Family Therapy
Practicum and Internship
Handbook

Family Therapy Program
Valdosta State University

Last updated January 2013. Next scheduled complete review and revise is 2014
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**Equal Opportunity Statement**

Valdosta State University is an equal opportunity educational institution. It is not the intent of the institution to discriminate against any applicant for admission or any student or employee of the institution on the basis of sex, race, religion, color, national origin, disability, or sexual orientation of the individual. It is the intent of the institution to comply with the Civil Rights Act of 1964 and subsequent Executive Orders, as well as Title IX, Equal Pay Act of 1963, Vietnam Era Veterans Readjustment Assistance Act of 1974, Age Discrimination in Employment Act of 1967, and the Rehabilitation Act of 1973.

To read VSU’s anti-discrimination policies and procedure go to the following links:

**Americans with Disabilities**

**Non-Discrimination Policy**

**Anti-Harassment Policy**

**Sexual Assault & Intimate Partner Violence**
[http://ww2.valdosta.edu/vsu/policies/documents/3004.1VSUSEXUALASSAULTPolicy.pdf](http://ww2.valdosta.edu/vsu/policies/documents/3004.1VSUSEXUALASSAULTPolicy.pdf)

**Title IX Notice of Non-Discrimination**
Welcome to the clinical world of therapy. You are about to begin practicum, the practice part of your education, during which you receive clinical training and experience at FamilyWorks, VSU’s family therapy clinic, and/or at an internship site in the community. For the next year or more of your life, in addition to your academic work, you will be spending a great deal of time working directly with people. The practicum experience is designed to help you pull together practice and the theoretical aspects of your education. It is during the year of practica that you apply your theoretical thinking and begin building clinical skills in actual practice. It is your first opportunity to apply your classroom learning to real people and real problems. The practica assist you in building skills and give you some of the experience that you will need to be successful in a variety of therapeutic and employment situations.

Among other things, this handbook will explain what client contact hours are, how many you need, what you will need to do to get them, provide examples of the forms that you need to document client contact hours, describe the steps that you need to take to get established at an internship site and in your first practicum, and much, much more. You are responsible for familiarizing yourself with the contents of the handbook.

This handbook is revised continually on an “as necessary” basis. If you see errors or have thoughts about something that should but is not in the handbook, please let me know. A thorough and comprehensive review and revision occurs every year during the faculty annual strategic planning retreat.

I hope your practica experience is a most rewarding one.

Martha Laughlin
Clinical Director
Student Learning Outcomes

This MFT Program has, as an aspect of its Educational Outcomes, Student Learning Outcomes (SLO’s). They are as follows:

SLO 1 - Practice from a culturally sensitive lens.

The following tools measure SLO 1:
The Exit Survey, which you will take when you are about to graduate, and the Student Demographics Database which track, in part, the number of students who meet graduation requirements. And, as you know, graduation requirements include classes in which students are evaluated on their ability to conceptualize and practice from a culturally sensitive lens. These classes include, MFTH 7600 Practicum in MFT, MFTH 7650 Foundations of Family Therapy, MFTH 7050 Race, Class, & Gender Issues, MFTH 7102 Interventions, MFTH 7500 Development in the Family System, and MFTH 7602 Couples and Sex Therapy.

SLO 2 - Practice from a systemic lens.

The following tools measure SLO 2: The Exit Survey and the Student Demographics Database which track, in part, the number of students who meet graduation requirements. And, as you know, graduation requirements include classes in which students are evaluated on their ability to conceptualize and practice from a systemic lens: MFTH 7600 Practicum in MFT, MFTH 6800 Orientation to Marriage & Family Therapy Practice & Ethics, MFTH 7101 Family Systems Theories, MFTH 7102 Interventions in MFT, MFTH 7400 Psychopathology & Psychopharmacology in MFT.

SLO 3 - Be prepared to obtain entry-level employment in mental health agencies.

The following tools measure SLO 3: The Exit Survey, which provides students’ self-assessment of their preparedness and intent to obtain entry-level mental health employment and the Alumni Survey, which measure graduates’ rates of employment in mental health and progress toward or achievement of licensure in MFT.

SLO 4 - Claim the professional identity of Marriage and Family Therapist

The tools that measure SLO 4 are that part of the Exit Survey data that demonstrates students’ alignment with the professional identity of Marriage and Family Therapy and that part of the Alumni Survey data that measures graduates’ rates of employment in mental health and progress toward or achievement of licensure in MFT.

In short, these SLO’s mean that by the time you graduate, this program will have provided you with these four, overarching learning outcomes.

SLO 1: Practice from a culturally sensitive lens.
SLO 2: Practice from a systemic lens
SLO 3: Be prepared to obtain entry-level employment in mental health agencies.
SLO 4: Claim the professional identity of Marriage and Family Therapist
You’ll likely have noticed that the practice course, *MFTH 7600 Practicum in MFT*, plays a significant part in the achievement of your ability to practice systemically, from a culturally sensitive lens, both of which help you develop a professional identity as an MFT and prepare you to obtain your first job.

### Working On Your Own At the Clinic

Your practical experience runs for one year, across three consecutive semesters. It is during this time that you will accrue the required 500 or 600 hours of client contact and 100 hours of supervision. These hours can be accumulated at just FamilyWorks, if you choose, or as a combination of work at FW and one or more internship sites.

### Clinical Readiness Policy

Prior to registering for clinical practicum and working with the public, you are assessed for clinical readiness at different times and in different ways:

1.) **Comprehensive Exam I**
   - The *Comprehensive Exam I – Application for Clinical Practica* (a copy can be found on the MFT website under “Resources for Students”) consists of a faculty evaluation of your *Application to Clinical Practicum*. This first formal faculty assessment of clinical readiness ascertains whether the student is ready to begin practica, a phase of your graduate study that entails face-to-face contact with the public. Students are screened for trustworthiness, reliability, professionalism, the ability to exercise self-responsibility, and their willingness to learn. These categories of personal maturity reflect something about your academic readiness to work with the public and your ability to manage peer and faculty interactions in a clinical setting. Since beginning the program and prior to the *Comprehensive Exam I - Application to Clinical Practicum*, faculty members have been making informal, observational assessments of students’ maturity. During this time, faculty are thinking about each student’s ability to manage responsibility, integrate the core concepts necessary for clinical practice, behave with honesty and integrity, and interact with others in a professional, sensitive, and compassionate manner. Group projects are one area, for example, that can test students’ ability to work as a team, manage stress and responsibility, and resolve differences in a professional manner.

2.) **Release to Work Alone**
   - A second level of clinical readiness occurs after a student has begun practicum, when faculty members serving as the student’s supervisors must determine whether a student can be released to work with clients on his or her own, without a faculty supervisor present. This determination is usually made by observing the student work in the room with a client. The decision to release a student to work with clients without immediate and direct supervisory presence is guided by an assumption of “first do no harm” (Becvar, Becvar, & Bender, 1982, p. 385). When the faculty supervisor, given all that she knows about a given student, can say that she does not believe that the student would harm a client if left to work alone outside the presence of a supervisor, then the faculty member can ethically and reasonably release an otherwise inexperienced student therapist. The faculty agrees that many, perhaps most,
beginning students may not yet be able to facilitate change; however, as long as the student can work ethically, professionally, respectfully, and responsibly, he or she is deemed ready to begin an important phase of becoming skilled: that of working with the public on his or her own.

3.) Comprehensive Exam II

Near the end of your second practicum, you will be submitting the second part of the Comprehensive Exam. Details of the exam can be found in your syllabus and in the *Family Therapy Student Handbook*. At the end of the second semester in MFTH 7600 Practicum in Marriage and Family Therapy, students submit a Statement of Orientation to Therapy. This statement is a description of the student’s philosophy of therapy with specific attention to how the student understands therapeutic change. A description of the content that must be addressed in the Statement as well as the required writing conventions will be disseminated by the instructor of MFTH 7600 Practicum in Marriage and Family Therapy at the beginning of the semester.

Students are encouraged to discuss the development of the Statement of Orientation to Therapy with their professors. In addition, students may ask for formal feedback by turning in a draft on the Midterm date, (see graduate catalog or the Registrar’s Academic Calendar online for Midterm date). For the Summer term, the Midterm date for Summer Session II (also called Full Summer) will be used. Students who desire formal feedback should:

1.) Provide each faculty member with a hard copy of the draft
2.) Send each faculty member an electronic version of the document
3.) Provide each faculty member with contact information including email addresses and phone numbers. This draft will be evaluated by each MFT faculty member and returned with comments. Drafts turned in after this date will not be evaluated.

The final draft of the Comprehensive Exam II is due on the Last Class Day. This date is published every semester in the electronic version of the Registrar’s Academic Calendar. If your second practicum falls during the Summer term, the Last Class Day for Summer Session II (also called Full Summer) will be used.

A statement of your orientation to therapy is an articulation of your theory of therapeutic engagement and therapeutic change. Statements should reflect a cohesive, consistent theoretical orientation. Your writing should be succinct and clear. Whenever possible, include examples or case vignettes that illustrate your points. Your statement should:

1.) Describe your clinical stance. Articulate the ways you relate to clients, and describe the kind of relationship you seek to establish with your clients.
2.) Discuss what relational or systemic concepts inform your ideas about therapeutic problem formation? Your answer should include a description of what you consider to be important features of a therapeutic problem.
3.) Discuss your ideas about how change occurs. Carefully cite those theorists and practitioners that inspire your philosophy of change.

Your Statement must be written in strict adherence with APA 6th conventions. Statements must be written in the first person. Carefully cite all ideas, theories, and concepts. Statements
The Buddy System
Whenever you are at FamilyWorks with clients, there must be at least one other person from the program in the building with you. This can be a co-therapist, a team member, or a fellow-student who is willing to simply be in the building while you see the client. One convenient way to do this is to coordinate your schedules, so that you and a colleague have clients at the same hour in different rooms. If, in your judgment, there is no risk being alone in the clinic, then you may seek supervisor permission to do so.

Assignment of Cases to Therapists
Once your practicum supervisor has given you permission to begin seeing clients at the clinic on your own, you will submit a Therapist Availability form, which tells the GA’s what days and hours you want to see clients at the clinic. You will receive cases in the following way:

1. When a GA receives a new intake call, she or he will ask the caller what specific days and hours she or he can be seen. The GA will then consult the Therapist Availability book and, beginning with the therapist at the top of the rotation list, work down through the list for the therapist that has available the day and time that the client needs. The GA will then slot the client’s name into that therapist’s schedule. (The more hours you have available, the greater the likelihood that you will be able to build a caseload of clients.)

2. Let’s say that the client needs a Wednesday at 2pm, which is one of the slots that you have designated as available. The GA will give the caller your name and restate for them the day and time of the session. Afterward, the GA will alert you by email and/or a phone that a client has been scheduled into your Wednesday, 2pm slot.

3. You are responsible for sending a return email or phone call that lets the GA know that you have received the message and that you are aware of the pending session. Once the GA has received your confirmation, he or she will note on the intake form that you have confirmed acceptance of the case.

4. As soon as possible after confirming your acceptance of the new case, place a call to the family, introduce yourself and confirm the date and time of the session (or change it, if need be).

5. When you receive a new case, your name will go to the bottom of the rotation list, so that the next client will be assigned to another therapist unless your schedule availability is the only one on the rotation list that offers a client family the time they need. Personal referrals—clients that specifically request you—always go to the therapist who has been requested, even if that he or she is not at the top of the rotation list.

6. Once a therapist receives a new case, even by personal request, his or her name goes to the bottom of the rotation list.

7. If you get a new case and the first session is a no-show, your name still goes to the bottom of the list. (Establishing some therapist-client relationship through a good pre-first-session phone contact often goes a long way toward preventing first session no-shows.)
8. Co-therapists and team members are not part of the rotation list: They retain their same place on the rotation list, regardless of how many cases they accept as co-therapist or team member.

Note: As soon as you are permitted to see clients at the clinic, you must begin checking your email and/or home phone on a regular basis. The onus is on you to learn when you have been assigned a new case. It is imperative that you stay alert to your schedule and that you notify the GA’s of any changes to your contact numbers.

Co-Therapists and Teams
You select your own co-therapists, and they can request to work with you. When you agree to work with a fellow-student as either co-therapist or team member, you share the same degree of responsibility for the case as the originally assigned therapist. You will work out together who writes the notes, but both therapists sign case notes, respond to phone calls, write letters, establish mutually agreeable session times, and keep open lines of communication with the family. Team and co-therapy participation is a commitment. In addition, both therapist and co-therapist are responsible for maintaining confidentiality—proper storage and locking of case files, scheduling book, money, videos, and the observation room—and leaving the clinic in proper order.

Revising Therapist Availability Sheets
You are responsible for updating your Therapist Availability Sheet, which must be done whenever you accept a new case, whether as therapist, co-therapist, or team member. For example, if you agree to work as co-therapist with a colleague seeing a family with whom you will meet regularly on Friday at 3pm, you must submit a revised Therapist Availability Sheet showing that the 3pm Friday slot is no longer available.

Telephone Dependability
When you begin practicum, you will need to develop consistent and dependable telephone habits. You will need to monitor two phones: your home (cell, etc.) phone and the clinic phone. You will need to stay abreast of your email or home or cell phone in order to assure that you know as soon as possible that you have a new case.

Professional Conduct
FamilyWorks therapists do not conduct their practices like a medical doctor’s office where it is acceptable to wait for 30 minutes or more. When your clients arrive, greet them as soon as you can. Do not leave them out in the waiting room wondering if anyone knows they are there. Be punctual, start your sessions on time. There are times, of course, when for emergency reasons, this may be impossible. When that is the case, do everything you can to let your waiting clients know how much longer you will be. Be respectful of their time and feelings.

DVD Recording
The MFT program encourages students to record their clinical work whenever you are working at FamilyWorks. Watching yourself conduct therapy is extremely helpful. You will learn a great deal by reviewing your work, so make a regular habit of recording and reviewing your DVD’s. If you wish to show a DVD to a professional audience outside of Valdosta State University, you must contact all of the family members who signed the original Therapy Agreement and who
appear on the tape, explain your intentions to them, and get a release signed by them in advance of your presentation.

1. Students must be continually cognizant that recorded sessions constitute highly confidential material.
2. Each student must purchase DVD’s for use during each semester. However, recordings are the property of the MFT program and under no circumstances copied, disseminated, or removed from the clinic.
3. Each DVD must be labeled with the student’s name, the name of the client, and the date(s) of the session(s).
4. DVD’s are stored in the filing cabinet in the filing room.
5. At the end of each semester, shred all DVD’s used during the semester that will not be used during the upcoming semester. If you are still taping onto or watching sessions from continuing clients, certainly those can be retained. However, clinic policy is that DVD’s should be shredded as soon as possible after the client is no longer been seen or the student is no longer watching the sessions. The DVD shredder is located in the file room.

Remember

- When finished in the observation room or if you are the last one leaving the clinic, all unused DVD’s need to be put back in the appropriate filing cabinet of the File Room.
- DVD’s NEVER leave the clinic under any circumstances.
- DVD’s are NEVER viewed in public places or in the presence of people that have not read and agreed to the Confidentiality Statement (DVDs can be watched in the Client File Room on the designated computers).

How You Are Evaluated In Practicum

Clinical work is evaluated as “pass” or “fail.” It does not receive a letter grade. However, evaluation of your work is important, since, as clinicians-in-training, you are going to want to know where you need improvement as well as what you are doing well. Each semester your faculty supervisor will evaluate your therapeutic work in practicum using a form that assesses clinical skills. Designed by three faculty members in the Family Therapy Program at Nova Southeastern University, this assessment form was the subject of a 1996 Family Process article that describes how the authors’ thought about each assessment category and how they went about constructing the evaluation. You are encouraged to read the article, study the form, and use it to evaluate yourself as you progress through your practica. The Practicum Evaluation form can be found on the MFT webpage under Resources for Students.

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What You Need For Practica & Internships

Have the Principle of Confidentiality in Your Bones
All communications that you have with your clients are confidential. Failure to protect clients’ privilege to have their communications held in confidence can result in any or all of the following: expulsion from AAMFT, expulsion from your state professional organization, expulsion from Valdosta State University, a lawsuit against you, and loss of your professional license or the ability to seek licensure. Before you begin your practica experience, you must know the following information about confidentiality, understand its gravity, and be prepared to act accordingly.

Know All About Confidentiality
Only under specific legal circumstances can you divulge information about the therapeutic work that you are doing with your clients.
- When clients give you written permission to talk to someone else about them
- When the client tells you things that the law requires you to divulge, such as child or elder abuse, intention to harm another person or him or herself.
- When a court order, signed by a judge, orders you to divulge information.

At any time that these specific conditions are not present, you must not give information of any kind about your client(s) to any person. This means that if anyone—a judge, a caseworker, a pastor, a spouse, a doctor—were to call and ask if a certain person was being seen at FamilyWorks or ask about a particular client’s therapy, you tell the caller that in the absence of a signed release of information, you cannot discuss clients in any form. This includes relaying whether a certain person is or was a client at FamilyWorks. Written communications are afforded the same privilege of confidentiality given to verbal communication. Clients’ case records and DVD recordings are confidential material. Both client records and DVD’s are to be kept locked in the respective filing cabinet in the filing room and door to the Student Breakroom must be kept locked at all times. Case files leave the clinic only if needed for court.

Handle Confidential Material Mindfully
It is important to maintain an atmosphere of professionalism at FamilyWorks. This means that while you are bound by formal ethics and laws of confidentiality, more informal constraints should guide your behavior at the clinic. Clients should see that confidentiality is always uppermost on your mind. Hold conversations about clients behind closed doors. Do not leave files and case-related forms lying around. View videotapes, including role-playing and training tapes, at times or in places that no one else will see or hear them. If a client sees you viewing a tape, she can’t tell whether the tape you are watching is a role-play or a real family. She may conclude that you are willing to be casual with confidentiality.

Transport Confidential Material Carefully
When you transport a DVD or client record file, always think in terms of protecting clients’ privilege of confidentiality. You are expected to follow the policy and procedure for transporting confidential material (see Transporting Confidential Material in the FamilyWorks Policy and Procedure Manual).
Use ROI’s Liberally
If you receive an ROI, always review it carefully. Make sure that the proper signatures, dates, and parameters are in place. Sometimes you may have a release of information but still be uncertain or have a question about confidentiality. Before you act, consult with your supervisor or a faculty member.

Buy a Liability Insurance Policy
To work with clients at FamilyWorks or at an internship site, you must have a liability (malpractice) insurance policy that you maintain throughout the time that you are working with clients at VSU. At the beginning of your practica experience, before the first meeting of the practicum, you must attach a copy your policy declarations page (often called Certificate of Coverage or Proof of Coverage) to the Director of Clinical Training. This is proof that you own a liability insurance policy. You may need to renew this policy before you graduate. With each renewal, provide an updated copy of the Certificate of Proof of Liability Insurance.

How Do I Get Liability Insurance?
The easiest, probably least expensive, and most logical place to get liability insurance is through your professional organization, the American Association of Marriage and Family Therapists (AAMFT). When you join AAMFT as a student member, your membership entitles you to Student Malpractice Insurance through CPH and Associates. To join AAMFT as a student member, go to www.aamft.org and follow the appropriate links.

Develop Good Communication Skills
To see clients in practicum or as a solo therapist at FamilyWorks, you must have a reliable answering machine or voice mail at home and a working email account. You are responsible for making sure that FamilyWorks has your current contact information. In order for you to see clients at the clinic, particularly outside of practicum, you must have the technological means of making yourself expeditiously available. You are responsible for all aspects of your client caseload including coordinating and scheduling appointments with your co-therapist or team, retrieving messages from the clinic phone, writing notes and any necessary letters, and returning your clients’ calls.

All About Client Contact and Supervision Hours

Graduation Requirements
One of your graduation requirements is the accrual of a several hundred hours of client contact, a significant portion of which must be accrued at FamilyWorks working face-to-face with clients. The reason for this is that the best quality clinical hours are accrued here through the university clinic. Here, you have the freedom to mindfully practice the art and science of change as you have learned to do it. While there is value in internship experiences, they tend not to offer as many opportunities for working with couples and families, and they place constraints on the way you can conduct your therapy sessions because they themselves are constrained by Medicaid, Medicare, state, local, and federal rules, regulations and policies, poor funding, convoluted billing procedures, and accrediting bodies.
For Students Who Entered the Program Before the Fall of 2012. You are required to complete 100 hours of supervision, of which 50 must be individual, and 500 hours of client contact, 250 of which must be a combination of couples and families.

For Students Who Entered the Program On or After the Fall of 2012. You are required to complete 100 hours of supervision, of which 50 must be individual, and 600 hours of client contact, which are distributed as follows:

### Incoming Classes of 2012 & 2013

<table>
<thead>
<tr>
<th>600 Required Hours</th>
<th>Quality of Hours</th>
<th>Location of Hours</th>
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<tbody>
<tr>
<td>150 minimum</td>
<td>Face-to-Face</td>
<td>FamilyWorks only</td>
</tr>
<tr>
<td>250 minimum</td>
<td>Face-to-Face</td>
<td>FamilyWorks &amp; Internship</td>
</tr>
<tr>
<td>100 maximum</td>
<td>Direct Clinical Experience&lt;sup&gt;2&lt;/sup&gt;</td>
<td>FamilyWorks &amp; Internship</td>
</tr>
<tr>
<td>100 maximum</td>
<td>SL, GA, Class Contact and Behind the Mirror</td>
<td>FamilyWorks only</td>
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### Incoming Classes of 2014 - 2016

<table>
<thead>
<tr>
<th>600 Required Hours</th>
<th>Quality of Hours</th>
<th>Location of Hours</th>
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</thead>
<tbody>
<tr>
<td>200 minimum</td>
<td>Face-to-Face</td>
<td>FamilyWorks only</td>
</tr>
<tr>
<td>250 minimum</td>
<td>Face-to-Face</td>
<td>FamilyWorks &amp; Internship</td>
</tr>
<tr>
<td>50 maximum</td>
<td>Direct Clinical Experience</td>
<td>FamilyWorks &amp; Internship</td>
</tr>
<tr>
<td>100 maximum</td>
<td>SL, GA, Class Contact &amp; Behind the Mirror</td>
<td>FamilyWorks only</td>
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### Incoming Class of 2017 and all classes thereafter

<table>
<thead>
<tr>
<th>600 Required Hours</th>
<th>Quality of Hours</th>
<th>Location of Hours</th>
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<tbody>
<tr>
<td>250 minimum</td>
<td>Face-to-Face</td>
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<td>200 minimum</td>
<td>Face-to-Face</td>
<td>FamilyWorks &amp; Internship</td>
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<tr>
<td>50 maximum</td>
<td>Direct Clinical Experience</td>
<td>FamilyWorks &amp; Internship</td>
</tr>
<tr>
<td>100 maximum</td>
<td>SL, GA, Class Contact and Behind the Mirror</td>
<td>FamilyWorks only</td>
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</table>

How and Where Do I Get My Client Contact Hours?
There are two sources for client contact hours: FamilyWorks and a variety of internship sites. When you have passed Comprehensive Exam I and the faculty has reviewed your readiness to begin doing therapy with the public, you will begin the first of three consecutive practica. You

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<sup>2</sup> This program has adopted some Georgia state licensing law language, most notably, the state definition of “direct clinical experience (DCE), which State of Georgia licensing law defines as “time spent . . . in supervision, case staffing, or case consultation.”
may wish to take more than the required three, and we encourage you to do so. A practicum can be an elective course.

**When Can I Start Accruing Client Contact Hours?**
You can start counting your client contact on the first day of your first semester in your first practicum or internship.

**What Supervision Hours Do I Need to Graduate?**
As long as you are clinically active, whether in practicum, working on you own at FamilyWorks, or at an internship site, you must be under supervision with a Georgia state licensed, AAMFT Approved Supervisor or Supervisor-in-Training. In addition to the 600 hours of client contact, students must also accrue a total of 100 hours of supervision, 50 of which must be individual. For the most part, this person will be a faculty member. In this area, there are no other supervisors who meet these requirements. Supervision hours with a site supervisor who is neither a AAMFT Approved Supervisor nor licensed in the state of Georgia do not count toward your required 100 hours of supervision, which means that for university purposes, you do not need to document these supervision hours.

You must receive at least one hour of supervision for every five hours of direct client contact: a 5-to-1 ratio. Students will receive at least 25 hours of supervision based on direct observation or DVD/videotape.

You need a 1:5 ratio of supervision to client contact. This means that for every five hours that you are having contact with clients, you must meet with your supervisor for one hour. For example, if you are spending five hours a week in the room with clients, then you will meet with your supervisor for a minimum of one hour each week. If you are spending 10 hours a week in the room with clients, then you will meet with your supervisor for 2 hours each week.

To sum up, your supervision hours must look like this:
- 100 hours of supervision, 50 of which must be individual
- 1-to-5 supervision to client contact ratio
- minimum 25 hours of supervision based on direct observation or DVD/videotape

**What Happens If My Course Work is Finished, But I Don’t Yet Have All My Hours?**
If, at the completion of the required consecutive three practica, you do not yet have the required configuration of hours, you must register for either MFTH 7980, Internship in Marriage and Family Therapy, or for additional practica (space permitting) until these requirements are met. The MFT Program or faculty cannot guarantee that you will graduate on your projected goal-date. Client contact at both FamilyWorks and internships is variable and cannot be predicted.

**Documenting Client Contact and Supervision Hours**
You are responsible for tracking and documenting your clinical hours, which must be recorded on forms provided by the program. The forms that you will be using during the time that you collect client contact and supervision hours are the Client and Supervision Contact Form and the Grand Total Sheet. In addition, a worksheet, the Client and Supervision Contact 2-Year
Worksheet, is available to help you track your client and supervision contact hours across the months that you are in the program.

Each week that you meet for practicum, you will document the number of client and supervision contact hours that you accrued on the Client and Supervision Contact Form. Present the form to your supervisor for her initials at the end of each night of practicum night.

The definitions below will help you know how to categorize your hours.

**Client Contact and Supervision Defined**
During each practicum, you will be seeing families, individuals, and/or couples. In addition, you may be seeing clients at an internship site. Thus, you need to know what constitutes client contact and supervision.

**Direct Client Contact Defined**
Direct or face-to-face client contact means that you must be physically in the room as therapist or co-therapist, doing face-to-face therapy from a relational orientation with a family, an individual, a couple, or a group. Activities such as telephone contact, case planning, record-keeping, administrative activities, consultation with community members or professionals, or supervision, do not qualify as direct client contact.

**Behind the Mirror**
This is just what it sounds like. When you are sitting behind the one-way mirror watching someone else conduct therapy in the session room, you are accruing “Behind the Mirror” client contact time.

**Client Contact Hours**

- **Individual:** When you see one individual in the therapy room.
- **Couple:** When you see a single couple in the room.
- **Family:** When you see a single family in the room.
- **Relational:** Relational hours are Couple and Family hours added together.
- **Group**
- **Groups of Couples**
- **Behind the Mirror** When you watch from behind the mirror as a therapist(s) works with clients in the therapy room, log this time into the cell that intersects the “Individual Alternative” column and the row denoting the date of contact intersect with the individual.
Supervision Defined
Supervision can occur as either individual or group supervision.

**Individual supervision:** The presence of one or two students is individual supervision.

**Group supervision:** The presence of three or more students is group supervision.

As an individual or as part of a group, supervision occurs in any of the following three ways:

**Live:** Live supervision is when your supervisor observes you conducting face-to-face therapy in real time. The supervisory observation can be through a one-way mirror, a TV monitor, or other observation device.

**DVD/Video:** DVD/Video supervision occurs when you and your supervisor view and discuss a DVD or videotape of you conducting therapy.

**Case Report:** Case report is when you and your supervisor sit and have an after-the-fact conversation about therapy that occurred at some earlier point. DVD or video do not accompany the supervisory conversation.

Simultaneous Client Contact and Supervision
If you have a supervisor watching in real time through a one-way mirror or a TV monitor as you conduct face-to-face therapy, then you are simultaneously having face-to-face client contact and getting supervision. You get credit for both client contact and supervision time. For example, if, while in practicum, you work in the room with a family for one hour while your supervisor and the team work with you from behind the mirror, you receive one hour of direct family contact and one hour of live, individual supervision. Your team members, on the other hand, receive one hour of behind-the-mirror family contact and one hour of live group supervision.

Supervision at an Internship Site
If your internship site supervisor is an AAMFT Approved Supervisor, Supervisor-in-Training, or Approved Equivalent, you will receive both clinical and administrative supervision at your internship site. However, given the paucity of AAMFT Approved supervisors in Lowndes county and surrounding areas, you will most likely receive only administrative supervision from your site supervisor. Your faculty supervisor will provide clinical supervision. Any time that you are seeing clients, whether at your internship or at FamilyWorks, you are responsible for assuring that you are receiving a minimum of one hour of supervision for every five hours of client contact. This may entail weekly or once-every-other-weekly supervision sessions with your faculty supervisor. Each semester, your current practicum supervisor will make at least one phone contact and one visit to your internship site.

Submitting Client Contact and Supervision Hours
During the course of the semester, copy the information (dates and contact hours) from the sheets that your supervisor initials each week onto the Excel version of the Client Contact and
Supervision Tracking Forms (Client Contact – Excel and Supervision – Excel) on your computer. As you do this, the arithmetic calculations on the Excel form will tally up totals for you.

At the end of each semester there is usually a break of several days or a week or so when you may still see clients but you are no longer in practicum. During this time, the supervisor of the most recently completed semester remains your supervisor until the first day of the new, upcoming semester, at which point the new supervisor takes over. The supervisor of the most recently completed semester supervisor will be the person who continues to initial your client contact hours up until the first day of your next practicum. When you start the new semester, you also start a new Client and Supervision Contact Sheet. the following applies to the accrued and documented hours for the semester just completed:

1. By email attachment, send a copy of the Client and Supervision Contact Sheet to the Director of Clinical Training (Dr. Laughlin at mjlaughl@valdosta.edu).
2. Submit matching hardcopies of the Client and Supervision Contact Sheet that has your weekly supervisor’s initials to the Director of Clinical Training. The Director of Clinical Training will reconcile the numbers and dates on the initialed copy with the numbers and dates on the electronic version, then return the initialed copy to you. At the point of graduation, all of your Client and Supervision Contact Sheets and your Grand Total Sheet will be printed out and placed in your permanent student file.

   NOTE:
   a. Do not mix hours accrued from different semesters. Start a new set of forms each semester.

Note: You will not be cleared for graduation until the Clinical Director has reconciled your initials sheets with your electronic sheets and signed off on your Grand Total Sheet

All About Internships

The opportunity for intense, closely supervised, and widely varied clinical experience is an important aspect of your graduate education in family therapy. Internship sites offer the opportunity for students to specialize in work with bilingual families, families with a developmentally delayed child, families coping with a chronically physically or mentally ill family member, and other special populations. You may begin an internship at an off-campus site once you are registered for your first practicum. A list of internship sites can be found below. However, you are not restricted to this list. You are encouraged to locate your own internship site if you have a particular interest in a site or a population that is not shown here.

How Do I Go About Getting an Internship?

Because they get anxious about establishing an internship early on, many students take it upon themselves to approach supervisors and directors at various internship sites and discuss the possibility of an internship. This is perfectly acceptable. If you have a special contact in the area, don’t hesitate to talk with them about what you’re looking for. However, if you feel you need or want help with securing an internship, email the Director of Clinical Training, and make a time to meet and discuss it. Here’s a list of some of our more frequented internship sites:
<table>
<thead>
<tr>
<th>Greenleaf</th>
<th>Heritage Nursing Home</th>
<th>Turning Point</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wiregrass Technical College</td>
<td>Raintree Village</td>
<td>LAMP (homeless shelter)</td>
</tr>
<tr>
<td>Georgia Military College</td>
<td>Children's Advocacy Center</td>
<td>Palm Tree Psychological</td>
</tr>
<tr>
<td>Better Mood Clinic</td>
<td>STE Counseling</td>
<td>Georgia Pines (Thomasville)</td>
</tr>
<tr>
<td>Satilla Community</td>
<td>Migrant Farmworkers Clinic</td>
<td>New Beginnings (Felicia)</td>
</tr>
<tr>
<td>Child &amp; Family Guidance</td>
<td>A Positive Intervention</td>
<td>Public Health (Brenda)</td>
</tr>
<tr>
<td>Health Dept.</td>
<td>Partnership for Health</td>
<td>Pines Family Campus</td>
</tr>
<tr>
<td>BHS - Valdosta</td>
<td>Vashti</td>
<td>Dept of Juvenile Justice</td>
</tr>
<tr>
<td></td>
<td>Pathways to Hope</td>
<td>Hospice of SG</td>
</tr>
<tr>
<td></td>
<td>SWSH</td>
<td>Choices for Life</td>
</tr>
<tr>
<td>Haven</td>
<td>Archbold Northside Hospital</td>
<td>Phoebe Hospital (Albany)</td>
</tr>
</tbody>
</table>

**Gathering the Paperwork for an Internship**

An Internship Packet is required for each internship site. When you accept the internship, contact the Clinical Director and let her know that you have accepted the internship and that you need an Internship Packet. (If you and the Clinical Director agree, you may take the Internship Packet to the interview with you so that you and your site supervisor can review and complete the forms at that time.) Review the Packet, since there are a number of forms with which you need to be familiar. Review the mid-term and final evaluations so that your supervisor is familiar with what he or she will need to do to evaluate you. Explain that you will take responsibility for alerting him or her when an evaluation needs to be done.

Whether you find an internship site on your own or I find you one, you must complete an Internship Packet for all internship sites. This is a 9-form packet. Some of the forms are more than one page, either single or double-sided, so while the packet has 9 forms, it has more than nine pages.

To establish an internship site, take the following steps:

1. Six or eight weeks before you begin practicum, let the Director of Clinical Training know that you are interested in an internship and make an appointment with her to talk about it. The Director will help connect you to an internship site that best fits your interests.

2. Sit for an interview with the internship site supervisor
   - take a resume with you to the interview
   - before the interview, think about your schedule, your goals, and your personal time frame, and be prepared to commit to the internship

**The Internship Packet**

The names of the Internship Packet forms are as follows:

01 Cover page
02 Table of Contents
03 Internship Guidelines
04 Request for Internship
05 Statement of Relationship
06 Internship Contract
3. Sign the following forms with your site supervisor:
   ✓ The 05 Statement of Relationship form: This form lays out the nature of the educational relationship between Valdosta State University and your internship site. Be familiar with this form so that you can answer any questions your site supervisor might have.
   ✓ The 06 Internship Contract form: This is an agreement between you and the internship site concerning time frames—duration, days, and hours of the internship. Once you have started at an internship site, you are expected to fulfill your contract, which is minimally one semester.

4. Submit the signed 05 Statement of Relationship and 06 Internship Contract forms to the Director of Clinical Training.

In order for you to graduate, you must have a copy of this entire Internship Packet in your permanent student file for all sites at which you interned during your time in the program. To that end, it is your responsibility to ensure that the nine above listed forms are returned to me in the original and in hard copy. This means no faxed or emailed copies with electronic signatures. Return the majority of the forms (except those you’ll need later in the year, such as the Mid-Point and Final Evaluations as well as your Evaluation of the Site), as soon as you get them signed. I put them in your file and know which forms remain outstanding. And, you only have to keep track of the last 3 forms rather than the entire packet.

If you are working 2 internship sites (thus, 2 internship packets), you only need these forms once:
   01 Cover page
   02 Table of Contents
   03 Internship Guidelines
   04 Request for Internship

The remaining forms, 05 through 09, all require signatures at some point during your internship site and you must have these five forms in your file for each internship.

The Time Commitment
Given that the 600 hours of client contact are collected in one academic year, and since not every minute at an internship site is spent with clients, you will need to devote 10 to 20 hours per week at an internship site and/or FamilyWorks. The accrual of client contact hours is unpredictable, depending on no-shows, cancellations, and the season of the year. If you cannot commit this much time to a site, you may have to register for an additional internship (Internship, MFTH 7980), that may be repeated indefinitely for credit, until you have accumulated the 500 client contact hours. You may schedule your time at the internship site during weekdays, evenings, and weekends, whatever times fit your and the site's schedule. If you are not accumulating hours consistently at one internship site, or if you want a more diverse experience, you may contract with a second internship site.
Just for fun: Do you know how the Georgia code of ethics and the AAMFT code of ethics are different?

Answer: In general, codes of ethics derived from governmental sources construe *minimum* standards of conduct, whereas codes of ethics written by professional organizations tend to frame the highest ideal conduct.

Read the Georgia Code of Ethics: [http://www.sos.state.ga.us/plb/counselors/](http://www.sos.state.ga.us/plb/counselors/) (Under Laws, Policies, and Rules, click on Board Rules, then click Code of Ethics, Chapter 137-5).

**Student Practica (SP)**

Students are invited and encouraged to form their own student-led practica. These are consultation teams that meet during the day or evening, and have at least 3 students. Between 4 and 7 students would be optimal. To initiate such a practica, the students need to submit a brief proposal to the faculty that includes the following:

1. the educational goal(s) of the team
2. the day of the week and the range of time that the team will meet.
3. a list of the members of the team
4. the room/observation room the team proposes to use

SP’s are required to submit weekly reports to the faculty that include the following:

1. the team’s thinking/understanding of the case
2. the team’s stuckness or confusion about the case
3. the team’s opinion about how well the case is or is not going
4. attendance sheet