complete within one year of the date the first document was received by the Board.
   (c) Any application not completed within this period will be closed, unless the Board determines that valid extenuating circumstances exist. However, the applicant may submit a new application, new documents, and the appropriate fee.
(4) If the request for licensure is approved, the applicant will be notified in writing and assigned a license number.
(5) If the request for licensure is denied, the applicant will be notified in writing. Within 60 days of the date of the letter of denial, the applicant may petition the Board to reconsider its decision. This request for review must be in writing and should include supporting documents.
   (a) The applicant may request a meeting with the appropriate Standards Committee as part of this review.
   (b) If, after this review, the Board denies the application, that application will be closed. However, the applicant may submit a new application, new documents, and the appropriate fee.


135-3-.02 Americans With Disabilities Act.

The Board will provide reasonable accommodation to a qualified applicant with a disability in accordance with the Americans With Disabilities Act. The request for an accommodation by an individual with a disability must be made in writing on a form provided by the Board and received in the Board office by the application deadline along with appropriate documentation, as indicated in the Request for Disability Accommodation Guidelines.

135-3-.03 Licensure by Examination. Amended.

(1) **General Provisions. All Applicants.**
(a) An applicant who has met the education and training requirements for licensure must file an application for licensure by examination for approval by the Board. An application is active for one year after which a new application and fee are required. Once approved by the Board, the applicant may take the examination required for that specialty.
1. The applicant shall request the educational institution to submit an official transcript directly to the Board which bears the institution’s stamp/seal, the date of graduation and the degree conferred.
2. The applicant shall submit at least two personal references from supervisors, teachers, or any combination thereof on forms furnished by the Board.
3. The applicant shall submit the appropriate application fee. Fees are delineated on a separate fee schedule. The application fee is non-refundable.
4. Applicants who have previously taken the required examination shall instruct the testing authority to report their score to the Board.
5. The applicant shall treat the contents of the examination as confidential. No portion of the examination may be disclosed, reused, copied or reproduced.
6. The applicant may not review the exam or any portion of the examination, after it has been completed and submitted to the testing authority.

(2) **Provisions Applicable to License Type.**
(a) **Associate Professional Counselor**
1. Applicants for licensure as an Associate Professional Counselor shall submit a proposed contract for obtaining the postmaster’s experience and supervision required for licensure as a Professional Counselor, on forms furnished by the Board.
2. Applicants for licensure as an Associate Professional Counselor shall apply to the Board to take the examination, submit the appropriate examination fee, and may take the examination following approval by the Board. A request for a refund of an examination fee must be in writing.
(b) **Professional Counselor**
1. Applicants for licensure as a Professional Counselor shall apply to the Board to take the examination, shall submit the appropriate examination fee to the Board, and may take the examination following approval by the Board. A request for a refund of an examination fee must be in writing.
2. Applicants who hold a current license as an Associate Professional Counselor are not required to re-take the examination in Professional Counseling when applying for licensure as a Professional Counselor.
(c) **Master’s Social Worker**
1. Applicants for licensure as a Master’s Social Worker must pass the required licensure examination prior to applying for licensure. The applicant shall instruct the testing authority to report scores to the Board. Instructions will be furnished upon request.
(d) **Clinical Social Worker**
1. Applicants for licensure as a Clinical Social Worker shall apply, and upon approval by the Board schedule themselves to take the examination directly with the testing authority, and submit the appropriate examination fee to the testing authority.
(e) **Associate Marriage and Family Therapist**
1. Applicants for licensure as an Associate Marriage and Family Therapist shall submit a proposed contract for obtaining the postmaster’s experience and supervision required for licensure as an Associate Marriage and Family Therapist, on forms furnished by the Board.

2. Applicants for licensure as an Associate Marriage and Family Therapist shall apply, and upon approval by the Board schedule themselves to take the examination directly with the testing authority, and submit the appropriate examination fee to the testing authority.

(f) **Marriage and Family Therapist**

1. Applicants for licensure as a Marriage and Family Therapist, shall apply, and upon approval by the Board schedule themselves to take the examination directly with the testing authority, and submit the appropriate examination fee to the testing authority.

2. Applicants who hold a current license as an Associate Marriage and Family Therapist are not required to re-take the examination in Marital and Family Therapy when applying for licensure as a Marriage and Family Therapist.

135-3-.04 Licensure by Endorsement. Amended.

(1) The Board may license without examination any Professional Counselor or Marriage and Family Therapist currently licensed in another state or jurisdiction, so long as that other state or jurisdiction’s requirements for the license in question are substantially equal to or greater than those in Georgia.

(2) The applicant must file a written application, and the non-refundable fee, for licensure by endorsement on Board approved forms available on the website: www.sos.ga.gov/plb/counselors.

(3) The applicant shall direct the licensure regulatory entity of the state or jurisdiction in which the license is held to complete and submit Form N of the application which indicates that such license is in effect and in good standing.

135-4-.01 Procedural Rules.

135-5-.05 Associate Marriage and Family Therapists. Amended.

(1) Definitions:
(a) Board Approved Marriage and Family Therapy Supervisor means a person who is licensed as a marriage and family therapist and who has been approved by the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists to provide supervision of the practice of marriage and family therapy. To obtain such approval the person shall submit documentation of the following: five years of full-time post-licensure experience in the practice of marriage and family therapy; 180 hours of experience providing marriage and family therapy supervision for at least two supervisees during a period of no less than two years and no more than five years; 36 hours of supervision received from an American Association for Marriage and Family Therapy Approved Supervisor or a Georgia Board Approved Marriage and Family Therapy Supervisor, specifically in the skill of providing marriage and family therapy supervision, a minimum of 24 hours of which shall have been individual supervision-of-supervision and a recommendation from each of the supervisors who provided supervision-of-supervision attesting to the applicant’s competence as a supervisor. In addition, the Board may, at its discretion, accept a supervisor who is licensed as a Marriage and Family Therapist in another jurisdiction and who has been designated an Approved Marriage and Family Therapy Supervisor by the Board that licenses Marriage and Family Therapists in that jurisdiction.
(b) Contract for Post-Graduate Experience and Supervision means a statement, on forms provided by the Board, made by a person who has completed one of the degree programs required for licensure as either an associate marriage and family therapist or a marriage and family therapist, specifying that person’s plan for obtaining the remaining experience and supervision required for licensure as a marriage and family therapist. Such a statement, once reviewed and approved by the Board, shall be considered a registered contract. A registered contract may be amended, so long as any changes have been approved by the Board.
(c) Course in Human Development means a graduate level course in any aspect of human development across the life span, including but not limited to theories of individual development, theories of learning, theories of personality, theories of normal and abnormal behavior, gender, human sexuality and psychopathology.
(d) Course in Marriage and Family Studies means a graduate level course in the principles, concepts or history of marriage and family life, family systems, family relations and family development.
(e) Course in Marriage and Family Therapy means a graduate level course in the theory and practice of various treatment modalities in marriage and family therapy.
(f) Course in Marriage and Family Therapy Ethics means a graduate level course in professional ethics, legal responsibilities and liabilities, standards of practice, licensure regulation, and professional socialization relevant to the practice of marriage and family therapy.
(g) Course in Research means a graduate level course in research design, methods and statistics.
(h) Direct Clinical Experience means time spent in client contact as therapist or cotherapist, in supervision, in case staffing, or in case consultation.
(i) Direction means ongoing oversight by an employer or superior of the work of a person practicing professional counseling, social work, or marriage and family therapy. The director shall be responsible for assuring the quality of services rendered by that practitioner, and shall ensure that qualified supervision or intervention occurs in situations which require expertise beyond that of the practitioner. In order to be acceptable to the Marriage and Family Therapy
Standards Committee of the Board, a director must attest to having performed the functions specified in this paragraph, and when not an employer must have entered into a contractual agreement with the practitioner to perform these functions.

(j) One Year Practicum means twelve months of supervised experience obtained while enrolled in graduate level courses designated as a practicum at an educational institution which, at the time, was accredited by a regional body recognized by the Council on Higher Education Accreditation.

(k) Practice of Marriage and Family Therapy means evaluating and treating emotional and mental problems and conditions, whether cognitive, affective or behavioral, resolving intrapersonal and interpersonal conflicts, and changing perception, attitudes and behavior; all within the context of marital and family systems. Marriage and family therapy includes, without being limited to, individual, group, couple, sexual, family and divorce therapy. Marriage and family therapy involves an applied understanding of the dynamics of marital and family therapy systems, including individual psychodynamics, the use of assessment instruments that evaluate marital and family functioning, designing and recommending a course of treatment, and the use of psychotherapy and counseling.

(l) Program Equivalent to a Marriage and Family Therapy Degree Program means an organized course of study at an accredited educational institution consisting of a master’s degree and additional post-master’s degree coursework which includes three courses in marriage and family studies, three courses in marriage and family therapy, three courses in human development, one course in marriage and family therapy ethics, and one course in research.

(m) Program in Marriage and Family Therapy means a master’s degree program at an accredited educational institution which includes three courses in marriage and family studies, three courses in marriage and family therapy, three courses in human development, one course in marriage and family therapy ethics, and one course in research.

(n) Supervision means the direct clinical review, for the purpose of training or teaching, by a supervisor of the interactions with clients of a person practicing professional counseling, social work or marriage and family therapy. Supervision may include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation in order to promote the development of the practitioner’s clinical skills. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.

(2) Requirements for Licensure:

(a) Education. The applicant must have earned a master’s degree from a program in marriage and family therapy, from a program equivalent to a marriage and family therapy degree program, or from any program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. Such program shall be in an educational institution which, at the time the degree was awarded, was accredited by a regional body recognized by the Council on Higher Education Accreditation.

(b) Practicum. The applicant must have completed a one year practicum in the practice of marriage and family therapy before or after the granting of the master’s degree.
1. Such practicum shall include a minimum of 500 hours of direct clinical experience.
2. Such practicum shall include 100 hours of supervision provided by a licensed marriage and family therapist, professional counselor, clinical social worker, psychiatrist or psychologist, who
was also an American Association for Marriage and Family Therapy Approved Supervisor, a Georgia Board Approved Marriage and Family Therapy Supervisor, or a person who was receiving supervision-of-supervision in order to qualify for either designation.

(c) Contract. The applicant must register an acceptable contract for post-graduate experience and supervision with the Board.

1. Applicants who have not yet secured employment or begun supervision at the time of their application for licensure may indicate on the contract form that their plan for obtaining experience or supervision is not complete, provided that they submit a completed contract to the Board upon securing employment or beginning supervision.

2. Once registered, any proposed change in the contract must be submitted to the Board for approval.

3. The Board, at its discretion, may request an update of the contract.

(3) **Restrictions on Practice:**

(a) A person who holds a license as an associate marriage and family therapist may only use the title “associate marriage and family therapist.”

(b) A person who holds a license as an associate marriage and family therapist may engage in the practice of marriage and family therapy, but only while under direction and supervision, and only for a period not to exceed five years while obtaining the post-master’s experience and supervision required for licensure as a marriage and family therapist.

135-5-.06 Marriage and Family Therapists. Amended.

(1) Definitions:

(a) Approved Practicum or Internship Program means supervised experience obtained while enrolled in graduate level courses designated as a practicum or internship at an educational institution which, at the time, was accredited by a regional body recognized by the Council on Higher Education Accreditation (CHEA).

(b) Board Approved Graduate Level Course means a course in Marriage and Family Studies, Marriage and Family Therapy, or Marriage and Family Therapy Ethics which is offered by a training institute, is comparable to a graduate level course offered by an accredited educational institution, and has received prior approval by the Board. To obtain such approval, the training institute shall submit a course outline, a reading list, a bibliography, a curriculum vita for each instructor, and the required fee to the Board. Applications must include evidence that: the course content is organized around at least one major accepted comprehensive book and additional ancillary readings; the readings represent the current state of thinking in the field of marriage and family therapy and are of a depth comparable to a graduate level course; the course includes a minimum of 45 hours of classroom instruction; the course includes at least one comprehensive examination on which students must achieve a score of 80% or better in order to receive credit; and the instructor is licensed as either a marriage and family therapist, professional counselor, clinical social worker, psychologist, or psychiatrist, demonstrates specific training in the field of marriage and family therapy, and has at least five years post licensure experience in the practice of marriage and family therapy. Such approval shall be for a period of three years, and shall expire unless renewed prior to the end of that period.

(c) Board Approved Marriage and Family Therapy Supervisor means a person who is licensed as a marriage and family therapist and who has been approved by the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists to provide supervision of the practice of marriage and family therapy. To obtain such approval the person shall submit documentation of the following: five years of full-time post-licensure experience in the practice of marriage and family therapy; 180 hours of experience providing marriage and family therapy supervision for at least two supervisees during a period of no less than two years and no more than five years; 36 hours of supervision received from an American Association for Marriage and Family Therapy Approved Supervisor or a Georgia Board Approved Marriage and Family Therapy Supervisor, specifically in the skill of providing marriage and family therapy supervision for at least two supervisees during a period of no less than two years and no more than five years; and a recommendation from each of the supervisors who provided supervision-of-supervision attestating to the applicant’s competence as a supervisor. In addition, the Board may, at its discretion, accept a supervisor who is licensed as a Marriage and Family Therapist in another jurisdiction and who has been designated an Approved Marriage and Family Therapy Supervisor by the Board that licenses Marriage and Family Therapists in that jurisdiction.

(d) Contract for Post-Graduate Experience and Supervision means a statement on forms provided by the Board, made by a person who has completed one of the degree programs required for licensure as either an associate marriage and family therapist or a marriage and family therapist,
specifying that person’s plan for obtaining the remaining experience and supervision required for licensure as a marriage and family therapist. Such a statement, once reviewed and approved by the Board, shall be considered a registered contract. A registered contract may be amended, so long as any changes have been approved by the Board.

(e) Course in Clinical Content Area means a graduate level course in the etiology, dynamics, evaluation, assessment, or treatment of emotional or behavioral problems and conditions.

(f) Course in Marriage and Family Studies means a graduate level course in the principles, concepts or history of marriage and family life, family systems, family relations and family development.

(g) Course in Marriage and Family Therapy means a graduate level course in the theory and practice of various treatment modalities in marriage and family therapy.

(h) Course in Marriage and Family Therapy Ethics means a graduate level course in professional ethics, legal responsibilities and liabilities, standards of practice, licensure regulation, and professional socialization relevant to the practice of marriage and family therapy.

(i) Direct Clinical Experience means time spent in client contact as therapist or cotherapist, in supervision, in case staffing, or in case consultation.

(j) Direction means ongoing oversight by an employer or superior of the work of a person practicing professional counseling, social work or marriage and family therapy. The director shall be responsible for assuring the quality of services rendered by that practitioner, and shall ensure that qualified supervision or intervention occurs in situations which require expertise beyond that of the practitioner. In order to be acceptable to the Marriage and Family Therapy Standards Committee of the Board, a director must attest to having performed the functions specified in this paragraph, and when not an employer must have entered into a contractual agreement with the practitioner to perform these functions.

(k) Full-time Experience means a minimum of 20 hours per week spent in direct clinical experience.

(l) Group Supervision means a maximum of six supervisees meeting with one supervisor.

(m) Individual Supervision means a maximum of two supervisees meeting with one supervisor.

(n) One Year means twelve months, or any periods of time which sum to twelve months.

(o) Practice of Marriage and Family Therapy means evaluating and treating emotional and mental problems and conditions, whether cognitive, affective or behavioral, resolving intrapersonal and interpersonal conflicts, and changing perception, attitudes and behavior; all within the context of marital and family systems. Marriage and family therapy includes, without being limited to, individual, group, couple, sexual, family and divorce therapy. Marriage and family therapy involves an applied understanding of the dynamics of marital and family therapy.
systems, including individual psychodynamics, the use of assessment instruments that evaluate marital and family functioning, designing and recommending a course of treatment, and the use of psychotherapy and counseling.

(p) Supervision means the direct clinical review for the purpose of training or teaching, by a supervisor of the interactions with clients of a person practicing professional counseling, social work or marriage and family therapy. Supervision may include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation in order to promote the development of the practitioner’s clinical skills. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.

(2) An applicant who holds a current license as an **Associate Marriage and Family Therapist** must meet the following requirements for licensure as a marriage and family therapist:

(a) Experience. The applicant must document two years of full-time post-master’s experience or its equivalent, under direction and supervision:

1. Such experience shall have been in the practice of marriage and family therapy and shall include a minimum of 2,000 hours of direct clinical experience.

2. For applicants who have worked less than full-time, equivalent experience may be accrued over a total of not less than two years and not more than five years.

(b) Supervision. The applicant must have obtained 100 hours of supervision; concurrent with his/her documented experience.

1. Such supervision shall have been provided by a licensed marriage and family therapist, professional counselor, clinical social worker, psychiatrist or psychologist; and,

2. A minimum of 50 of these 100 hours must have been in individual supervision and a maximum of 50 of these 100 hours may have been in group supervision.

(c) Examination Waived. The applicant is not required to re-take the Examination in Marriage and Family Therapy following Board approval of his/her application for licensure as a marriage and family therapist.

(3) An applicant who holds a **Master’s Degree** and does not have an active Associate Marriage and Family Therapist (AMFT) license must meet the following requirements for licensure as a marriage and family therapist:

(a) Education. The applicant must have earned a master’s degree in marriage and family therapy, counseling, social work, medicine, applied psychology, psychiatric nursing, pastoral counseling, applied child and family development, applied sociology, or from any program accredited by the
Commission on Accreditation for Marriage and Family Therapy Education. Such degree shall be from an educational institution which, at the time the degree was awarded, was accredited by a regional body recognized by the Council on Higher Education Accreditation (CHEA).

1. For the purpose of licensure under this rule, a degree in psychology, child and family development or sociology shall be considered an applied degree and a degree in divinity or in theology shall be considered a degree in pastoral counseling, if the applicant has completed, as part of the degree program or as additional post-master’s coursework, either of the following two options:

(i) three courses in clinical content areas; or

(ii) two courses in clinical content areas, plus an approved practicum or internship, which shall include a minimum of 500 hours of direct clinical experience in the practice of professional counseling, clinical social work or marriage and family therapy. The coursework required under this section shall be in addition to the five courses required in 2 below.

2. The applicant shall have completed, as part of the degree program or as additional post-master’s coursework, at least two courses in Marriage and Family Therapy, two courses in Marriage and Family Studies, and one course in Marriage and Family Therapy Ethics. These courses shall have been obtained from an educational institution accredited by a regional body recognized by the Council on Higher Education Accreditation or from a training institute which offers Board approved graduate level courses.

3. A person who has completed one of the required master’s degrees with the intention of pursuing licensure as a marriage and family therapist may, but is not required to, register a contract for post-graduate experience and supervision with the Board.

(b) Experience. The applicant must document three years of fulltime post-master’s experience or its equivalent, under direction and supervision, which shall include a minimum of 2,500 hours of direct clinical experience.

1. One year of such experience may have been in an approved practicum before or after the granting of the master’s degree, which shall include a minimum of 500 hours of direct clinical experience in the practice of professional counseling, clinical social work or marriage and family therapy.

2. At least two years of such experience shall have been in the practice of marriage and family therapy, which shall include a minimum of 2,000 hours of direct clinical experience.

3. For applicants who have worked less than full-time, equivalent experience may be accrued over a total of not less than three years and not more than five years.

(c) Supervision. The applicant must have obtained 200 hours of supervision, concurrent with his/her documented experience.
1. Such supervision shall have been provided by a licensed marriage and family therapist, professional counselor, clinical social worker, psychiatrist or psychologist.

2. At least 100 hours of such supervision shall have been provided by an American Association for Marriage and Family Therapy Approved Supervisor, a Georgia Board Approved Marriage and Family Therapy Supervisor, or a person who was receiving supervision-of supervision in order to qualify for either designation. A minimum of 50 of these 100 hours must have been in individual supervision and a maximum of 50 of these 100 hours may have been in group supervision.

3. Up to 100 hours of such supervision may have been obtained during an approved practicum before or after the granting of the master’s degree.

(4) An applicant who holds a **Doctoral Degree** must meet the following requirements for licensure as a marriage and family therapist.

(a) Education. The applicant must have earned a doctoral degree in marriage and family therapy, counseling, social work, medicine, applied psychology, psychiatric nursing, pastoral counseling, applied child and family development, applied sociology, or from any program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. Such degree shall be from an educational institution which, at the time the degree was awarded, was accredited by a regional body recognized by the Council on Higher Education Accreditation (CHEA).

1. For the purpose of licensure under this rule, a degree in psychology, child and family development or sociology shall be considered an applied degree and a degree in divinity or in theology shall be considered a degree in pastoral counseling, if the applicant has completed, as part of the degree program or as additional post-doctoral coursework, either of the following two options:

   (i) three courses in clinical content areas; or

   (ii) two courses in clinical content areas, plus an approved practicum or internship, which shall include a minimum of 500 hours of direct clinical experience in the practice of professional counseling, clinical social work or marriage and family therapy. The coursework required under this section shall be in addition to the five courses required in 2 below.

2. The applicant shall have completed, as part of a master’s or doctoral degree program, or as additional post-graduate degree coursework, at least two courses in Marriage and Family Therapy, two courses in Marriage and Family Studies, and one course in Marriage and Family Therapy Ethics. These courses shall have been obtained from an educational institution accredited by a regional body recognized by the Council on Higher Education Accreditation (CHEA) or from a training institute which offers Board approved graduate level courses.
3. A person who has completed one of the required doctoral degrees with the intention of pursuing licensure as a marriage and family therapist may, but is not required to, register a contract for post-graduate experience and supervision with the Board.

(b) Experience. The applicant must document two years of fulltime post-master’s or post doctorate experience in the practice of marriage and family therapy, under direction and supervision, which shall include a minimum of 1,500 hours of direct clinical experience.

1. One year of such experience may have been in an approved internship program before or after the granting of the doctoral degree, which shall include a minimum of 500 hours of direct clinical experience.

2. At least one year of such experience shall have been full-time post-master’s or post doctorate experience, which shall include a minimum of 1,000 hours of direct clinical experience.

(c) Supervision. The applicant must have obtained 100 hours of supervision, concurrent with their documented experience.

1. Such supervision shall have been provided by a licensed marriage and family therapist, professional counselor, clinical social worker, psychiatrist or psychologist, who was also an American Association for Marriage and Family Therapy Approved Supervisor, a Georgia Board Approved Marriage and Family Therapy Supervisor, or a person who was receiving supervision-of-supervision in order to qualify for either designation.

2. A maximum of 50 of these 100 hours may have been obtained during the applicant’s doctoral degree or internship program.

3. A minimum of 50 of these 100 hours must have been in individual supervision and a maximum of 50 of these 100 hours may have been in group supervision.

135-6-.01 Display of Licenses.

Licensed Professional Counselors, Master’s Social Workers, Clinical Social Workers and Marriage and Family Therapists shall display their license and evidence of renewal in a conspicuous place in their office or place of business or employment.

135-6-.02 Change of Name or Address.

It is the duty of each licensee to notify the Board in writing of any change of name or address from that previously filed with the Board. A notice of change of name must be accompanied by a certified copy of a marriage certificate, court order or other legal document.

135-6-.03 Biennial Renewal Cycle.

(1) All licenses shall expire on September 30 of even numbered years.
(2) Renewal notices are only sent as an accommodation. The responsibility of license renewal remains with the license holder.
(3) The applicant for renewal shall submit to the Board, on or before September 30 of even numbered years:
   (a) A completed application for renewal; and
   (b) The biennial renewal fee (See Fee Schedule); and
   (c) Certification of having satisfied the continuing education requirement, as set forth in Rule 135-9-.01, during the preceding two year period, beginning October 1 of even numbered years.
(4) Applications for renewal of licenses submitted between October 1 of the renewal year and December 31 of same even numbered years will be considered late and will be required to pay a late renewal penalty fee (See Fee Schedule). Failure to renew a license by the end of the established late renewal penalty period, which is December 31 of the renewal year, shall have the same effect as a revocation and reinstatement of the revoked license shall be in the discretion of the Board.
(5) Unless the license is renewed on or before September 30 of even numbered years, continued practice after such date shall constitute unlawful practice and is grounds for discipline.

135-6-.04 Revocation of Expired Licenses and Reinstatement of Expired Licenses. Amended

(1) Failure to renew a license by the end of the established late renewal penalty period, December 31 of even numbered years, shall have the same effect as a revocation of said license and reinstatement of the license shall be in the discretion of the Board. If an application for reinstatement is submitted to the Board within five (5) years of the expiration date of the license, the Board shall require documentation of thirty five (35) hours of continuing education activities for EACH renewal cycle missed, a minimum of thirty five (35) of which must have been completed within two years of the date the reinstatement application is received by the Board, and payment of a late renewal penalty fee as set by the Board (See Fee Schedule). At its discretion, the Board may require additional information.

(2) If an application for reinstatement is submitted to the Board more than five (5) years after the expiration of a license, an applicant must provide the following with their application:
(a) A completed application for reinstatement, the required fee and documentation of thirty five (35) hours of continuing education activities that were completed within two years of the date the reinstatement application is received. In addition, the applicant must (re)take and pass the required licensing examination. However, the (re)taking of the exam is not required if an applicant for reinstatement is currently, and has continuously been, licensed and practicing in another state/jurisdiction whose licensure requirements meet or exceed the current Georgia licensure requirements. All other provisions apply.
(b) In order to meet the requirements listed above (2), the applicant may use any qualifying education, experience and supervision, including any which were applied toward his/her previous application for licensure.

(3) Associate level licenses (Associate Professional Counselor and Associate Marriage and Family Therapist) that lapse for failure to renew by the end of the established late renewal penalty period may be reinstated only once, and reinstatement is at the discretion of the Board. All other provisions apply.

135-6-.05 Repealed.

135-6-.06 Inactive Status. Amended.

(1) Inactive licensure status is not available for Associate Professional Counselors or Associate Marriage and Family Therapist licensees.

(2) A licensee who does not intend to practice in Georgia and who therefore does not intend to practice or to use the title Professional Counselor, Social Worker, or Marriage and Family Therapist may apply to convert an active license to inactive status. An individual who holds an inactive license will not be required to renew their license or to satisfy the biennial renewal requirements.

(3) A license may remain inactive for no more than five (5) years from the date the status is converted to inactive by the administrative staff. If a licensee has not applied to reactivate their license before the five (5) year deadline, the license will be revoked for failure to reactivate.

(4) A person who holds an active license may apply for inactive status in the following manner:

(a) Submit a completed, signed, notarized “Request for Inactive Status” application to the Board. There is no fee to apply for inactive status;

(b) Submit the license pocket card with the application.

(5) A person who holds an inactive license may apply to reactivate their license within five (5) years or less from date active status was converted to inactive status by the administrative staff in the following manner:

(a) Submit an Application for Reactivation;

(b) Submit the reactivation fee (see fee schedule); and

(c) Submit evidence that the licensee has obtained thirty five (35) hours of continuing education pursuant to Board rule 135-9 within two (2) years of the date of the application for reactivation.

(d) Upon receipt of the application, the fee and continuing education documents, and upon approval by the Board, the license will be reactivated.

(6) After five (5) years of inactive status, an Application for Reinstatement must be filed pursuant to Board rule 135-6-.04.

135-7-.01 Responsibility to Clients.

(1) A licensee's primary professional responsibility is to the client. The licensee shall make every reasonable effort to promote the welfare, autonomy and best interests of families and individuals, including respecting the rights of those persons seeking assistance, obtaining informed consent, and making reasonable efforts to ensure that the licensee's services are used appropriately.

(2) Unprofessional conduct includes, but is not limited to, the following:

(a) exploiting relationships with clients for personal or financial advantages;
(b) using any confidence of a client to the client's disadvantage;
(c) participating in dual relationships with clients that create a conflict of interest which could impair the licensee's professional judgment, harm the client, or compromise the therapy;
(d) undertaking a course of treatment when the client, or the client's representative, does not understand and agree with the treatment goals;
(e) knowingly withholding information about accepted and prevailing treatment alternatives that differ from those provided by the licensee;
(f) failing to inform the client of any contractual obligations, limitations, or requirements resulting from an agreement between the licensee and a third party payer which could influence the course of the client's treatment;
(g) when there are clear and established risks to the client, failing to provide the client with a description of any foreseeable negative consequences of the proposed treatment;
(h) charging a fee for anything without having informed the client in advance of the fee;
(i) taking any action for nonpayment of fees without first advising the client of the intended action and providing the client with an opportunity to settle the debt;
(j) when termination or interruption of service to the client is anticipated, failing to notify the client promptly and failing to assist the client in seeking alternative services consistent with the client's needs and preferences;
(k) failing to terminate a client relationship when it is reasonably clear that the treatment no longer serves the client's needs or interest;
(l) delegating professional responsibilities to another person when the licensee delegating the responsibilities knows or has reason to know that such person is not qualified by training, by experience, or by licensure to perform them; and
(m) failing to provide information regarding a client's evaluation or treatment, in a timely fashion and to the extent deemed prudent and clinically appropriate by the licensee, when that information has been requested and released by the client.

135-7-.02 Integrity.

(1) The licensee shall act in accordance with the highest standards of professional integrity and competence. The licensee is honest in dealing with clients, students, trainees, colleagues, and the public. The licensee seeks to eliminate incompetence or dishonesty from the profession.

(2) Unprofessional conduct includes, but is not limited to:
(a) practicing inhumane or discriminatory treatment toward any person or group of persons;
(b) engaging in dishonesty, fraud, deceit, or misrepresentation while performing professional activities;
(c) engaging in sexual activities or sexual advances with any client, trainee, or student;
(d) practicing while under the influence of alcohol or drugs not prescribed by a licensed physician;
(e) practicing in an area in which the licensee has not obtained university level graduate training or substantially equivalent supervised experience;
(f) failing either to obtain supervision or consultation, or to refer the client to a qualified practitioner, who faced with treatment, assessment or evaluation issues beyond the licensee’s competence;
(g) accepting or giving a fee or anything of value for making or receiving a referral;
(h) using an institutional affiliation to solicit clients for the licensee’s private practice; and
(i) allowing an individual or agency that is paying for the professional services to exert undue influence over the licensee’s evaluation or treatment of a client.

135-7-.03 Confidentiality.

(1) The licensee holds in confidence all information obtained at any time during the course of a professional relationship, beginning with the first professional contact. The licensee safeguards clients' confidences as permitted by law.

(2) Unprofessional conduct includes but is not limited to the following:

(a) revealing a confidence of a client, whether living or deceased, to anyone except:
1. as required by law;
2. after obtaining the consent of the client, when the client is a legally competent adult, or the legal custodian, when the client is a minor or a mentally incapacitated adult. The licensee shall provide a description of the information to be revealed and the persons to whom the information will be revealed prior to obtaining such consent. When more than one client has participated in the therapy, the licensee may reveal information regarding only those clients who have consented to the disclosure;
3. where the licensee is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case client confidences may be disclosed in the course of that action;
4. where there is clear and imminent danger to the client or others, in which case the licensee shall take whatever reasonable steps are necessary to protect those at risk including, but not limited to, warning any identified victims and informing the responsible authorities; and
5. when discussing case material with a professional colleague for the purpose of consultation or supervision;

(b) failing to obtain written, informed consent from each client before electronically recording sessions with that client or before permitting third party observation of their sessions;

(c) failing to store or dispose of client records in a way that maintains confidentiality, and when providing any client with access to that client's records, failing to protect the confidences of other persons contained in that record;

(d) failing to protect the confidences of the client from disclosure by employees, associates, and others whose services are utilized by the licensee; and

(e) failing to disguise adequately the identity of a client when using material derived from a counseling relationship for purposes of training or research.

135-7-.04 Responsibility to Colleagues.

(1) The licensee respects the rights and responsibilities of professional colleagues and, as the employee of an organization, remains accountable as an individual to the ethical principles of the profession. The licensee treats colleagues with respect and good faith, and relates to the clients of colleagues with full professional consideration.

(2) Unprofessional conduct includes, but is not limited to:
(a) soliciting the clients of colleagues or assuming professional responsibility for clients of another agency or colleague without appropriate communication with that agency or colleague;
(b) failing to maintain the confidences shared by colleagues and supervisees in the course of professional relationships and transactions;
(c) when a supervisee is unlicensed, failing to inform the supervisee of the legal limitations on unlicensed practice;
(d) when a supervisor is aware that a supervisee is engaging in any unethical, unprofessional or deleterious conduct, failing to provide the supervisee with a forthright evaluation and appropriate recommendations regarding such practice; and
(e) taking credit for work not personally performed, whether by giving inaccurate information or failing to give accurate information.

135-7-.05 Assessment Instruments.

(1) When using assessment instruments or techniques, the licensee shall make every effort to promote the welfare and best interests of the client. The licensee guards against the misuse of assessment results, and respects the client’s right to know the results, the interpretations and the basis for any conclusions or recommendations.

(2) Unprofessional conduct, includes but is not limited to the following:
(a) failing to provide the client with an orientation to the purpose of testing or the proposed use of the test results prior to administration of assessment instruments or techniques;
(b) failing to consider the specific validity, reliability, and appropriateness of test measures for use in a given situation or with a particular client;
(c) using unsupervised or inadequately supervised test-taking techniques with clients, such as testing through the mail, unless the test is specifically self-administered or self-scored;
(d) administering test instruments either beyond the licensee’s competence for scoring and interpretation or outside of the licensee’s scope of practice, as defined by law; and
(e) failing to make available to the client, upon request, copies of documents in the possession of the licensee which have been prepared for and paid for by the client.

135-7-.06 Research.

(1) The licensee recognizes that research activities must be conducted with full respect for the rights and dignity of participants and with full concern for their welfare. Participation in research must be voluntary unless it can be demonstrated that involuntary participation will have no harmful effects on the subjects and is essential to the investigation.

(2) Unprofessional conduct includes, but is not limited to:
(a) failing to consider carefully the possible consequences for human beings participating in the research;
(b) failing to protect each research participant from unwarranted physical and mental harm;
(c) failing to ascertain that the consent of the research participant is voluntary and informed;
(d) failing to treat information obtained through research as confidential;
(e) knowingly reporting distorted, erroneous, or misleading information.

135-7-.07 Advertising and Professional Representation.

(1) The licensee adheres to professional rather than commercial standards when making known their availability for professional services. The licensee may provide information that accurately informs the public of the professional services, expertise, and techniques available.

(2) Unprofessional conduct includes, but is not limited to:
   (a) intentionally misrepresenting the licensee's professional competence, education, training, and experience, or knowingly failing to correct any misrepresentations provided by others;
   (b) using as a credential an academic degree in a manner which is intentionally misleading or deceiving to the public;
   (c) intentionally providing information that contains false, inaccurate, misleading, partial, out-of-context, or otherwise deceptive statements about the licensee’s professional services, or knowingly failing to correct inaccurate information provided by others; and
   (d) making claims or guarantees which promise more than the licensee can realistically provide.

135-8-.01 Complaints.

(1) A complaint may be filed by any person by submitting a written statement to the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists at 237 Coliseum Drive, Macon, Georgia 31217.

(2) The complaint shall include the complainant’s name, address, and phone number, shall be signed by the complainant, and shall give the name and address of the person or business entity against whom the complaint is being filed.

(3) The complaint must specifically state the circumstances which led to the complaint being filed.

(4) While a complaint is under investigation, the name of the person or business entity against whom the complaint is being filed shall be treated as confidential, as provided in O.C.G.A. 43-1-19(h)(2). However, the name of the person or business entity will no longer be treated as confidential once the Board takes an official action which places it into the public record.

(5) Once a Board member becomes aware of the identity of a person who is the subject of a complaint, and the Board member has a personal relationship with that person which would affect the Board member’s judgment, or has prior knowledge of the person’s practice which would affect the Board member’s judgment, the Board member shall immediately disclose to the Board such relationship or knowledge, and shall not participate in the deliberation or the vote on the complaint; however, nothing herein shall preclude any Board member from giving testimony in the matter.

135-8-.02 Investigation of Complaints.

(1) The Board or its duly appointed representative will review each complaint and initiate whatever investigative action is appropriate.

(2) All investigations shall be conducted as provided by the laws of the State of Georgia, including but not limited to the Administrative Procedures Act (O.C.G.A. 50-13-1 et seq.); O.C.G.A. 43-1-1 et seq.; the Professional Counselors, Social Workers and Marriage and Family Therapists Licensing Law (O.C.G.A. 43-10A-1 et seq.); the Rules of the Division Director, Professional Licensing Boards Division; and the Rules of the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists.

135-8-.03 Disciplinary Proceedings.

All disciplinary proceedings, including hearings in contested cases, shall be conducted as provided by the laws of the State of Georgia, including but not limited to the Administrative Procedures Act (O.C.G.A. 50-13-1 et seq.); O.C.G.A. 43-1-1 et seq.; the Professional Counselors, Social Workers and Marriage and Family Therapists Licensing Laws (O.C.G.A. 43-10-A-1 et seq.); the Rules of the Division Director, Professional Licensing Boards Division; and the Rules of Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists.

(1) Thirty five (35) clock hours of continuing education are required biennially to renew each license.
(2) A minimum of five (5) of the thirty-five (35) hours shall be specifically designated as continuing education in professional ethics relating to any of the specialties of Professional Counseling, Social Work, or Marriage and Family Therapy. Ethics hours may be obtained from any of the sources listed in paragraphs (5) and (6) (a) - (d) below. Continuing education hours in professional ethics cannot be obtained through independent study, or online. Independent study is defined in paragraph (7) below.
(3) Of the remaining thirty (30) hours, a minimum of fifteen (15) shall be core hours and not more than fifteen (15) shall be related hours.
(4) A maximum of ten (10) hours of continuing education may be obtained online for each two-year renewal period.
(5) Core hours are continuing education hours acquired in activities in the specialty in which the license is held; e.g. PC core hours must reflect PC content, SW core hours must reflect SW content and MFT core hours must reflect MFT content. Core hours may be obtained through graduate level education, conferences, workshops, seminars, or on-line courses approved for continuing education by organizations authorized to offer continuing education credit. Such activities shall be sponsored, co-sponsored or approved by:
(a) a professional association in the specialty in which the license is held; or
(b) an academic department in the specialty in which the license is held:
1. Graduate level coursework will meet continuing education requirements only when offered by an academic department in the specialty in which the license is held and when the department is in an education institution accredited by a body acceptable to the Board. Graduate level coursework listed on the transcript as "independent studies" must be well documented in order to be accepted by the Composite Board. Documentation can include, but is not limited to, a contract signed by the instructor of record.
2. One (1) academic semester hour of graduate level coursework shall be equivalent to fifteen (15) hours of continuing education, and an one (1) academic quarter hour of course credit shall be equivalent to ten (10) clock hours of continuing education, or
(c) a licensing or certification board in another jurisdiction which regulates the specialty in which the license is held. If the board is a composite board, the activity must be specifically approved for continuing education in the specialty in which the license is held.
(6) Related hours are continuing education hours acquired in activities in a specialty other than the one in which the license is held or in the allied professions of Psychiatry, Psychiatric Nursing, Psychology, or Pastoral Counseling. Related hours may be obtained from:
(a) activities sponsored, co-sponsored, or approved by professional associations in the specialties of Professional Counseling, Social Work, Marriage and Family Therapy or the allied professions for Psychiatry, Psychiatric Nursing, Psychology, Pastoral Counseling, or allied health specialties, or
(b) activities sponsored, co-sponsored, or approved by an academic department in the specialties of Professional Counseling, Social Work, Marriage and Family Therapy or the allied professions of Psychiatry, Psychiatric Nursing, Psychology, or Pastoral Counseling.
1. Graduate level coursework will meet continuing education requirements only when offered by an academic department in the specialties of Professional Counseling, Social
Work, Marriage and Family Therapy or the allied professions of Psychiatry, Psychiatry Nursing, Psychology, or Pastoral Counseling and the department is in an education institution accredited by a body acceptable to the Board.

2. One (1) academic semester hour of graduate level coursework shall be equivalent to fifteen (15) clock hours of continuing education, and an one (1) academic quarter hour of course credit shall be equivalent to ten (10) clock hours of continuing education; or

(c) activities sponsored, co-sponsored, or approved by a licensing or certification board in another jurisdiction which regulates the specialties of Professional Counseling, Social Work, Marriage and Family Therapy or the allied professions of Psychiatry, Psychiatric Nursing, Psychology, or Pastoral Counseling; or

(d) activities sponsored by federal, state, or local government agencies, public school systems and licensed hospitals; or

(7) Independent Study is limited to five (5) hours in activities such as: teaching a course, presenting a lecture, or conducting a workshop for the first time; listening to audiotapes; viewing videotapes; reading books or articles which may contain exit quizzes; editing or writing professional books or articles; and conducting professional research. The licensee shall submit an affidavit attesting to number of hours of independent study completed. No more than five (5) hours of continuing education shall be in independent study. Ethics hours may not be obtained through independent study, or online. Core hours may not be obtained through independent study.

(8) The professional association, academic department, licensing or certification board, state, or local government agency, public school system or licensed hospital that sponsors, co-sponsors or approves the continuing education activity shall certify the number of clock hours of education content in each activity.

(9) A Standards Committee may, in its discretion, accept continuing education hours obtained from sources substantially similar to those listed in (5) and (6) above.

(10) No more than twenty (20) hours of continuing education shall be from any one course, workshop, or presentation. This limit does not apply to professional conferences which offer multiple presentations.

(11) Any continuing education hour may be applied towards the renewal of a license in more than one specialty, provided that the continuing education hour meets the requirements set out in (5) or (6) above.

(12) Continuing education hours earned in professional ethics exceeding the five required for renewal may be applied to meet requirements for core or related hours when they meet the requirements set out in (5) or (6) above.

(13) If, at the Board's request, a licensee completes a peer review of an alleged violation of the law or the Board's Rules, the licensee shall satisfy the five (5) hours of continuing education required in professional ethics. Such a review must be submitted as a written report to the Board.

(14) When the license is initially issued during the second year of the renewal period after October 1 of the odd numbered year the continuing education requirements are deemed, by the Board, to impose an undue hardship upon the licensee: therefore, no continuing education is required for renewal. At the next renewal cycle the licensee must comply with all continuing education requirements specified in the Board Rules, Chapter 135-9.
135-9-.02 Documentation.

(1) Each licensee shall maintain for three years their own record of the continuing education activities which they have completed. The Board will not maintain continuing education files for licensees.

(2) Licensees shall attest, on their biennial license renewal application, that they have satisfied the continuing education requirements set out in Rule 135-9-.01. Documentation of these activities should be retained by the licensee and not sent to the Board. False attestation of satisfaction of the continuing education requirements on a renewal application shall subject the licensee to disciplinary action, including revocation.

(3) The Board will audit a fixed percentage of the renewal applications. Licensees whose applications are audited will be required to document their continuing education activities. Except for independent study, such documents must be in the form of a certificate of attendance, a statement signed by the provider verifying participation in the activity, or an official transcript. Documentation of independent study shall be in the form of an affidavit which includes a description of the activity, the subject material covered, the dates and numbers of hours involved.

(a) In the event an audited licensee fails to provide the Board with documentation of the hours attested to on their renewal application, the license will not be renewed.

(b) If, following the audit, the Board disqualifies any of the documented continuing education hours and the licensee no longer meets the requirements set out in Rule 135-9-.01, the license will be renewed under the condition that the licensee obtains the required continuing education hours within six months of the notice of deficiency. If the licensee does not cure the deficiency within this six month period, the license will be subject to revocation for failure to comply with the continuing education requirements.

135-9-.03 Repealed.

135-10-.01 Licensees.

135-10-.02 Without Any License. Amended.

Persons who do not hold any valid license issued by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists:
(a) may not advertise that they are licensed by the Board;
(b) may not use any words, letters, titles, or figures indicating or implying that they are licensed by the Board;
(c) may not use any words, letters, titles or figures indicating or implying that they are a Professional Counselor, Social Worker, or Marriage and Family Therapist, including but not limited to the following:

<table>
<thead>
<tr>
<th>Professional Counselor</th>
<th>Professional Counseling</th>
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<tr>
<td>Professional Career Counselor</td>
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<td>Professional College Counselor</td>
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<td>Professional EAP Counselor</td>
<td>Professional EAP Counseling</td>
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<td>Professional Group Counselor</td>
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<td>Professional Military Counselor</td>
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<td>Professional School Counselor</td>
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<td>Professional Correctional Counselor</td>
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<td>Professional Educational Counselor</td>
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<td>Professional Employment Counselor</td>
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<td>Professional Mental Health Counselor</td>
<td>Professional Mental Health Counseling</td>
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<tr>
<td>Professional Public Offender Counselor</td>
<td>Professional Public Offender Counseling</td>
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<td>Professional Rehabilitation Counselor</td>
<td>Professional Rehabilitation Counseling</td>
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<tr>
<td>Social Worker</td>
<td>Social Work</td>
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<td>Clinical Social Worker</td>
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<td>Master's Social Worker</td>
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<td>Professional Social Worker</td>
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<td>Psychiatric Social Worker</td>
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<td>Medical Social Worker</td>
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<td>Group Social Worker</td>
<td>Group Social Work</td>
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<tr>
<td>Marriage (Marital) and Family Counselor</td>
<td>Marriage (Marital) and Family Counseling</td>
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</table>
135-10-.03 Practice in Business Entities. Amended.

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

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

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

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

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

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

Although not expressly written for each competency, the stem “Marriage and family therapists...” should begin each. Additionally, the term “client” is used broadly and refers to the therapeutic system of the client/s served, which includes, but is not limited to individuals, couples, families, and others with a vested interest in helping clients change. Similarly, the term “family” is used generically to refer to all people identified by clients as part of their “family system,” this would include fictive kin and relationships of choice. Finally, the core competencies encompass behaviors, skills, attitudes, and policies that promote awareness, acceptance, and respect for differences, enhance services that meet the needs of diverse populations, and promote resiliency and recovery.
**Domain 1: Admission to Treatment**

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

**Domain 2: Clinical Assessment and Diagnosis**

<table>
<thead>
<tr>
<th>Num</th>
<th>Subdom</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Conceptual</td>
<td>Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Conceptual</td>
<td>Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Conceptual</td>
<td>Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).</td>
</tr>
</tbody>
</table>
| 2.1.4 | Conceptual | Comprehend individual, marital, couple and family assessment instruments appropria
<table>
<thead>
<tr>
<th>Num</th>
<th>Subdomain</th>
<th>Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.1</td>
<td>Conceptual</td>
<td>Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Conceptual</td>
<td>Understand the strengths and limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Conceptual</td>
<td>Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Perceptual</td>
<td>Assess each client's engagement in the change process.</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Perceptual</td>
<td>Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures and interactions with client to guide the assessment process.</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Perceptual</td>
<td>Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.</td>
</tr>
<tr>
<td>2.2.4</td>
<td>Perceptual</td>
<td>Consider the influence of treatment on extra-therapeutic relationships.</td>
</tr>
<tr>
<td>2.2.5</td>
<td>Perceptual</td>
<td>Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Executive</td>
<td>Diagnose and assess client behavioral and relational health problems systemically and contextually.</td>
</tr>
<tr>
<td>2.3.2</td>
<td>Executive</td>
<td>Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.</td>
</tr>
<tr>
<td>2.3.3</td>
<td>Executive</td>
<td>Apply effective and systemic interviewing techniques and strategies.</td>
</tr>
<tr>
<td>2.3.4</td>
<td>Executive</td>
<td>Administer and interpret results of assessment instruments.</td>
</tr>
<tr>
<td>2.3.5</td>
<td>Executive</td>
<td>Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.</td>
</tr>
<tr>
<td>2.3.6</td>
<td>Executive</td>
<td>Assess family history and dynamics using a genogram or other assessment instruments.</td>
</tr>
<tr>
<td>2.3.7</td>
<td>Executive</td>
<td>Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.</td>
</tr>
<tr>
<td>2.3.8</td>
<td>Executive</td>
<td>Identify clients' strengths, resilience, and resources.</td>
</tr>
<tr>
<td>2.3.9</td>
<td>Executive</td>
<td>Elucidate presenting problem from the perspective of each member of the therapeutic system.</td>
</tr>
<tr>
<td>2.4.1</td>
<td>Evaluative</td>
<td>Evaluate assessment methods for relevance to clients' needs.</td>
</tr>
<tr>
<td>2.4.2</td>
<td>Evaluative</td>
<td>Assess ability to view issues and therapeutic processes systemically.</td>
</tr>
<tr>
<td>2.4.3</td>
<td>Evaluative</td>
<td>Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.</td>
</tr>
<tr>
<td>2.4.4</td>
<td>Evaluative</td>
<td>Assess the therapist-client agreement of therapeutic goals and diagnosis.</td>
</tr>
<tr>
<td>2.5.1</td>
<td>Professional</td>
<td>Utilize consultation and supervision effectively.</td>
</tr>
</tbody>
</table>

Domain 3: Treatment Planning and Case Management

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

**Domain 4: Therapeutic Interventions**

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

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

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

**Domain 6: Research and Program Evaluation**

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

Overview: Social Media and Existing University Policy

The Social Media Guidelines at Mercer University are designed to be a seamless integration with existing University policies that help govern campus life at Mercer. With 11 schools and colleges on major campuses in Macon, Atlanta and Savannah and at four regional academic centers across the state, Mercer University has multiple policy handbooks that directly relate to the relevant environments. The Social Media Guidelines provide guidance for using different social media platforms within the context of these policies established by the University to govern student and staff (non-faculty) behavior. With regard to University faculty, and in keeping with the principle of academic freedom, the Social Media Guidelines are consistent with the Faculty Handbook.

The various policy handbooks can be found online at the following Web address:

http://www.mercer.edu/provost/handbooks/

Guidelines for Behavior

The emergence of social media has redefined the traditional communicative exchange within a college or university community. In years past, one-way communication was primarily controlled, thoughtfully crafted and carefully managed by a staff or faculty member, and the exchange was usually private. Today, in the social media environment, the communicative exchange can involve dozens of people, is dynamic and often impulsive, and is public. Notwithstanding, social media platforms provide enormous opportunities for institutions to effectively engage and connect their communities in ways unimagined years ago.

With that in mind, these guidelines are not designed to curtail or suppress the use of social media but rather encourage the appropriate use of such platforms. These guidelines will help focus your interactions with other users of social media across all platforms, including Facebook, Twitter, blogs, Second Life, Flickr, wikis, YouTube and other social media platforms.
Official Use Guidelines

While using social media, you have two identities. You are acting as both yourself and as a representative of the organization to which you belong. The guidelines in this document are here to help inform your conduct while managing or interacting with a social media platform officially affiliated with Mercer University.

A social media platform officially affiliated with Mercer University is defined as:

- The University’s official social media platforms that the University uses to interact with the public, alumni, current and prospective students, faculty and staff of Mercer.

- A social media platform established and maintained by a department of the University for interaction with the public, alumni, current and prospective students, faculty and staff of Mercer.

- A social media platform for a University course or event used for interaction with the public, alumni, current and prospective students, faculty and staff of Mercer.

Note: Personal social media pages that include references to the University or links to groups affiliated with the University are NOT considered “officially affiliated” for the purposes of these guidelines.

These guidelines should be followed both when managing and interacting with the various types of social media platforms. “Managing,” in this case, means that you are creating content for the platform and administering it completely. “Interacting,” in this case, means that you are not the administrator of the platform but choose to in some way interact with it.

Mercer University expects each member of the community to use Mercer’s information technology resources – including connections to resources external to Mercer that are made possible by Mercer University’s information technology resources – responsibly, ethically, and in compliance with the Information Technology Access and Use Policy, relevant laws, and all contractual obligations to third parties. The use of Mercer University’s information technology resources is a privilege. If a member of the Mercer community fails to comply with this policy or relevant laws and contractual obligations, that member’s privilege to access and use Mercer’s information technology resources may be revoked.

The Information Technology Access and Use Policy can be found at the following Web address:

http://it.mercer.edu/faculty/policy/it_access_and_use_policy.htm.
The University respects the rights of its faculty and staff to identify themselves as employees of the University on their personal social media platforms in whatever way they deem suitable while still expressing their personal opinion on any subject matter.

In order to avoid the appearance of speaking on behalf of the University when using a personal social media outlet, University faculty and staff might want to consider adding a note to their profile such as:

“I am an employee of Mercer University, but this social media platform is for personal use and my statements here don’t reflect the opinions of the University itself.”

Keep in mind that when using a social media service the user assumes all associated risks with using that service; this is outlined in the terms that are agreed to when one interacts with a social media service.

University Graphic Standards

The University’s Graphic Standards, http://www.mercer.edu/MarComm/standards/, are designed to protect the integrity and reputation of the University brand. As is the case with existing policy on the use of the University seal, logo or other official marks, managers and interacters of official University social media platforms should consult the standards manual for the protocols and procedures for using the University’s official trademarked materials.

Social Media Use on University Electronic Resources

The University policy regarding the personal use of school electronic resources can be found in the employee and student handbooks. Therefore, using a University computer to access your personal social media sites would fall under this existing policy.

General Guidelines

Honesty and accuracy

Be sure what you are posting is honest and accurate. Always verify your information before posting it. If you are in doubt about something, leave it out. To outside readers, your comments on social media can often be interpreted as “official” comments and positions of the University. So make sure you have all the facts before you post. It is also good practice to include a citation so others can verify your comments if necessary.

Privacy, confidentiality and intellectual property

Make sure whatever information you share, including representations and photographs, is public information. If you are discussing the work that a professor is doing, make sure you ask
him or her exactly what he or she feels comfortable sharing with the rest of the world. Do not post confidential or proprietary information about Mercer, its students, its alumni or your fellow employees. Follow University policies and federal requirements, such as FERPA. If you have given someone your word that a conversation will be kept private, then do not discuss it in social media platforms.

Respect others

Remember that your opinion is but one of many, and if you wish to sway others then it’s probably best that the language and tone that you use is respectful and considerate of varying vantage points. In the social media environment, where the definition of community has considerably expanded, being respectful of others is a bedrock principle.

Think before you post

Always remember: Think before you post. If you’re angry about something, delay your post until you have cooled off and had time to think. The one thing that is absolutely certain about social media is that it is public, in fact, viral at times. Your comments can be forwarded and copied multiple times, and search engines can retrieve posts years after they are posted. And even deleting a post or an entire social media page does not eliminate it because archival systems still save information. So always think before you post.

Transparency

Be honest and forthright about your identity and your official relationship with the University. And don’t wait for someone to ask who you are or for some crisis to arise. Identity yourself at the beginning of your post and indicate whether you are authorized to represent Mercer in social media. If the topic you are discussing represents something that you or your department has a special or vested interest in, mention that interest explicitly.

Guidelines for Academic Instruction

Drawing upon polices found in the Mercer University Faculty Handbook, the following statements specifically address instructional guidelines regarding social media practices:

As scholars and educational officers, [faculty/instructors] should remember that the public may judge their profession and their institution by their utterances. Hence, they should at all times be accurate, should exercise appropriate restraint, should show respect for the opinions of others, and should make every effort to indicate that they are not speaking for the institution.
A university or college may not impose any limitation upon the teacher's freedom in the exposition of his or her own subject in the classroom or in addresses and publications outside the college.

A university or college should recognize that the teacher in speaking and writing outside of the institution upon subjects beyond the scope of his own field of study is entitled to precisely the same freedom and is subject to the same responsibility as attached to all other citizens.

Mercer’s name may not be used on documents intended for political purposes, including soliciting funds for political support.

The University's guarantees of academic freedom presuppose that members of the faculty will act in a professionally responsible manner.

When they speak or act as private persons, [faculty/instructors] should avoid creating the impression of speaking or acting for their college or university.

In addition, if social media is a component of course design, then faculty/instructors should include a caution on their syllabi that states the following:

“Remember when using a social media service that the user assumes all associated risks with using that service; this is outlined in the terms that are agreed to when one interacts with a social media service.”

Faculty/Instructors may not use external social media systems to communicate sensitive, confidential, proprietary, or restricted information (FERPA/HIPPA), nor official notification of university business.

**Defining Social Media Platforms and How They Are Used**

Social media include a wide-range of technologies in which content is generated by the user. Included below are descriptions of many, though not all, social media platforms.

**Facebook**

Facebook is a social networking website that allows its members, also known as “friends,” to connect with other members of the site. Each member has the ability to post “status updates” (what he/she is doing at any given time); links to websites, news articles, and videos of interest; and personal photos and videos.
Users can connect to other users via a “friend request.” Once a user becomes “friends” with another user, the parties have access to each other’s “profile pages,” which can contain as much or as little personal information as the user would like.

In addition to connecting with “friends,” members can also connect with businesses and organizations they are interested in. These entities create “Fan Pages,” which host information about the business or organization. The Fan Page administrator can also post status updates, photos, videos, and links, and invite its “fans” to events.

Facebook also has “groups,” which are almost always initiated by an individual user – not by an organization or business. Groups are designed to connect users who have similar interests. Groups have profiles and cannot post status updates but can post photos and videos.

For more information about Facebook and how to create a Fan Page or Group, visit www.mercer.edu/socialmedia.

**Mercer and Facebook**
For a complete listing of the University’s Facebook Fan Pages, visit www.mercer.edu/socialmedia.

Mercer has an official Facebook presence, which can be found at www.facebook.com/merceruniversity. The page was created in May 2009 and is used to promote the University to students, alumni and friends. If your department would like to post something on the University’s fan page or create and/or publicize an event, please contact the Office of Marketing Communications at (478) 301-4024.

**Blogs**

Blogs are online journals. To create a blog, users must create an account with a blog platform, such as WordPress.com, blogger.com, or blogspot.com. To have a University hosted blog, please contact the Help Desk.

**Mercer and Blogs**
Mercer has several official blogs. For a complete listing, visit www.mercer.edu/socialmedia.

**Twitter**

Twitter is a micro-blogging site that allows its members to connect with other users, or “followers.” Members post “Tweets” that are distributed to their followers via their Twitter homepages.

Tweets are short updates/messages and can contain links of interest or messages the user thinks his/her followers will find interesting.
To learn more about Twitter, how to create an account and how to use the service, visit www.mercer.edu/socialmedia.

**Mercer and Twitter**
Mercer has an official Twitter feed that was created in May 2009. The feed can be found at www.twitter.com/merceryou. More often than not, Mercer’s Twitter feed is linked with Facebook. Any time a tweet is sent, the same message is sent through Mercer’s Facebook account. If you would like a message posted on Mercer’s Twitter feed, please contact the Office of Marketing Communications at (478) 301-4024.

**YouTube**

YouTube is a video sharing website. Upon creating an account, users can upload and share videos. To learn more about creating a YouTube account and how to upload videos, visit www.mercer.edu/socialmedia.

**Mercer and YouTube**
Mercer has an official YouTube site, which can be found at http://www.youtube.com/MercerUniversity. There, visitors can find videos produced by various University departments. If your department would like to produce a video to post on YouTube, please contact the Office of Marketing Communications at (478) 301-4024.

**LinkedIn**

LinkedIn is a networking site designed for professionals. Through LinkedIn, users can post their resume, connect with other users in the same field, and make business referrals. Members can also join “groups,” where people with the same interests can share articles, post job listings and network with others in their field.

**Mercer and LinkedIn**
Mercer has one official LinkedIn group for alumni. Mercer’s group can be accessed by visiting Mercer’s social media site: www.mercer.edu/socialmedia. For more information about creating a LinkedIn group, visit www.mercer.edu/socialmedia.

**Second Life**

Second Life is a 3D virtual world that allows users to interact in an immersive online experience using an avatar. An avatar is a user’s graphical representation in the virtual environment. In Second Life, users can create avatars and then further define their avatar’s appearance and persona.
**Mercer and Second Life**
Mercer University has a presence in Second Life with a Second Life Island. Mercer’s Second Life Island serves as a safe and educational environment for class and social interaction for faculty, staff and students.

Users can download the Second Life software and create their avatar by visiting [http://secondlife.com](http://secondlife.com). Second Life is a Multi User Virtual Environment (MUVE) created by the users. Faculty or staff members who would like to create a presence on the Island can request permission to build on the island through Mercer’s Information Technology department by contacting the Help Desk at (478) 301-5521.

**Ning and Other Stand-Alone Social Networking Applications**

Ning.com provides an online tool that allows users to create their own social network, whether for business, education, or any personal interest. There are other tools available through outside vendors that will allow users to customize a social networking interface to suit particular needs, rather than being restricted by the parameters already set by existing social networking sites.

**Flickr**

Flickr.com is an online photo sharing site that allows users to upload, tag, and share images through a user’s Flickr account or via social media accounts. Users may grant permission for visitors to download their photos, make comments, or share to their own personal social networking accounts.

Mercer’s Office of Undergraduate Admissions maintains a Flickr site. It may be accessed by visiting [www.mercer.edu/socialmedia](http://www.mercer.edu/socialmedia).

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