August 7, 2009  
Board Meeting Minutes

The Board of Examiners in Marriage and Family Therapy met on Friday, August 7, 2009, in 
Montgomery, Alabama for the purpose of conducting Board business. Those present were as 
follows: Rev. Charles E. Alexander, Chair; Alan Swindall, Vice-Chair; Blake Horne, Member; and 
Mitzi Sears, Member. Kelly Moates, Member was not present. Also present were Paula Scout 
McCaleb, Executive Director; Olivia Martin, Assistant Attorney General; and Jessica Burdette, 
Licensing Agent.

The meeting was called to order at approximately 9:02 A.M. with a quorum present in the 

Public notice of this meeting was given on the Secretary of State’s web site as well as the Board’s 
web site in accordance with the Open Meetings Act.

Alan Swindall made the motion to amend the Meeting Minutes from May 29, 2009 to reflect the 
Task Committee Report, regarding changes to Ethical Standards of Conduct and Supervision 
Regulations. Blake Horne seconded the motion and the motion passed unanimously.

At approximately 9:09 A.M. the Board held officer elections with the officer terms to become 
effective at the November, 2009, Board Meeting.

Blake Horne made the motion to nominate Alan Swindall for Chair. Mitzi Sears seconded the 
motion and the motion passed unanimously. Those voting “Aye” were Charles E. Alexander, 
Alan Swindall, Blake Horne, and Mitzi Sears. Those voting “Nay” were none. The motion passed.

Mitzi Sears made the motion to nominate Blake Horne for Vice-Chair. Alan Swindall seconded 
the motion and the motion passed unanimously. Those voting “Aye” were Charles E. Alexander, 
Alan Swindall, Blake Horne and Mitzi Sears. Those voting “Nay” were none. The motion passed.

Alan Swindall made the motion to approve the Request for Proposal for Administrative Services 
as presented. Blake Horne seconded the motion and the motion passed unanimously.

Alan Swindall made the motion to adopt the presented changes to The Rules and Regulations 
Chapters 536-X-1; 536-X-3; 536-X-4; and 536-X-8. Blake Horne seconded the motion and the 
motion passed unanimously. The changes are as follows:

CHAPTER 536-X-1  
DEFINITION OF TERMS

536-X-1-01  Definition of Terms

(1) Marriage and Family Therapy in the State of Alabama is a professional practice 
which affects the public safety and welfare and requires appropriate regulation and control in the 
public interest. The practice of marriage and family therapy is the process of providing 
professional marriage and family therapy to individuals, couples, and families, either alone or in a 
group. The practice of marriage and family therapy utilizes established principles that recognize 
the interrelated nature of the individual problems and dysfunctions in family members in order to 
assess, understand, and treat emotional and mental problems. Marriage and family therapy
includes, without being limited to, individual, group, couple, sexual, family, and divorce therapy, whether the services are offered directly to the general public or through organizations, either public or private, for a fee or other compensation. Marriage and family therapy is a specialized mode of treatment for the purpose of resolving emotional problems and modifying intrapersonal and interpersonal dysfunctions.

(2) Allied Mental Health Field operationalized as a degree in which at least one of the courses for that degree meets the marriage and family studies, marriage and family therapy, or human development Board course requirements.

(3) Board is the Alabama Board of Examiners in Marriage and Family Therapy.

(4) COAMFTE Program is a master’s degree, doctoral degree, or post-graduate degree clinical training program in marriage and family therapy that is recognized by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) as either having accreditation or candidacy status. The American Association for Marriage and Family Therapy (AAMFT) is the parent organization of the COAMFTE.

(5) Direct Client Contact Hour is face-to-face contact with individuals, couples or families for a minimum of fifty (50) minutes.

(6) Group Supervision may consist of no more than six (6) supervisees, regardless of the number of supervisors. Group supervision provides the opportunity for the supervisees to interact with other supervisees and offers a different learning experience than that obtained from individual supervision.

(7) Individual Supervision is face-to-face contact between one (1) supervisor and up to two (2) supervisees.

(8) MFT Work Experience includes direct client contact hours and supervision hours, along with other professional tasks such as a preparation of the case notes, phone contacts, court appearances, administrative supervision, and other appropriate tasks involved in the professional practice of marriage and family therapy.

(9) Raw Data Supervision includes live supervision (supervision in which the supervisor observes the case live and has the opportunity to provide supervisory input during the session), audio or video supervision (supervision in which the supervisor reviews and provides feedback during the supervision session on audio or video tapes of the supervisees clinical work), and supervision of co-therapy cases (supervision outside the session on cases in which the supervisor is a co-therapist).

(10) Regional Educational Accrediting Body is an institution accredited by one of the following: Middle State Association of Colleges and Schools, New England Association of Schools and Colleges, North Central Association of Schools and Colleges, the Northwest Association of Schools and Colleges, Southern Association of Colleges and Schools, and Western Association of Schools and Colleges. It signifies that the institution meets established standards for higher education.

(11) Supervision of marriage and family therapy is expected to have the following characteristics:

(a) Face-to-face interaction with the supervisor, usually in periods of approximately one (1) hour each on at least a weekly basis for a period of two (2) years; 25% of these face-to-face supervision hours may be conducted via electronic communications; Acceptable electronic communication is defined as communication that is simultaneously interactive both visually and orally.
(b) Based on an integration of marriage and family therapy clinical and supervision constructs;
(c) A formal learning contract between supervisee and supervisor that is both academic and clinical and that defines the learning process; and
(d) If availability of supervisors permits, the experience should include at least two supervisors with diverse family therapy theoretical orientations.

The following characteristics are not acceptable as clinical supervision:
(a) Peer supervision, i.e., supervision by a person of equivalent, rather than superior, qualifications, status and experience;
(b) Supervision by current or former family members or any other person where the nature of the personal relationship triangulates the professional relationship;
(c) Administrative supervision (i.e., clinical practice performed under supervision rather than clinical supervision of a director or executive director);
(d) A primarily didactic process wherein techniques or procedures are taught in a group setting, classroom, workshop or seminar; and Consultation, staff development or orientation to a field program, or role playing of family interrelationships as a substitute for current clinical practice in an appropriate clinical setting.

Author: The Alabama Board of Examiners in Marriage and Family Therapy
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CHAPTER 536-X-3
BOARD APPROVED MARRIAGE AND FAMILY THERAPY DESIGNATIONS

536-X-3-.01 Board Approved Marriage and Family Therapy Designations

(1) Marriage and Family Therapy Intern (MFT Intern) – An individual who is enrolled in or graduated from a program that meets the Board course requirements and is practicing marriage and family therapy under Board approved supervision in a training institution, facility, or supervisory arrangement recognized and approved by the Board. An individual may remain an MFT Intern for a maximum of five (5) years.

(2) Marriage and Family Therapy Associate (MFT Associate) – An individual who has graduated from a program that meets the Board course requirements, has completed the required internship, and is practicing marriage and family therapy under a Board approved supervisory arrangement to complete the minimum two-year postgraduate supervision requirement, as approved by the Board.

(3) LMFT Supervisor in training Candidate – A Licensed Marriage and Family Therapist (LMFT) who is under Board approved supervision of supervision.

(4) LMFT Approved Supervisor – A Licensed Marriage and Family Therapist (LMFT) who has met Board requirements to provide MFT Supervision.

(5) LMFT Supervisor of Supervision – A Licensed Marriage and Family Therapist (LMFT) Approved Supervisor who has met the experience requirements to provide supervision to LMFT Supervisors in training Candidate.

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CHAPTER 536-X-4
BOARD APPROVED MARRIAGE AND FAMILY THERAPY DESIGNATION REQUIREMENTS

536-X-4-.01 Requirements for designation: Marriage and Family Therapy Intern
(1) Submission of a completed application on the forms prescribed by the Board;

(2) Evidence that the applicant is of good moral character and has not or is not engaged in any practice or conduct that would make the applicant ineligible to receive a license pursuant to the Marriage and Family Therapy Licensure Act;

(3) Student or graduate of a regionally accredited educational institute in a masters or doctoral degree program in marriage and family therapy (or an allied field with graduate level course work in marriage and family therapy) that meets the Board course requirements and is under qualified supervision in a supervisory arrangement which is approved by the Board;

OR

(4) Student in a COAMFTE program currently under program supervision.

536-X-4-.02 Requirements for designation: Marriage and Family Therapy Associate (MFT Associate)
(1) Submission of a completed application on the forms prescribed by the Board, which includes a supervisory arrangement that must be approved by the Board;

(2) Evidence that the applicant is of good moral character and has not and is not engaged in any practice or conduct that would make the applicant ineligible to receive a designation pursuant to the Marriage and Family Therapy Licensure Act;

(3) Graduation from a regional educational accrediting body with a masters or doctoral degree in marriage and family therapy (or in an allied field with graduate level course work in marriage and family therapy) that meets the Board course requirements. Individuals who have graduated from a COAMFTE program have met this requirement.

(4) Completion of an internship either during the qualifying degree and/or as a post degree experience consisting of the following:
   (a) minimum of 12 months of internship;
(b) minimum of 100 supervision hours (ratio of direct client contact hours to supervision hours = 1:5) by a Board Approved Supervisor. These 100 hours of supervision must include 50 hours of raw data supervision. Group supervision is encouraged;

(c) minimum of 500 direct client contact hours obtained concurrently with the required supervision; 250 of these direct client contact hours must be with couples or families physically present in the therapy room;

(d) Individuals who have graduated from a COAMFTE program have met requirements a-c.

(5) In order for a MFT Associate to be renewed, the Associate must have completed a minimum of twenty (20) contact hours of acceptable Continuing Education or Experience Units during the previous twenty-four (24) months. A minimum of ten (10) of these hours must be clinical MFT workshops, and a minimum of three (3) of these hours must be in the area of professional ethics.

(A) Acceptable CEU’s include:
   (a) National, state or local MFT association training and continuing education activities;
   (b) Graduate courses in MFT or cross disciplinary course (one (1) graduate semester = fifteen (15) hours, one (1) graduate quarter = ten (10) hours);
   (c) NBCC approved courses and continuing education activities sponsored by allied mental health professional associations or agencies.

(B) Documentation of completion will include a written statement of all CEU course information including the name of the sponsoring organization, location of seminar, title/brief description, principal instructor, dates, and number of hours claimed. The Board will audit a number of randomly selected Associates to assure that the continuing education requirements have been met before the associate is renewed. The Board may request verification of credits submitted, including information regarding content certification and attendance. The associate shall maintain and make available upon request the documentation required by this rule for a period of two (2) years. Failure to substantiate credits submitted or to submit documentation of sufficient continuing education credits will result in refusal by the Board to renew the Associate.

536-X-4-.03 Requirements for designation: LMFT Supervisor in training Candidate

(1) Is a Licensed Marriage and Family Therapist;

(2) Submission, on the prescribed forms, of a contract for training in supervision which includes a plan for the completion of supervision of supervision by an LMFT Supervisor of Supervision and a plan for completion of a graduate course in supervision or the equivalent. The course must contain a minimum of thirty (30) contact hours.

Note: LMFT Supervisor in training Candidate contracts are valid for a maximum of three (3) years.

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536-X-4-.04 Requirements for designation: LMFT Approved Supervisor
(1) Is a Licensed Marriage and Family Therapist;

(2) Completion of a minimum of four (4) years post-degree full time (30 or more clock hours per week) MFT work experience or the equivalent part time work experience.

(3) Completion of a graduate course in supervision with a minimum of thirty (30) contact hours or the equivalent;

(4) Completion of a minimum of one hundred-eighty (180) hours of MFT supervision to two (2) or more supervisees concurrent with the supervision of supervision described below, over a period of not less than eighteen (18) months and not more than three (3) years.

(5) Completion of thirty-six (36) hours of supervision of supervision from an LMFT Supervisor of Supervision and

(6) Submission of a philosophy of supervision and a supervisory case study that is determined by the Board to indicate familiarity with and integration of the current models of marriage and family therapy and supervision into a cogent approach to MFT supervision;

OR

(7) Is an AAMFT Approved Supervisor

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536-X-4-.05 Requirements for designation: LMFT Supervisor of Supervision

(1) LMFT Approved Supervisor who has provided a minimum of one hundred (100) hours of supervision beyond that required to become an LMFT Approved Supervisor.

Note: AAMFT Approved Supervisors and AAMFT Supervisors in training Supervisor Candidate are also Board approved supervisors. In addition, when supervision by and LMFT Supervisor is not available the Board will approve supervision on a case by case basis using the following guidelines:

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536-X-4-.06 Guidelines for: Case by Case Supervision

(1) For applications in which the approval of supervision is considered on a case by case basis by the Board, each supervisor's education, clinical, and supervisory experience in marriage and family therapy and in allied mental health fields will be considered when assessing the total education and clinical experience of the applicant. Consideration of Case by Case Approved Supervision will be limited to cases in which the availability of Board Approved Supervisors would result in a substantial hardship.
CHAPTER 536-X-8
STANDARDS OF CONDUCT OF MARRIAGE AND FAMILY THERAPISTS

536-X-8-01 Standards of Conduct of Marriage and Family Therapists—Responsibility to Clients

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

   (a) Marriage and family therapists do not discriminate against or refuse professional service to anyone on the basis of race, gender, religion, national origin, or sexual orientation.

   (b) Marriage and family therapists are aware of their influential position with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists take appropriate professional precautions to ensure judgment is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with clients. Sexual intimacy with clients is prohibited. Sexual intimacy with former clients for two years following the termination of therapy is prohibited.

   (c) Marriage and family therapists do not use their professional relationships with clients to further their own interests.

   (d) Marriage and family therapists respect the right of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise a client that a decision or marriage status is the responsibility of the client.

   (e) Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

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

   (g) Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

   (h) Marriage and family therapists obtain written, informed consent from clients before videotaping, audio recording, or permitting third-party observation.

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

   (a) Marriage and family therapists may not disclose client confidences and the confidential relations and communications between licensed marriage and family therapists and clients are placed upon the same basis as those provided by law between attorney and client, and nothing in these rules and regulations or the
Marriage and Family Therapy Licensure Act shall be construed to require any such privileged communication to be disclosed, except in the following circumstances:

1. As mandated by law;
2. To prevent a clear and immediate danger to a person or persons;
3. Where the therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy, in which case client confidences may be disclosed only in the course of that action;
4. Where the client is a defendant in a criminal proceeding and the use of the privilege would violate the defendant’s right to a compulsory process or the right to present testimony and witnesses in his or her own behalf or both;
5. If there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver. In circumstances where more than one person who is legally competent to execute a waiver must agree to the waiver required by this subparagraph. Without such a waiver from each family member legally competent to execute a waiver, a therapist cannot disclose information received from any family member.
6. Where there is a duty to warn under the limited circumstances set forth in Section 23 of the Marriage and Family Therapy Licensure Act.
7. If both parties to a marriage have obtained marriage and family therapy by a licensed marriage and family therapist, the therapist shall not be competent to testify in an alimony or divorce action concerning information acquired in the course of the therapeutic relationship. This section shall not apply to custody actions.

(b) Marriage and family therapists use client or clinical materials in teaching, writing, and public presentations only if a written waiver has been obtained, or when appropriate steps have been taken to protect client identity and confidentiality.

(c) Marriage and family therapists store, for a period of no less than seven years, and dispose of client records in ways that maintain confidentiality.

(d) Records of the therapy relationship, including interview notes, test data, correspondence, tape recordings, electronic data storage, and other documents are to be considered professional information for use in therapy, and they should not be considered a part of the records of the institution or agency in which the therapist is employed unless specified by state statute or regulation. Revelation to others of therapy material must occur only upon the expressed consent of the client.

(3) Professional competence and integrity. Marriage and family therapists maintain high standards of professional competence and integrity.

(a) Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

(b) Marriage and family therapists, as teachers, supervisors, and researchers are dedicated to high standards of scholarship and present accurate information.

(c) Marriage and family therapists remain abreast of new developments in family therapy knowledge and practice through educational activities.

(d) Marriage and family therapists do no engage in sexual or other
harassment or exploitation of clients, students, trainees, supervisees, employees, colleagues, research subjects, or actual or potential witnesses or complainants in investigations and ethical proceedings.

(e) Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competence.

(f) Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

(g) 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.

(4) Responsibility to students, employees, and supervisees. Marriage and family therapists do not exploit the trust and dependency of students, employees, and supervisees.

(a) Marriage and family therapists are aware of their influential position with respect to students, employees, and supervisees and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid dual relationships that could impair professional judgement or increase the risk of exploitation. When a dual relationship cannot be avoided, therapists take appropriate professional precautions to ensure judgement is not impaired and no exploitation occurs. Examples of such dual relationships include, but are not limited to, business or close personal relationships with students, employees, or supervisees; or provision of therapy to students, employees, or supervisees. Sexual intimacy with students or supervisees is prohibited.

(b) Marriage and family therapists do not permit students, employees, or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

(c) Marriage and family therapists do not disclose supervisee confidences except:

1. As mandated by law,
2. To prevent a clear and immediate danger to a person or persons;
3. Where the therapist is a defendant in a civil, criminal, or disciplinary action arising from the supervision (in which case supervisee confidences may be disclosed only in the course of that action);
4. In educational or training of the supervisee; or
5. If there is a waiver previously obtained in writing, and then such information may be revealed only in accordance with the terms of the waiver.

(5) Responsibilities to research participants. Researchers respect the dignity and protect the welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

(a) Researchers are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, researchers seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

(b) Researchers requesting participants’ involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding or communication, or when participants are children.
Researchers respect participants’ freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when researchers 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 dual relationships with research participants that could impair professional judgement or increase the risk of exploitation.

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.

Responsibility to the profession. Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities, which advance the goals of the profession.

(a) Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.

(b) Marriage and family therapists attempt to address any suspected violation of standards with the party in question prior to reporting such suspected violation to the Board.

(c) Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

(d) Marriage and family therapists who are the authors of books or other materials that are published or distributed cite persons to whom credit for original ideas is due.

(e) Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

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

(a) Marriage and family therapists do not offer or accept payment for referrals.

(b) Marriage and family therapists do not charge excessive fees for services.

(c) Marriage and family therapists disclose their fees to clients and supervisees at the beginning of services.

(d) Marriage and family therapists represent facts truthfully to clients, third-party payers, and supervisees regarding services rendered.

(e) Marriage and family therapy interns do not direct bill for services provided; such services may be billed through the agency of LMFT employing or providing a placement for the MFT intern.

(f) Marriage and Family Therapy Associates may direct bill for services rendered.

Advertising. Marriage and Family Therapists and Associates engage in appropriate informational activities, including those that enable lay persons to choose professional services on an informed basis.

(a) Marriage and Family Therapists, Associates, and Interns accurately represent their competence, education, training, and experience relevant to their practice of marriage and family therapy.

(b) Marriage and Family Therapists do not use a name which could mislead the public concerning the identity, responsibility, source, and status of those
practicing under that name and do not hold themselves out as being partners or associates of a firm if they are not.

(c) Marriage and Family Therapists do not use any professional identification (such as business cards, office signs, letterhead, or telephone association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it:

1. contains material misrepresentations of fact;
2. fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or
3. is intended to or is likely to create an unjustified expectation.

(d) Marriage and Family Therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapists qualifications, services, or products.

(e) Marriage and Family Therapists make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.

(f) Marriage and Family Therapists may represent themselves as specializing within a limited area of marriage and family therapy, but only if they have the education and supervised experience in settings which meet recognized professional standards to practice in that specialty area. Professional association designations may only be represented by persons who have been qualified by the respective association, and may only be represented as permitted by that professional association.

(g) Advertising by MFT Associates must indicate that any services provided are under the supervision of an LMFT Approved Supervisor using the following phrase, “Under the Supervision of,” including the name of the Approved Supervisor.

(h) MFT Interns may not use individual advertisements for themselves as providing services, but may be included under the agency or employing LMFT, or provide a placement advertisement provided that their intern status is clearly disclosed in the advertisement.

(i) Advertising as it is referred to in this Chapter includes all printings and media forms. Media forms include, but are not limited to newspaper, radio, television, and the Internet.

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

(1) 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, or sexual orientation.

(2) Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client:

(a) has the capacity to consent:
(b) has been adequately informed of significant information concerning treatment processes and procedures;
(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. 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.

(3) 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 take appropriate precautions.

(4) Sexual intimacy with clients is prohibited.

(5) Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

(6) Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

(7) Marriage and family therapists do not use their professional relationships with clients to further their own interests.

(8) 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 the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

(9) Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

(10) Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.
(11) Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.
(12) Marriage and family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.
(13) 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.

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536-X-8-.02 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.

(1) Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients’ right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.
(2) 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.
(3) Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.
(4) 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.
(5) Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.
(6) 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.

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536-X-8-03 Professional Competence and Integrity
Marriage and family therapists maintain high standards of professional competence and integrity.
(1) Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.
(2) Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.
(3) Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.
3.4 Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.
(5) Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.
(6) Marriage and family therapists maintain accurate and adequate clinical and financial records.
(7) While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.
(8) Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.
(9) Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.
(10) Marriage and family therapists do not give to or receive from clients
   (a) gifts of substantial value or
   (b) gifts that impair the integrity or efficacy of the therapeutic relationship.
(11) Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.
(12) Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.
(13) 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.
(14) To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.
(15) Marriage and family therapists are in violation of this Code and subject to termination of membership or other appropriate action if they:
   (a) are convicted of any felony;
   (b) are convicted of a misdemeanor related to their qualifications or functions;
   (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions;
   (d) are expelled from or disciplined by other professional organizations;
   (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies;
   (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or
   (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

Author: The Alabama Board of Examiners in Marriage and Family Therapy
Amended: Filed October 15, 2009; Effective Date: December 8, 2009

536-X-8-.04 Responsibility to Students and Supervisees

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

(1) Marriage and family therapists 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.

(2) Marriage and family therapists do not provide therapy to current students or supervisees.

(3) 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. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

(4) 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.

(5) Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

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

(7) 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.

Author: The Alabama Board of Examiners in Marriage and Family Therapy
Amended: Filed October 15, 2009; Effective Date: December 8, 2009

536-X-8-.05 Responsibility to Research Participants

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

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

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

(4) 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.

Author: The Alabama Board of Examiners in Marriage and Family Therapy
Amended: Filed October 15, 2009; Effective Date: December 8, 2009

536-X-8-.06 Responsibility to the Profession

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

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

(2) Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

(3) Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student’s program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on a student
thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

(4) 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) Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

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

(7) 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.

(8) Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

Author: The Alabama Board of Examiners in Marriage and Family Therapy
Amended: Filed October 15, 2009; Effective Date: December 8, 2009

536-X-8-.07 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.

(1) Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

(2) 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.
(3) 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.

(4) Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

(5) 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.

(6) 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.

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Author: The Alabama Board of Examiners in Marriage and Family Therapy
Amended: Filed October 15, 2009; Effective Date: December 8, 2009

536-X-8.08 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.

(1) Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

(2) Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include:
(a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours;
(b) qualifying clinical degree (see subprinciple 8.5);
(c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications;
(d) AAMFT clinical member status; and
(e) description of practice.

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

(4) 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.

(5) In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees:
   (a) from institutions accredited by regional accreditation sources recognized by the United States Department of Education,
   (b) from institutions recognized by states or provinces that license or certify marriage and family therapists, or
   (c) from equivalent foreign institutions.

(6) 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.

(7) Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

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

Author: The Alabama Board of Examiners in Marriage and Family Therapy
Amended: Filed October 15, 2009; Effective Date: December 8, 2009

Alan Swindall made the motion to accept the Licensee Report as follows: approved for course substitution, Sharon Flynn; approved for examination was Cynthia Wulff; approved for reinstatement of Associate Status was Barbara Ferguson; approved for LMFT status were Barbara Easterwood, Therese Stephano and Ashley McGuffee. Mitzi Sears seconded the motion and the motion passed unanimously.

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meeting, the time being approximately 11:49 A.M. The Chair announced that the next scheduled Board meeting would take place November 6, 2009 in the Montgomery Board Office.

Respectfully Submitted,

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Charles E. Alexander, Chairman

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Alan Swindall, Vice Chair

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