## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>MSMU Graduate Psychology Program MFT Mission Statement</td>
<td>5</td>
</tr>
<tr>
<td>Professional Conduct Standards</td>
<td>6</td>
</tr>
<tr>
<td>MSMU Graduate Psychology Program Information</td>
<td>9</td>
</tr>
<tr>
<td>Graduate Counseling Psychology, Assessment of Student Learning Outcom</td>
<td>10</td>
</tr>
<tr>
<td>GCP Course Requirements</td>
<td>Error! Bookmark not defined.</td>
</tr>
<tr>
<td>Policies and Procedures</td>
<td>14</td>
</tr>
<tr>
<td>Grading and Academic Standards</td>
<td>14</td>
</tr>
<tr>
<td>Course Syllabi</td>
<td>17</td>
</tr>
<tr>
<td>Academic Advisors</td>
<td>19</td>
</tr>
<tr>
<td>Psychology Department Policies</td>
<td>19</td>
</tr>
<tr>
<td>Disabilities</td>
<td>20</td>
</tr>
<tr>
<td>Technology</td>
<td>21</td>
</tr>
<tr>
<td>Conduct</td>
<td>21</td>
</tr>
<tr>
<td>Ethical Conduct</td>
<td>22</td>
</tr>
<tr>
<td>Communication Conflicts</td>
<td>22</td>
</tr>
<tr>
<td>Transferring a Course</td>
<td>22</td>
</tr>
<tr>
<td>Change of Specialization</td>
<td>23</td>
</tr>
<tr>
<td>¡Enlaces! MFT Emphasis</td>
<td>23</td>
</tr>
<tr>
<td>Leave of Absence</td>
<td>23</td>
</tr>
<tr>
<td>Returning to Campus Following a Psychological Emergency or Related Adm</td>
<td>23</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>23</td>
</tr>
<tr>
<td>Time to Graduation</td>
<td>24</td>
</tr>
<tr>
<td>Academic Grievance</td>
<td>24</td>
</tr>
<tr>
<td>Cancelation of Class and Campus Closure</td>
<td>24</td>
</tr>
<tr>
<td>Clinical Practicum</td>
<td>24</td>
</tr>
<tr>
<td>Eligibility for Practicum</td>
<td>24</td>
</tr>
<tr>
<td>Obtaining a Practicum Site</td>
<td>25</td>
</tr>
<tr>
<td>Hours</td>
<td>25</td>
</tr>
<tr>
<td>Supervision</td>
<td>25</td>
</tr>
<tr>
<td>Initial Traineeship Documents</td>
<td>25</td>
</tr>
<tr>
<td>Other Documents</td>
<td>26</td>
</tr>
<tr>
<td>BBS Completion Form</td>
<td>26</td>
</tr>
<tr>
<td>Practicum Course (PSY 269 A/B/C/X)</td>
<td>26</td>
</tr>
<tr>
<td>Personal Therapy</td>
<td>26</td>
</tr>
<tr>
<td>Attendance and Absences</td>
<td>26</td>
</tr>
<tr>
<td>Practicum Site’s Expectations</td>
<td>27</td>
</tr>
<tr>
<td>Attire</td>
<td>27</td>
</tr>
<tr>
<td>Ending Fieldwork Sites Early</td>
<td>27</td>
</tr>
<tr>
<td>Fieldwork Evaluation</td>
<td>27</td>
</tr>
<tr>
<td>Capstone</td>
<td>27</td>
</tr>
<tr>
<td>Appendix A (AAMFT/CAMFT Code of Ethics)</td>
<td>29</td>
</tr>
<tr>
<td>Appendix B (Transferring a Course)</td>
<td>53</td>
</tr>
<tr>
<td>Appendix C (Change of Specialization)</td>
<td>1</td>
</tr>
<tr>
<td>Appendix D (4-Way Agreement)</td>
<td>2</td>
</tr>
<tr>
<td>Appendix E (Weekly Summary of Hours Experience)</td>
<td>2</td>
</tr>
<tr>
<td>Appendix F (Marriage and Family Therapist Experience)</td>
<td>4</td>
</tr>
<tr>
<td>Appendix G (Trainee Evaluation)</td>
<td>4</td>
</tr>
<tr>
<td>Appendix H (Student Evaluation of Traineeship)</td>
<td>2</td>
</tr>
<tr>
<td>Appendix I (Therapy Verification Form)</td>
<td>3</td>
</tr>
<tr>
<td>Appendix J (Student Evaluation of Supervisor)</td>
<td>5</td>
</tr>
<tr>
<td>Appendix K (Supervisor Verification Form)</td>
<td>8</td>
</tr>
</tbody>
</table>
Introduction

The Graduate Psychology Program handbook further elucidates the policies and procedures set forth by the MSMU Graduate Student Handbook. This handbook exists as a tool for students and faculty to understand the requirements of the profession, the department and the University. As a graduate professional program, the Graduate Psychology Department curriculum also includes professional development. These expectations are reflected in this document.

It is the responsibility of each student to read, understand and abide by departmental policies and procedures and those outlined in the Graduate Student Handbook.

I have read and agree to the policies and procedures of this handbook.

Student’s Name

Date________________________

Student’s Signature
**MSMU Graduate Psychology Program MFT Mission Statement**

The Graduate Psychology Program prepares students to apply evidence-based counseling practices and recovery oriented care in a culturally competent manner. Through diverse pedagogical practices, students (1) expand and deepen their understanding of counseling theories, (2) strengthen their critical thinking skills, (3) apply research to practice, and (4) effectively utilize this knowledge in an applied clinical setting. Graduates from this program demonstrate exemplary communication and leadership skills, becoming informed and participatory citizens in a variety of professional roles.

**MSMU Graduate Psychology Program GCP Mission Statement**

The General Counseling Psychology Specialization allows students to develop core counseling skills that apply across a range of non-profit and educational settings. In addition, these students develop skills to act as change agents who will advocate for diverse and underserved populations. Through diverse pedagogical practices, students (1) expand and deepen their understanding of counseling theories, (2) strengthen their critical thinking skills, (3) apply research to practice, and (4) effectively utilize this knowledge in an applied setting. Graduates from this program demonstrate exemplary communication and leadership skills, becoming informed and participatory citizens in a variety of professional roles.

**MSMU Graduate Psychology ¡Enlaces! MFT Certificate Mission Statement**

¡Enlaces! is a certificate program that is embedded into the MFT/PCC specialization and educates students about diverse Spanish-speaking cultures and counseling Spanish-speaking clients. The ¡Enlaces! certificate program’s goal is to develop competent bilingual English-Spanish speaking culturally informed mental health practitioners who serve diverse communities with integrity, compassion, and justice.
The Graduate Psychology Program handbook further elucidates the policies and procedures set forth by the MSMU Graduate Student Handbook. This handbook exists as a tool for students and faculty to understand the requirements of the profession, the department and the University. As a graduate professional program, the Graduate Psychology Department curriculum also includes professional development. These expectations are reflected in this document.

It is the responsibility of each student to read, understand and abide by departmental policies and procedures and those outlined in Mount Saint Mary's University Handbook and the Graduate Student Handbook. In addition, you are agreeing to the following Professional Conduct Standards:

<table>
<thead>
<tr>
<th>Initial</th>
<th>Professional Conduct Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As a student of the Counseling Psychology program at MSMU, I agree to abide by the following professional conduct standards:</td>
</tr>
<tr>
<td>1.</td>
<td>I will always be respectful to others by maintaining a professional demeanor in my interactions with other students, staff, faculty, clients, and supervisors.</td>
</tr>
<tr>
<td>2.</td>
<td>I will, at all times, refrain from discriminatory behaviors toward others regarding race, religion, national origin, gender, age, ability, or sexual orientation.</td>
</tr>
<tr>
<td>3.</td>
<td>I understand that I am enrolling in a graduate program, and that graduate school requires a high level of maturity, flexibility, dedication, and personal responsibility. I understand that the MSMU Counseling Psychology program requires an especially high level of these behaviors, and I agree to conduct myself accordingly at all times during my training.</td>
</tr>
<tr>
<td>4.</td>
<td>I will treat my educational program as I would any other professional position. I will conduct myself appropriately during class and fieldwork sessions. I will be prompt and attend class sessions in their entirety and submit my work on time. I will participate in class discussions and be prepared to give and receive constructive feedback. I will come to class prepared and be ready to discuss the readings/topics. If I am unable to meet these standards, I will inform my instructor in advance.</td>
</tr>
<tr>
<td>5.</td>
<td>I will be open to constructive personal and professional feedback, and I will incorporate suggestions made by faculty and peers that will improve my work.</td>
</tr>
<tr>
<td>6.</td>
<td>I will familiarize myself with the University policy on plagiarism, and abide by the proper writing and citation methods outlined in the APA Publication Manual. I will become aware of all University policies, procedures, dates, and registration deadlines by consulting the University catalogue issued my first year of enrollment and the course schedule for each semester.</td>
</tr>
<tr>
<td>7.</td>
<td>When I am dealing with a personal issue that impedes my progress in the program, I will inform my professors and advisors as soon as reasonably possible to develop a plan to continue or suspend my work in the program until the issue is resolved, so that I am not penalized for poor performance as a result of the stress I am experiencing.</td>
</tr>
<tr>
<td>8.</td>
<td>When I have a documented disability I will see the Director of the Doheny Learning Resource Center at #213-477-2690 or <a href="mailto:disability@msmu.edu">disability@msmu.edu</a>, to make arrangements for classroom accommodations. It is my responsibility to obtain accommodation letters from the director and to make arrangements for the implementation of accommodations with faculty and/or staff in advance. If I believe I have been subjected to discrimination on the basis of disability, or have been denied access to services or accommodations I will contact the campus Disability Services Coordinator for resolution. For more information regarding disability grievance procedures, go to: msmu.edu/disabilitygrievanceprocedures.</td>
</tr>
</tbody>
</table>
9. Should I have a grievance that affects my work in the program, I will first approach the person with whom I have a grievance and try to settle the dispute informally. Should I be unsuccessful in settling the dispute (or feel intimidated in any way), I will notify my faculty advisor or the Director of the Graduate Program. I understand that if the dispute is not adequately settled, the next step is to contact the Academic Grievance Committee (see Graduate Student Handbook for details).

10. (MFT/LPCC students only) I will, at all times, adhere to the ethical guidelines of my professional organization (CAMFT, AAMFT, or ACA) and the laws in the California business and professional codes, as they relate to MFT’s and LPCC’s. I understand that failure to adhere to these guidelines and laws could result in remediation and/or my dismissal from the MFT program.

11. Should I decide to take coursework out of the suggested order, or to complete the program on a part-time basis, I accept full responsibility for that choice, and understand that making such a choice could delay my graduation because the courses I need may not be offered at the time I need them.

12. I understand that admission to the Counseling Psychology program does not guarantee graduation from the program. If, at anytime, the graduate faculty determines that I am not adequately progressing through the program or that I am unsuitable for the program, I may be asked to remediate parts of my training or I may be dismissed from the program. If necessary, I will participate in the development and implementation of the remediation plan, including, but not limited to, repeating a course, doing extra work to become proficient in an area of weakness, seeking personal counseling where appropriate, etc. I understand that failure to implement this plan could result in my dismissal from the program.

13. I understand that MSMU is a drug-free environment therefore I am not permitted to attend class, practicum, or any MSMU events under the influence. I understand if I am under the influence, my advisor and the Director of Graduate Psychology Program will be informed and a plan of action will be instituted. I understand that intoxication could be grounds for dismissal from the program.

14. I understand that MSMU faculty are required by Title IX to report any evidence of sexual harassment/misconduct/assault whether the incident occurred at MSMU or elsewhere for your well-being and safety. Faculty will make a confidential report to the Title IX coordinator or member of MSMU Community Assault Response Education Support (MCARES) team.

15. I understand that the Marriage & Family Therapist (MFT) and Professional Clinical Counselor (PCC) programs meet the standards and have been approved by the California Board of Behavioral Science, leading to an MFT or PCC counselor license in California. Mount Saint Mary’s is in the process of researching program professional licensure standards in other states.

16. I understand that if I choose to practice in a state other than California, I may or may not have additional requirements that I must complete prior to applying for my license. It is my responsibility to research the licensing requirements in the state(s) I chose to practice in.

I have read and agree to the policies and procedures of this handbook.

___________________________________
Student’s Name

___________________________________
Date
A graduate degree in counseling psychology from Mount Saint Mary’s University prepares students in one of two specializations:

1- Marriage and Family Therapy – MFT (may sit for licensure as a Marriage and Family Therapist or Professional Clinical Counselor)
2- General Counseling Psychology-GCP (not eligible for licensure)

The Marriage and Family Therapy (MFT) degree is designed to meet the criteria set forth by the Board of Behavioral Sciences as a Licensed Marriage and Family Therapist (LMFT) or Licensed Professional Clinical Counselor (LPCC) which requires 60 units of approved graduate work. This three-year program includes foundational courses in Year 1, clinical courses in Year 2, and 250 hours (face-to-face) of clinical fieldwork experience in Year 3.

The GCP degree specialization prepares students more broadly in the field of psychology with opportunities to take specialized electives in topics of diversity, leadership, and research. Additionally, students may take coursework in Humanities, Religious Studies, Education, and Business (foundational courses only). This 36-unit specialization can be completed in 2 years (18 units of foundational courses and 18 units of electives) and does not prepare students for licensure.
Student learning is at the core of the MSMU mission; thus, we have developed a University-wide assessment plan. These outcomes represent the knowledge, skills and attitudes expected of MSMU students in Counseling Psychology. In most classes one or more student learning outcomes will be introduced, practiced or assessed. Some activities and assignments in this class may be used for this purpose. Ultimately, this process and the collected data will be used to improve the quality of education at MSMU.

<p>| Goal 1: Clinical Evaluation: Students will demonstrate an ability to evaluate clients and assess crisis situations | Outcome 1- CLINICAL EVALUATION: Student is able to conduct a thorough clinical evaluation including a case’s presenting problem, psychosocial history, mental status exam, and diagnosis. |
| Goal 2: Treatment: Students will demonstrate an understanding of different theoretical orientations and counseling interventions | Outcome 2- CRISIS AND TRAUMA: Student demonstrates a thorough understanding of crisis and trauma and is able to manage crisis situations throughout the case. |
| Goal 3: Law and Ethics: Students will demonstrate knowledge of law and ethics in the field of counseling psychology. | Outcome 3- TREATMENT PLANNING: Student will develop an intervention plan for a case using one theoretical orientation. |
| Goal 4: Human Diversity: Students will demonstrate cultural competency and its application in a clinical setting. | Outcome 4- COURSE OF TREATMENT: Student will develop appropriate interventions in the beginning, middle and end phases of treatment. |
| Goal 5: Research Competence: Students will demonstrate an ability to evaluate and apply research to the field of psychology. | Outcome 5- ETHICS &amp; LAWS: Students demonstrate knowledge of professional code of ethics, confidentiality issues, the legal responsibilities of counseling ethics, and liabilities of practice and research, familiarity with regional and federal laws as they relate to counseling. |
| | Outcome 6- HUMAN DIVERSITY: Student exhibits sensitivity to issues of human and cultural diversities when working in the field of counseling. |
| | Outcome 7- RESEARCH COMPETENCE: Student demonstrates an ability to evaluate and apply research to a clinical case study. |</p>
<table>
<thead>
<tr>
<th>Goal 6 - Written and Oral Communication: Disseminate and communicate information effectively in oral and written form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 8 - WRITTEN COMMUNICATION: Disseminate and communicate information effectively in written form.</td>
</tr>
<tr>
<td>Outcome 9 – ORAL COMMUNICATION: Disseminate and communicate information effectively in oral form.</td>
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</table>
### First Year Coursework (21-24 units)

<table>
<thead>
<tr>
<th>Fall (6 units)</th>
<th>Spring (6 units)</th>
<th>Summer (6 units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 225 (3 units) Counseling Theories (M)</td>
<td>PSY 200 (3 units) Applying Research to Practice (T)</td>
<td>PSY 203 (3 units) Multicultural Counseling (M/W)</td>
</tr>
<tr>
<td>PSY 268 (3 units) Psychopathology (Th)</td>
<td>PSY 202 (3 units) Life Span Development (Th)</td>
<td>PSY 239 (3 units) Addiction Counseling (T/Th)</td>
</tr>
<tr>
<td>PSY 227 (3 units) Introduction to Counseling* (T)</td>
<td>PSY 234 (3 units) req. for PCC only Career Counseling (W) Or 3 one units</td>
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### Second Year Coursework (24 units)

<table>
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<tr>
<th>Fall (9 units)</th>
<th>Spring (9 units)</th>
<th>Summer (6 units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 274 (3 units) Child &amp; Adolescent Counseling* (Th)</td>
<td>PSY 236 (3 units) Family Counseling* (T)</td>
<td>PSY 263 (3 units) Law &amp; Ethics in Counseling (T/Th)</td>
</tr>
<tr>
<td>(PSY 202 &amp; 268 Prerequisites)</td>
<td>(PSY 215 &amp; 268 Prerequisites)</td>
<td></td>
</tr>
<tr>
<td>PSY 241 (3 units) Couples Counseling* (T)</td>
<td>PSY 235 (3 units) Group Counseling* (Th)</td>
<td>PSY 281 (3 units) Community Mental Health (M/W)</td>
</tr>
<tr>
<td>(PSY 268 Prerequisite)</td>
<td>(PSY 225 &amp; 268 Prerequisites)</td>
<td>(PSY 268 Prerequisite)</td>
</tr>
<tr>
<td>PSY 230 (3 units) Assessment (W)</td>
<td>PSY 254 (3 units) Crisis &amp; Trauma (M)</td>
<td></td>
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<tr>
<td>(PSY 268 Prerequisite)</td>
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### Third Year Coursework (12 units)

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<th>Fall (6 units)</th>
<th>Spring (3 units)</th>
<th>Summer (3 units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 269A (3 units) Counseling Practicum* (T or W)</td>
<td>PSY 269B (3 units) Advanced Counseling Practicum* (T or W)</td>
<td>PSY 269C (3 units) Professional Practices (T/Th)</td>
</tr>
<tr>
<td>(PSY 202, 225, 227, 230, 235, 236, 241, 254, 263, 268, &amp; 274 Prerequisites)</td>
<td>(PSY 269A Prerequisite)</td>
<td>(PSY 269A, 269B Prerequisite)</td>
</tr>
<tr>
<td>PSY 265 (3 units) Psychopharmacology (M)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(PSY 268 Prerequisite)</td>
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<td></td>
</tr>
</tbody>
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Three – 1-unit electives must be completed by graduation if you did not take Career Counseling.
Schedule subject to change. This track is NOT a guaranteed schedule of courses.
*Offered in Enlaces

Revised 7/19/18
# General Counseling Psychology Program

(36 units are required to complete the GCP program)

## Foundational Coursework (18 units)

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td>PSY 225</td>
<td>3</td>
</tr>
<tr>
<td>Counseling Theories</td>
<td></td>
</tr>
<tr>
<td>PSY 268</td>
<td>3</td>
</tr>
<tr>
<td>Psychopathology</td>
<td></td>
</tr>
<tr>
<td>PSY 227</td>
<td>3</td>
</tr>
<tr>
<td>Introduction to Counseling</td>
<td></td>
</tr>
<tr>
<td>PSY 203</td>
<td>3</td>
</tr>
<tr>
<td>Multicultural Counseling</td>
<td></td>
</tr>
<tr>
<td>PSY 285</td>
<td>3</td>
</tr>
<tr>
<td>Practitioner Research Design &amp; Analysis</td>
<td></td>
</tr>
<tr>
<td>or PSY 200</td>
<td>3</td>
</tr>
<tr>
<td>Applying Research to Practice</td>
<td></td>
</tr>
<tr>
<td>PSY 276</td>
<td>3</td>
</tr>
<tr>
<td>Ethics Across Counseling Professions</td>
<td></td>
</tr>
<tr>
<td>or PSY 263</td>
<td>3</td>
</tr>
<tr>
<td>Law &amp; Ethics in Counseling</td>
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</tr>
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</table>

### Additional 18 units of Electives

<table>
<thead>
<tr>
<th>Course</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSY 291</td>
<td>0</td>
</tr>
<tr>
<td>GCP Capstone Examination</td>
<td></td>
</tr>
</tbody>
</table>

## Policies and Procedures

### Grading and Academic Standards:

#### Academic Probation

Failure of a graduate degree to maintain a 3.0 cumulative GPA places the student on probation. The student and student's advisor will be notified in writing from the Office of the Graduate Dean regarding the probation. A student on probation must achieve a semester GPA of 3.0 or higher during the next two semesters in order to be reinstated to regular standing and may be required to take fewer units of work while on probation. See
individual departments for specific probation policies.

**Academic Dismissal**
A student is subject to dismissal for failure to maintain a 3.0 GPA during the probationary period. Failure to comply with the requirements and regulations of the graduate program and the University may also subject a student to dismissal. The Graduate Dean and/or the Graduate Council have the authority to dismiss students and to suspend dismissal.

**Attendance**
A student who miss three (3) or more classes during the semester may be withdrawn from the course by the instructor. No course credit will be given if the student is withdrawn (during the withdrawal period designated by the University) and a “W” will appear on their transcript. If the withdrawal period has passed students will receive a “U” (unauthorized withdrawal) on their transcript. No credit will be received for either a “W” or “U” and no reimbursement of tuition will be permitted unless allowed by College policies.

**Grading Policies**
Grades and grading policies of Mount Saint Mary's University (MSMU) are summarized below. Please consult the current MSMU catalog or contact the Registrar’s Office on either campus for further clarification.

At the end of each term the student receives a grade in every class. All grades, with the exception of "I" and "IP", are final when reported by the instructor to the registrar at the end of the term. Once submitted, grades may not be changed unless the result of clerical or procedural error. A student must request a review/change within 30 days after the end of a semester, or within 30 days following the distribution of the grade report containing the grade which the student wishes to challenge. The grade indicates results of examinations, term reports, and general scholastic standing in the entire course and becomes a part of the student’s permanent University record. The faculty has the right to use a less restrictive numerical/percentage system, but may not use a more restrictive system. The system to be used must be announced at the beginning of all courses and be outlined in the course syllabus.

The student’s grade point average (GPA) is computed according to this scale:

### Numerical grade system

<table>
<thead>
<tr>
<th>Numerical grade system</th>
<th>GPA</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 - 93.0 = A</td>
<td>4.0</td>
<td>(Superior, outstanding work)</td>
</tr>
<tr>
<td>90.0 - 92.9 = A-</td>
<td>3.7</td>
<td></td>
</tr>
<tr>
<td>87.0 - 89.9 = B+</td>
<td>3.3</td>
<td>(Above average, but not outstanding)</td>
</tr>
<tr>
<td>83.0 - 86.9 = B</td>
<td>3.0</td>
<td></td>
</tr>
<tr>
<td>80.0 - 82.9 = B-</td>
<td>2.7</td>
<td>(Lowest satisfactory grade)</td>
</tr>
<tr>
<td>77.0 - 79.9 = C+</td>
<td>2.3</td>
<td>(C+ and below must be repeated)</td>
</tr>
<tr>
<td>73.0 - 76.9 = C</td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>70.0 - 72.9 = C-</td>
<td>1.7</td>
<td></td>
</tr>
<tr>
<td>60.0 - 66.9 = D</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>0 - 59.9 = F</td>
<td>0.0</td>
<td></td>
</tr>
</tbody>
</table>

The following grades are not computed in the GPA:

- AU Audit
- CR Credit given (see below)
- I Incomplete (see below)
- IP In progress: deferred grading for graduate thesis or field experience
- NC No credit given (see below)
- NG No grade received, issued by the Registrar pending receipt of the final
Incomplete: The grade of “Incomplete” ("I") is given only when a student:

1. has fulfilled the majority of the course requirements;
2. has a passing grade in the course work;
3. is prevented from completing the assigned work for serious reasons;
4. has consulted the instructor prior to the grading period; AND
5. has been assessed by the instructor that he/she can realistically complete the work within one semester.

A student requesting an Incomplete must file an academic petition for incomplete with the signature of the instructor and the department chairperson prior to the day of the final exam. The instructor will assign a default grade when approving an incomplete. This default grade will be recorded on the student's transcript when a completed grade is not assigned by the instructor and/or an extension of the incomplete is not processed. An incomplete may only be extended for one additional semester with the approval of the instructor, the department chairperson, and the appropriate academic dean. (Students may not be given more than two semesters to complete any course.)

In Progress
An In Progress (IP) grade is given only during the practicum (PSY269A/B/C) courses when clinical hours are being accrued. All clinical hours and course work must be completed before an IP grade may be changed to a letter grade prior to graduation.

Repetition of Courses
Students must earn a grade of B- or better in each graduate course. Only courses with less than a B- grade may be repeated one time. If a grade is not raised to a B- or better when repeated the student will be dropped from the program.

Withdrawal From Courses
The grade "W" indicates withdrawal from a course, according to the following policy: Withdrawal (W) indicates that the student was permitted to withdraw from a class during the period scheduled on the University calendar with the approval of the instructor and advisor. After the scheduled date, petition to the Graduate Dean is required. The "W" carries no connotation of quality of student performance and is not calculated in the grade point average.

Unauthorized Withdrawal
The designation of Unauthorized Withdrawal, "U" may, at the discretion of the instructor, be assigned in lieu of a grade of "F", when the student does not attend a course but fails to officially withdraw, or does not attend a sufficient number of class meetings.

Appealing Your Grade
Students may appeal their grade in accordance with the MSMU grievance procedure outline in the Graduate Student Handbook. Filing a grievance must be initiated within two weeks of the disputed grade being posted.

Psychology Appeal Process
If students wish to appeal course or program requirements, they must:
1. Speak to the faculty member for that course and/or advisor
2. Speak to their program coordinator (e.g., MFT, Enlaces, Clinical, GCP)
3. Speak to the director
Resolution can occur at any of these steps, however students may take it to the next step and follow the procedures outlined in the Graduate Student Handbook.

Course Syllabi:
All faculty are required to provide a course syllabus at the beginning of the semester. The syllabus may be distributed via MSMU’s eLearning (Canvas) platform, via email or via hardcopy during the first week of class. Course syllabi are contracts between faculty and students. Faculty members have the right to alter the syllabi to adapt to curricular needs and accommodate for events such as professional meetings, official and religious holidays etc. Faculty must inform students of any changes in a timely fashion.

Students are responsible for all content in the course syllabus. If there are questions, students need to bring it up to the faculty member within the first two weeks.

Missed Assignments
Late assignments may only be made up at the discretion of the instructor. It is the responsibility of the student to promptly make arrangements for missed assignments, quizzes or examinations. Failure to do so will result in automatic grade reduction.

Constructive Feedback from Students
Students are expected to complete end of the semester evaluations utilizing MSMU’s Course Evaluations assessment. Some faculty may request mid-semester evaluations in which students are encouraged to participate.

Responsibility for Seeking Assistance
It is the student’s responsibility to advise the faculty when problems (internal or external to the program) occur which may affect his/her performance in the program.

Academic Freedom Statement
For faculty, academic freedom in research, teaching, and publication is fundamental to the advancement of truth and learning. Freedom of thought and expression is essential to fulfill the mission, and obligations, of academics and educators.

The student has the freedom to express ideas that differ from any interpretation or any viewpoint presented by an instructor. In exercising this freedom, there should be no disruption of the academic process of the class.

The student has the right to be evaluated accurately and fairly on academic performance as outlined by the instructor at the beginning of the course. The student has the right to discuss and review any academic performance with instructors. A student who believes that an evaluation was made on a basis other than academic performance has the right to an appeal procedure. (For appeal procedures, see Student Handbook).

Academic Integrity
All degree candidates are expected to adhere to the MSMU statements on Academic Integrity (AI) in the MSMU catalog and Student Handbook. This includes avoiding plagiarism and constructing your best work on each assignment. Papers and other work including images, should not be copied from the Internet. Infractions may be addressed by the MSMU administration and possibly include an AI Board review. Acts of academic dishonesty include but are not limited to the following:

1. Cheating: Cheating of any kind is dishonest. This includes copying other’s essays or exams, stealing exams, buying or otherwise procuring new or used exams, having someone else take an exam or write an essay for which you take credit, and any other way you might receive credit for work that is not your own.
2. Failing to Hand in Original Work: Using one essay for two different classes is also dishonest. If you have a topic appropriate for two classes, original and separate work must be done for each class, unless approval of both instructors has been obtained. Moreover, co-writing an essay without both obtaining the instructor’s permission and acknowledging the other person’s help is dishonest.

3. Plagiarism: Plagiarism is an act of academic dishonesty. It is a serious academic offense. Plagiarism is using anyone else’s ideas and representing them as your own (i.e. not giving appropriate credit). Acts of plagiarism include the following:
   - failure to document and give credit to an original source,
   - paraphrasing another person’s ideas without giving credit,
   - using direct quotes without proper recognition of the source,
   - using statistics, facts, or information from a source other than your own original research without giving credit.

4. Falsification or misrepresentation: Falsification of lab or clinical data, clandestine collaboration with others in class presentations or laboratory experiments, alteration of University documents, alteration of instructor’s grade sheets/book, misrepresentation on admissions materials, falsification of academic records, forgery, entering computer accounts not one’s own without prior consent of the owner, entering or deleting information without permission are all academic offenses.

5. Theft: Theft or mutilation of library or media materials, computer or media equipment, records or other University documents (such as examinations, assignments, grade books or other course materials), or theft from any member of the academic community are all acts of academic dishonesty.

Information on the consequences and appeal procedure can be found in the Graduate Division Student Handbook at https://www.msmu.edu/graduate-programs/about-msmu/student-handbook/

Accommodation Policy
Mount Saint Mary’s University, in compliance with the state and federal laws and regulations including the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973, does not discriminate on the basis of disability in administration of its education-related programs and activities. The University has an institutional commitment to provide equal educational opportunities for students with disabilities who are otherwise qualified. Students with known or suspected disabilities should see the Director of the Learning Resource Center at Doheny at (213) 477-2690 or disability@msmu.edu in order to receive appropriate accommodations. Students, who believe they have been subjected to discrimination on the basis of disability, or have been denied access to services or accommodations required by law, should contact the appropriate campus disability services coordinator for resolution. Information on Disability Support Services and the Disability Grievance Procedures, may also be viewed on the University website at www.msmu.edu, key word, “disability.” Additional disability related information and policies can be found below and in the general MSMU Graduate Student Handbook.

Academic Difficulty Notice
MSMU policy suggests students (as well as advisors and administrators) be notified, at least once, during the semester if an instructor believes a student’s success in a course is potentially in jeopardy. Notices are sent to students at mid-semester or throughout the course when they are earning a B or lower grade in the course. Students receiving academic difficulty notices are strongly encouraged to discuss their course progress with the instructor.

Credit Hour Equivalence
A credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that reasonably approximates not less than:
   1. One hour of classroom or direct faculty instruction and a minimum of two hours of out-of-class student work each week for approximately fifteen weeks for one semester, or the equivalent amount
of work over a different amount of time; or
2. At least an equivalent amount of work as required in paragraph (1) for other academic activities, including laboratory work, internships, practica, lab, and other academic work leading to the award of credit hours.

Academic Advisors:
Immediately after matriculation at Mount Saint Mary's University, the program or department head assign a faculty academic advisor for each graduate student. The academic advisor is a personal consultant and mentor on academic matters and serves as a liaison between the student and the department or program. Graduate students are urged to maintain close and frequent contact with the academic advisor.

Faculty advisors are available to assist students with any questions or concerns that arise from the academic or clinical components of the curriculum or issues relating to clinical practice. It is the responsibility of the student to attempt to settle any conflicts or questions with individual faculty members before involving the advisor. In the event that participation by the assigned faculty advisor is a conflict of interest, another faculty member will be assigned.

It is the responsibility of the student to schedule an appointment with the advisor once per semester for selection of courses, or on a more frequent basis if academic difficulties are encountered. It is the responsibility of the student to seek appropriate assistance in the event of personal or academic difficulties.

Psychology Department Policies:
Administrative Drop
Students who do not attend the first class meeting of a course in which they are registered may be administratively dropped, unless they make arrangements with the instructor prior to the first day. Students should contact the instructor if a possible error has been made regarding an administrative drop.

Attendance
Students who miss three (3) or more classes during the semester may be withdrawn from the course by the instructor. No course credit will be given if the student is withdrawn (during the withdrawal period designated by the University) and a W will appear on their transcript. If the withdrawal period has passed the student will receive a U (unauthorized withdrawal) on their transcript. No credit will be received for either a W or U and no reimbursement of tuition will be permitted unless allowed by University policies.

Plagiarism Statement
The Psychology Department takes all instances of cheating and plagiarism extremely seriously. Violations of academic integrity harm the individual, other students, and the quality of learning in the department. Plagiarism and cheating are dishonest, unethical, and illegal. Cheating in any way defeats the purpose of education, which is to improve your powers of thought and expression.

Plagiarism means presenting as one’s own, the work, opinions, or words of someone else. Plagiarism occurs when one uses the exact language of someone else without placing the words in quotation marks and naming the original author. Plagiarism also occurs when the arrangement of material or the pattern of thought of someone else is offered as your own, even if it is expressed in your own words. Obviously, the use of someone else’s researched and written report as your own is a clear-cut case of plagiarism. Another obvious case of plagiarism is turning in documents copied in part or in whole from the Internet, or turning in a paper you purchased or borrowed from any other source.

Examination cheating includes using unauthorized materials or sources when completing an exam, stealing or falsifying exam responses, collaborating with others on exam answers, or sharing exam responses with other students. Other instances of cheating may be determined by the course instructor.
To avoid unintentional plagiarism and cheating, do not share any graded work (including rough drafts, finished papers, homework assignments, examinations) with other students. When taking notes on a published article, be sure to either re-write the material in your own words, or to use quotation marks to remind yourself that the notes you have jotted down are direct quotes from another author. Be sure to identify the source of ideas in your own notes to make it easier to give proper credit.

For all psychology courses, the following policy may apply:

1. If there is strong suspicion that a student has cheated or plagiarized, the faculty member may require, at their discretion, the student re-submit the assignment or exam. Application of a penalty is at the discretion of the faculty member.

2. A student who is found to have cheated or plagiarized will, at minimum, receive 0 points for the assignment/exam. Depending on the importance of the assignment/exam for the learning goals of the class, and the seriousness of the violation, the penalty may be failure in the class. The penalty will be determined by the instructor for the class.

3. A student who is found to have cheated or plagiarized on multiple (2 or more) assignments/exams in a single course will fail the course.

4. The Psychology Department will maintain a confidential file documenting all incidents of cheating/plagiarism that have been identified by faculty members. If a student is found to have cheated or plagiarized in multiple (2 or more) Psychology courses, the Psychology Department may initiate actions to expel the student from the University.

Preparation
It is important that students come to class fully prepared, having read required texts and completing assignments each week. This preparation allows the instructor to enhance and expand the students' knowledge and assist the student to apply what they have learned to a variety of settings.

Promptness
Arriving on time is a courtesy to faculty and classmates, as well as a benefit to the student. Failure to arrive on time and/or leaving early may result in an absence for that class and/or assignments may not be accepted by the instructor.

Disabilities:
Mount Saint Mary's University, Los Angeles is committed to ensuring the full participation of all students in its programs. If you have a documented disability (chronic, medical, physical, learning, psychological, or temporary), or think you may have a disability and need a reasonable accommodation to participate in class, complete course requirements, or access the University's programs or services; contact Disability Services (DS) as soon as possible. To receive an accommodation, you must register with DS. DS works with students confidentially and does not disclose any disability-related information without student consent. DS coordinates and promotes disability accommodations and awareness and works in partnership with faculty and all other student service offices. For further information about services for students with disabilities, contact DS at the Chalon Academic Support Center, H207, (310) 954-4142, or at the Doheny Student Resource Center, Building 3, (213) 477-2690. You can also email for more information at disability@msmu.edu.

Students are responsible for requesting and ensuring that each faculty member implement any agreed upon accommodation. Retroactive accommodation or adjustment of any kind is not available to students who fail to follow these procedures, fail to comply with these timelines, or fail to ensure implementation of the prescribed methods of accommodation. For instances of temporary accommodation, (for those conditions deemed not permanent), authorization for accommodation must be renewed each semester through the LRC.

Students must speak with the Clinical Coordinator prior to fieldwork training to see if any accommodations need to be made. Students who require accommodations in their fieldwork must inform the fieldwork sites during the interview process. The University has an obligation to its clinical sites and the public to ensure students are adequately prepared to function in the fieldwork.
**Technology:**

When students experience difficulties with technology (email, Canvas etc.), they must contact the OIT Help Desk to open a ticket so the department and University can track these issues. The student must provide a copy of the OIT ticket to the faculty member if technological difficulties were the reason why an assignment was late or otherwise not completed.

**Communications**

Cell phones/pagers are to be turned off for all class sessions. On those rare occasions when communication by cell phone is imperative (e.g., family emergency) the student may request authorization from the faculty to access phone information (silent mode). If a return call is required the student will discreetly exit for that purpose.

**Email**

MSMU Email is the official communication method that the University will use to contact students to keep them informed of University activities, policies, and administrative functions such as registration and billing. Students, therefore, must check e-mail regularly in order to stay abreast of important messages and notifications.

Failure to read official University communications sent to students’ official e-mail addresses does not absolve students from knowing and complying with the content of official communications. Students must comply with course requirements communicated to them by e-mail.

**Conduct:**

**Principles of Community**

Mount Saint Mary’s University is a multi-cultural community of people from diverse racial, ethnic, and class backgrounds, national origins, religious affiliations, political beliefs, physical abilities, and sexual orientations. Our activities, programs, classes, workshops, lectures and everyday interactions are enriched by our acceptance of one another, and we strive to learn from each other in an atmosphere of positive engagement and mutual respect. We want to make explicit our expectations regarding the behavior of each member of our community. As adults, we are responsible for our behavior and are fully accountable for our actions. We each must take responsibility for our awareness of racism, sexism, xenophobia, homophobia and all other forms of oppression.

Bigotry will not go unchallenged within this community. No one has the right to denigrate another human being on the basis of race, sex, sexual orientation, national origin, etc. We will not tolerate verbal or written abuse, threats, harassment, intimidation or violence against persons or property. In this context, we do not accept alcohol or substance abuse as an excuse, reason or rationale for such abuse, harassment, intimidation or violence. Ignorance or "it was just a joke" is also not an excuse for such behavior. Such behavior will be subject to the University's disciplinary processes. All who work, live, study and teach in the Mount Saint Mary’s community are here by choice, and as part of that choice should be committed to these principles which are an integral part of Mount Saint Mary’s University’s focus, goals and mission. (*Permission to print granted by the University of California at Irvine, University of California at Santa Cruz, and the University of Southern California.*)

**Collegial Relationships**

Dating between students and faculty is not acceptable and will not be tolerated within the department. It compromises objectivity and the professional peer relationships developing through the socialization process inherent in professional education. Faculty does not provide counseling services or referrals to students. If a student discusses personal issues requiring counseling, she/he will be referred to MSMU Counseling and Psychological Services webpage for referrals. The Graduate Psychology Program discourages dual relationships.
Ethical Conduct:

Personal Ethics
Faculty and students of the MSMU Graduate Psychology Department are obligated to abide by the ethical standards of the profession by demonstrating the highest degree of integrity, responsiveness, and dedication in the provision of services of the highest quality. Acknowledgment of, and respect for the rights of others are attributes inherent to our professional ethic. Students and faculty of the MSMU Department reflect these qualities in their interactions and practice. The individual student and/or faculty member has the inherent responsibility to report violations of the ethical standards of the profession and of the policies of the Graduate Psychology Department. Students and faculty are accountable for their actions and attitudes and are responsible for the consequences of their decisions and behaviors. Students and faculty are expected to adhere to the California Association of Marriage and Family Therapy (CAMFT) and the American Association of Marriage and Family Therapy (AAMFT) Codes of Ethics (see Appendix A).

Incumbent on any professional, particularly those in the counseling professions, is the recognition of and respect for the rights of others. In the case of counseling care this translates to acceptance of the right of clients to accept, deny, or question the services offered. In addition, this respect takes the form of acknowledging the rights of others to make lifestyle, religious, and other areas of choice/decision for themselves and to receive the highest quality of health care regardless of lifestyle, religious affiliation, race, sex, age, or disability.

Professional Ethical Standards
The ethical standards adhered to by the Department are those of the CAMFT and the AAMFT, and the values of compassion, caring, hope, honesty, integrity, and a sincere commitment to improving the quality of life. Faculty and students are required to abide by the ethical standards of the profession and to take whatever action is appropriate to insure the integrity of the educational experience and the quality of care for the clients.

Any student who is charged with an ethical violation of MSMU standards is entitled to a fair and just hearing by the appropriate authorities. A guilty verdict for a student violating the ethical standards of the profession or University will constitute grounds for dismissal from the program and may result in being barred from licensure in California. Violations of law by any member of the faculty or the student body will involve punishment as determined by the courts. It should be noted that conviction of a felony is grounds for denial of eligibility for licensure and revocation of licensure privileges.

Communication Conflicts:
Students are encouraged to meet and confer with members of the faculty and with their academic advisor for purposes of maintaining clear communication, compatible expectations, and other appropriate and professionally related dialogue. When miscommunications arise between any members of the department, the faculty member or student who has identified a communication problem must first address it with the offending party. If this does not resolve the issue, the faculty member or student should then seek assistance from the student’s faculty advisor. If the issue remains unresolved a referral should be made to the Director of the Graduate Psychology Program.

Transferring a Course:
A maximum of six semester units of graduate work taken in an accredited graduate program is transferable to Mount Saint Mary's University, provided that:

1. The transfer courses satisfy curriculum requirements at Mount Saint Mary's University and a grade of "B" or better was earned;
2. The courses are transferred after the student has been accepted into the program and prior to the last semester of graduate study; transfer credit forms are available in the Registrars’ Office;
3. Correspondence and extension courses are not transferable;
4. Courses must be approved by the department prior to the student taking the course. Syllabi, course descriptions and other documents may be required for this approval.

Once admitted to a graduate program, students are expected to pursue study only at Mount Saint Mary’s University.

**Change of Specialization:**

Students may change their specialization in counseling psychology one time during the program. The student must meet with their advisor and meet the following criteria to change specialization:

**MFT to GCP**

1) Complete the psychology departments change of Specialization form (Appendix C)
2) Recommendation of the student’s advisor and Graduate Psychology Director
3) Student is in good standing with the University
4) Complete the Registrar’s Change of Emphasis Form

**GCP to MFT**

1) Complete the psychology departments change of Specialization form (Appendix C)
2) Recommendation of the student’s advisor and Graduate Psychology Director
3) Student is in good standing with a GPA of 3.4 or higher
4) Two letters of recommendation (1 from faculty member and 1 from someone who can speak to the student’s clinical ability)
5) Interview with Graduate Psychology Director or designee
6) Approval by the Director and/or Clinical Training Coordinator
7) Complete the Registrar’s Change of Emphasis Form

**¡Enlaces! MFT Certificate:**

¡Enlaces! is a certificate program that is embedded into the MFT Specialization. Students should be fluent in both English and Spanish, and be able to participate in class in both languages. Interested students are normally interviewed and admitted to ¡Enlaces! during the admission process to the MFT program. This includes an interview with the ¡Enlaces! Coordinator, and a Spanish proficiency assessment, to get approval for this emphasis.

All ¡Enlaces! requirements are embedded in the MFT program and includes a clinical placement working with Spanish-speaking clients and families.

In order to add or drop ¡Enlaces! MFT emphasis, the Registrar’s Change of Emphasis form must be completed and signed by the ¡Enlaces! Coordinator and sent to the Registrar’s office.

**Leave of Absence:**

Students in good academic standing may request a leave of absence from the University for one semester. However, after the deadline to withdraw with a “W” a Leave of Absence cannot be granted for the current term. Students on a Leave of Absence may not enroll in another institution during the period of the Leave of Absence. Upon request, a Leave of Absence can be extended for one additional semester by the appropriate Academic Dean. Students on a Leave of Absence are considered continuing students and may pre-register for the next semester at the allotted time and must contact their academic advisor. NOTE: Students need to be aware that a Leave of Absence may have an impact on their financial aid which may cause them to repay their loans prior to graduation. Check with the financial aid department for terms and conditions.

**Returning to Campus Following a Psychological Emergency or Related Administrative Leave/Withdrawal:**

Mount Saint Mary’s University is committed to the well-being and safety of its community members as well as the integrity of the learning environment. A student who is returning to any area of campus following a psychological emergency (e.g. hospitalization for suicidality/homicidality, disruptive behavior, etc.) or related
administrative leave/withdrawal, may be required to provide evidence of professional evaluation and treatment or release from medical leave from their treating physician, before returning to campus. Decisions regarding return to the program may be made by the Assistant Vice President for Student Affairs or designee in consultation with the appropriate Mount Saint Mary's University mental and physical health professionals and other staff as is deemed necessary. Failure to comply with this requirement may result in further action up to and including suspension or removal from the University. Students seeking medical withdrawal from the University should refer to policies in the Academic Catalog.

**Time to Graduation:**

Starting from the date of admission, students cannot be enrolled in the program beyond 7 years (21 semesters) unless approved by the Director of the Graduate Psychology Program and the Graduate Dean. An academic petition must be completed at this time.

**Academic Grievance:**

In matters of academic grievance, the procedures established in the University Student Handbook shall be followed. It is the intent that equitable solutions be established at the lowest academic and administrative level. Academic grievance procedures are outlined in the Student Handbook available online at: https://www.msmu.edu/online/student-life/complaints-process/

**Cancelation of Class and Campus Closure:**

In the rare instance that an instructor needs to cancel class, students will be notified as soon as possible via MSMU email and/or Canvas. In the case of campus closure, students will be notified by the campus emergency alert system. Students are encouraged to register with the Emergency Alert System at Mount Saint Mary's University so that they will be immediately notified of campus-wide closures. See emergency procedures in Graduate Student Handbook Part 1 for further detail: https://www.msmu.edu/graduate-programs/media/website/content-assets/images/graduate-programs/academics/student-handbooks/2017-2018-Core-Components.pdf

**Clinical Practicum**

The primary purpose of the clinical education component of the curriculum is to provide students with the opportunity for direct application and integration of classroom knowledge, skills, and attitudes in a controlled client care environment. The student must successfully complete all department and University academic requirements prior to participation in practicum. The student must represent the University and the Program in a mature and professional manner.

The Clinical Coordinator’s primary responsibility is to serve as a liaison between Mount Saint Mary’s Graduate Psychology program and associated practicum sites to insure the optimum placement of trainees in appropriate fieldwork settings. To further this goal, the coordinator meets regularly with practicum sites to ensure they meet the requirements of the BBS. Practicum sites are continually reevaluated in response to changes at the sites or recommendations by the coordinator and the trainees themselves.

Students will be evaluated on an ongoing basis by faculty and staff regarding their readiness for practicum. If any faculty or staff feels that a student’s readiness is questionable, the student will be referred to the Director of the Graduate Psychology Program.

The Clinical Coordinator at Mount Saint Mary’s University is available to answer any questions at (213) 477-2656.

**Eligibility for Practicum:**

1. Students need to be concurrently enrolled in or have completed the following courses
in order to start the traineeship:

1. PSY 202
2. PSY 268
3. PSY 225
4. PSY 227
5. PSY 230
6. PSY 254
7. PSY 274
8. PSY 241
9. PSY 235
10. PSY 236
11. PSY 263

2. Students must attend the mandatory Pre-Practicum Information meetings in the Fall and Spring semesters before traineeship begins. Students may only be excused from these meetings if prior arrangements have been made with their academic advisor or the Clinical Coordinator. Students are responsible to find out the day and time of meetings.

3. Student must have a cumulative 3.0 GPA.

**Obtaining a Practicum Site:**
In the Pre-Practicum meeting, a list of the most up-to-date practicum sites will be given to students. Students cannot become a trainee at a fieldwork site where they have worked previously and/or have volunteered more than 200 hours. It is the student’s responsibility to obtain their own practicum site. The general timeline is:

<table>
<thead>
<tr>
<th>Time Frame</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>November-December</td>
<td>Mandatory Pre-practicum Meeting</td>
</tr>
<tr>
<td></td>
<td>Work on CV/Resume and Cover Letter</td>
</tr>
<tr>
<td>November</td>
<td>Resume and Cover Letter Boot Camp</td>
</tr>
<tr>
<td>January</td>
<td>Mandatory Pre-Practicum Meeting</td>
</tr>
<tr>
<td>January-February</td>
<td>Apply to practicum sites</td>
</tr>
<tr>
<td>March-April</td>
<td>Practicum site interviews</td>
</tr>
<tr>
<td>May-June</td>
<td>Notification of practicum placement</td>
</tr>
</tbody>
</table>

**Hours:**
Students are expected to be at their practicum site 16-20 hours per week and have up to 10 face-to-face counseling sessions weekly. Students are required to receive a minimum of 250 hours of face-to-face counseling hours for MFT trainees and 280 hours for LPCC trainees.

**Supervision:**
Students must receive a minimum of 1 hour of individual supervision OR a minimum of 2 hours of group supervision (NOT containing more than 8 interns/trainees) by a qualified supervisor for every 5 client counseling hours. The supervisor may be either a licensed MFT, PhD/PsyD, LSCW, or LPCC with 2 years post licensed experience and six hours of continuing education in supervision each license cycle.

**Initial Traineeship Documents:**
By no later than the end of September, the following documents must be turned in:

1. Students must join the California Association of Marriage and Family Therapy (CAMFT).
2. Students much bring in proof of liability insurance before the end first month of
class. This is a free benefit of their CAMFT membership.

3. Complete the “4-Way Agreement” (Appendix D). This agreement needs to be signed by:
   a) The student/trainee
   b) The supervisor
   c) The representative of the clinical site
   d) MSMU’s Graduate Dean/Provost

4. Supervisor’s Verification Form

5. Copy of the supervisor’s license

Other Documents:

1. Students must complete the BBS’s “Weekly Summary of Hours Experience” form (Appendix E) throughout their fieldwork.

2. Students must complete BBS’s “Marriage and Family Therapist Experience Verification” form (Appendix F) at the end of the traineeship.

3. Students must make sure that the supervisor completes the “Trainee Evaluation” form (Appendix G) at the end of each semester.

4. Students must complete the “MSMU Therapy Verification” form (Appendix I) at the end of each semester and complete a total of 25 hours of personal face-to-face psychotherapy.

5. Students must complete their evaluation of their supervisor and their fieldwork site at the end of their traineeship (Appendix H & J)

BBS Completion Form:

After being notified by the Registrar’s Office that a student has officially graduated from the University (by completing all degree requirements), the completed BBS Degree Program Certification Form B will be signed by the Graduate Dean/Provost and then delivered to the Registrar’s Office for processing. Based on the student’s written request the official transcript and signed Form B will either mailed to or made available for pick at the Registrar’s office for processing. The sealed transcript and Form B will be included in the student’s application for an MFT Associate number.

Practicum Course (PSY 269 A/B/C/X):

Students must be enrolled in a practicum class during their entire clinical training. The student MUST be registered for these courses with MSMU. The student will NOT be allowed to begin any clinical experience until they have registered for the course. During the second semester, students will be required to complete a capstone examination in PSY 269B.

Personal Therapy:

Students must complete 25 hours of personal face-to-face psychotherapy while in practicum. In 269A, students must complete a minimum of 5 hours of personal therapy. During 269B and 269C an additional 10 hours of personal therapy must be completed. If students fail to complete the minimum required hours of personal therapy each semester, they would not be allowed to register for the following semester practicum course. Please note that this may delay graduation.

Attendance and Absences:

Students are expected to attend all scheduled days at their fieldwork site. Absences must be reported to their supervisor(s) with rescheduling of client appointments per the fieldwork site’s policy.
Practicum Site’s Expectations:
Students are responsible for abiding by the rules, regulations, and policies of their practicum sites. These policies may include but are not limited to safety training, facility orientation, background investigations and drug screening. Students are responsible for the fees incurred to obtain background investigations and drug screening.

Attire:
This is a professional program and students are judged, in part, by how they dress. When choosing professional attire, students must be cognizant of the fact that they will be treating clients and interacting with professionals from other cultures and generations. It is important that students’ choice of attire does not distract or offend clients or professionals with whom they interact. Students must follow the professional attire as stated by fieldwork site. In addition, it is expected that:

1. Jewelry should be kept to a minimum. Visible body piercing jewelry should be removed. Tattoos should be covered by professional attire. Neckline should be conservative. Skirts should be no more than 3 inches above the knee. Shorts are not recommended. Students must refrain from showing midriffs.

2. Students should maintain appropriate personal hygiene. In the clinical environment and when working with clients, a fragrance-free environment is expected, and students will respect this by refraining from the use of colognes/perfumes.

Ending Fieldwork Sites Early:
Students MAY NOT drop or change their fieldwork site once they have accepted a placement. Students must complete the terms of their contract and may not terminate early because they have completed their MSMU hours.

Fieldwork Evaluation:
Successful completion of fieldwork is an important aspect of fieldwork/practicum. Therefore each student is expected to receive:

- **Fall term** - a rank of 2 or higher for each competency on the trainee evaluation and an overall rank of 3 or higher
- **Spring term** – a rank of 3 or higher for each competency on the trainee evaluation and an overall rank of 3.5 or higher
- **Final evaluation OR Summer term** – a rank of 4 or higher for each competency on the trainee evaluation and an overall rank of 4 or higher

Failure to obtain the minimal ranking will require the student and practicum instructor (in consultation with the clinical supervisor) to develop a remediation plan to address the student’s weaknesses. The grade for that semester’s practicum class will be an IP until the remediation plan is successfully completed. Failure to improve the clinical evaluation to the expected level may result in either repeating part or all of the fieldwork experience or dismissal from the MFT program.

Capstone:
The purpose of Capstone examination is to ensure that students have met the minimal competency standards for the field of marriage and family therapy. The Capstone exam for MFTs and LPCCs will include a written case study using BBS guidelines, an oral presentation, and answering questions from peers and faculty regarding their case conceptualization. Students must pass both the written and oral component of this exam and have only one opportunity to repeat their performance. Repeating the Capstone should be completed
before the end of the summer term. If the student does not pass the second time, he or she will not be awarded a degree.

**The GCP does not require a Capstone examination.** The optional Thesis gives students the opportunity to become an “expert” in a certain topic. It is designed to be highly relevant to one’s career goals, serving as a personal marketing tool for job interviews. It also provides research preparation for those who develop an interest in going on to doctoral programs. Students who do not opt for a thesis fill their 36 units with coursework.
Appendix A (AAMFT/CAMFT Code of Ethics)

AAMFT

PREAMBLE
The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

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

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

Seeking Consultation
The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

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

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

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

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

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

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

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

**STANDARD I**
**RESPONSIBILITY TO CLIENTS**
Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.

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

1.2 Informed Consent.
Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented.
1.3 Multiple Relationships.
Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists document the appropriate precautions taken.

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

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

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

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

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

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

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

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

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

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

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

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

2.2 Written Authorization to Release Client Information.
Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual’s confidences to others in the client unit without the prior written permission of that individual.

2.3 Client Access to Records.
Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client’s access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client’s request and the rationale for withholding some or all of the record should be documented in the client’s file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

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

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

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

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

STANDARD III
PROFESSIONAL COMPETENCE AND INTEGRITY
Marriage and family therapists maintain high standards of professional competence and integrity.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STANDARD V
RESEARCH AND PUBLICATION

Marriage and family therapists respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.
5.1 Institutional Approval.
When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

5.2 Protection of Research Participants.
Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

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

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

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

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

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

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

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

Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically-assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.

6.1 Technology Assisted Services.
Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

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

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

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

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

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

STANDARD VII
PROFESSIONAL EVALUATIONS

Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.
7.1 Performance of Forensic Services.
Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

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

7.3 Competence.
Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

7.4 Informed Consent.
Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

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

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

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

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

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

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

STANDARD VIII
FINANCIAL ARRANGEMENTS
Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.
8.1 Financial Integrity.
Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals. Fee-for-service arrangements are not prohibited.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Download the AAMFT Code of Ethics PDF

Legal and Ethics Consultations
Your membership in AAMFT allows you access to various member benefits, including consultations with AAMFT’s legal and ethics staff. All members of AAMFT are eligible to receive Ethical Advisory Opinions. Members in the following AAMFT membership categories are eligible for Legal Consultations: Pre-Allied Mental Health Professional Members, Allied Mental Professional Members, Pre-Clinical Fellow, and Clinical Fellow.

Ethics Complaint Process
The AAMFT Ethics Committee has the ability to investigate complaints against AAMFT members for alleged violations of the AAMFT Code of Ethics.

CAMFT
Code of Ethics California Association of Marriage and Family Therapists

Part I—The Standards

INTRODUCTION

The Board of Directors of CAMFT hereby publishes pursuant to the Association Bylaws, a Revised CAMFT Code of Ethics. Members of CAMFT are expected to be familiar with and abide by these standards and by applicable California laws and regulations governing the conduct of licensed marriage, and family therapists, supervisors, educators, interns, applicants, students, and trainees. The effective date of these revised standards is June 11, 2011.

The practice of marriage, and family therapy and psychotherapy is both an art and a science. It is varied in its approach, technique, modality, and method of service delivery. These ethical standards are to be read, understood, and utilized as a guide for ethical behavior. The general principles contained in this code of conduct are also used as a basis for the adjudication of ethical issues and/or complaints (both within and outside of CAMFT) that may arise. Ethical behavior must satisfy not only the judgment of the individual marriage and family therapist, but also the judgment of his/her peers, based upon a set of recognized norms.

We recognize that the development of standards is an ongoing process, and that every conceivable situation that may occur cannot be expressly covered by any set of standards. The absence of a specific prohibition against a particular kind of conduct does not mean that such conduct is either ethical or unethical. While the specific wording of these standards is important, the spirit and intent of the principles should be taken into consideration by those utilizing or interpreting this code. The titles to the various sections of these standards are not considered a part of the actual standard. Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, at CAMFT’s administrative office, 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.
Responsibility to Patients

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

1.1 NON-DISCRIMINATION: Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of race, gender, gender identity, gender expression, religion, national origin, age, sexual orientation, disability, socioeconomic, or marital status. Marriage and family therapists make reasonable efforts to accommodate patients who have physical disabilities.

1.1.1 HISTORICAL AND SOCIAL PREJUDICE: Marriage and family therapists are aware of and do not perpetuate historical and social prejudices when diagnosing and treating patients because such conduct may lead to misdiagnosing and pathologizing patients.

1.2 DUAL RELATIONSHIPS-DEFINITION: Marriage and family therapists are aware of their influential position with respect to patients, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships with patients that are reasonably likely to impair professional judgment or lead to exploitation. A dual relationship occurs when a therapist and his/her patient engage in a separate and distinct relationship either simultaneously with the therapeutic relationship, or during a reasonable period of time following the termination of the therapeutic relationship. Not all dual relationships are unethical, and some dual relationships cannot be avoided. When a concurrent or subsequent dual relationship occurs, marriage and family therapists take appropriate professional precautions to ensure that judgment is not impaired and that no exploitation occurs.

1.2.1 UNETHICAL DUAL RELATIONSHIPS: Other acts that would result in unethical dual relationships include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, continuing treatment procedures may include, or refuse professional service to

1.2.2 SEXUAL CONTACT: Sexual intercourse, sexual contact or sexual intimacy with a patient, or a patient’s spouse or partner, or a patient’s immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical. Should a marriage and family therapist engage in sexual intimacy with a former patient or a patient’s spouse or partner, or a patient’s immediate family member, following the two years after termination or last professional contact, the therapist shall consider the potential harm to or exploitation of the former patient or to the patient’s family.

1.2.3 PRIOR SEXUAL RELATIONSHIP: A marriage and family therapist does not enter into a therapeutic relationship with a person with whom he/she has had a sexual relationship or with a partner or the immediate family member of a person with whom he/she has had a sexual relationship.

1.3 TREATMENT DISRUPTION: Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to patients and maintain practices and procedures that assure undisrupted care. Such practices and procedures may include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will.

1.3.1 TERMINATION: Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships and do so in an appropriate manner. Reasons for termination may include, but are not limited to, the patient is not benefiting from treatment; continuing treatment is not clinically appropriate; the therapist is unable to provide treatment due to the therapist’s incapacity or extended absence, or in order to avoid an ethical conflict or problem.

1.3.2 ABANDONMENT: Marriage and family therapists do not abandon or neglect patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the patient in making clinically appropriate arrangements for continuation of treatment.

1.3.3 FINANCIAL GAIN: Marriage and family therapists do not maintain therapeutic relationships solely for financial gain.

1.3.4 NON-PAYMENT OF FEES: Marriage and family therapists do not terminate patient relationships for non-payment of fees except when the termination is handled in a clinically appropriate manner.

1.4 PATIENT AUTONOMY: Marriage and family therapists respect the right of patients to make decisions and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their patients that decisions on the status of their personal relationships, including dissolution, are the responsibilities of the patient(s).

1.4.1 PATIENT CHOICES: Marriage and family therapists respect patient choices and work jointly with patients to develop and review treatment plans that are consistent with patients’ goals and that offer a reasonable likelihood of patient benefit.

1.4.2 ELECTRONIC THERAPY: When patients are not physically present (e.g., therapy by telephone or Internet) during the provision of therapy, marriage and family therapists take extra precautions to meet their responsibilities to patients. Prior to utilizing electronic therapy, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality to the patient’s needs. When therapy occurs by electronic means, marriage and family therapists inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies. Marriage and family therapists ensure that such therapy complies with the informed consent requirements of the California Telemedicine Act.
1.5 THERAPIST DISCLOSURES: Marriage and family therapists provide adequate information to patients in clear and understandable language so that patients can make meaningful decisions about their therapy. Marriage and family therapists respect the right of patients to choose whether to enter into or remain in a therapeutic relationship.

1.5.1 DISCLOSURE: Where a marriage and family therapist’s personal values, attitudes, and/or beliefs are a determinative factor in diagnosing or limiting treatment provided to a client, the marriage and family therapist shall disclose such information to the patient.

1.5.2 RISKS AND BENEFITS: Marriage and family therapists inform patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of harm that could result from the utilization of any technique.

1.5.3 EMERGENCIES/CONTACT BETWEEN SESSIONS: Marriage and family therapists inform patients of the extent of their availability for emergencies and for other contacts between sessions. When a marriage and family therapist is not located in the same geographic area as the patient, he/she shall provide the patient with appropriate resources in the patient’s locale for contact in case of emergency.

1.5.4 CONSENT FOR RECORDING/OBSERVATION: Marriage and family therapists obtain written informed consent from patients before videotaping, audio recording, or permitting third party observation.

1.5.5 LIMITS OF CONFIDENTIALITY: Marriage and family therapists are encouraged to inform patients as to certain exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and patients dangerous to themselves or others.

1.5.6 THERAPIST BACKGROUND: Marriage and family therapists are encouraged to inform patients at an appropriate time and within the context of the psychotherapeutic relationship of their experience, education, specialties, and theoretical and professional orientation, and any other information deemed appropriate by the therapist.

1.6 EXPLOITATION: Marriage and family therapists do not use their professional relationships with patients to further their own interests and do not exert undue influence on patients.

1.7 PATIENT BENEFIT: Marriage and family therapists continually monitor their effectiveness and take steps to improve when necessary. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that patients are benefiting from the relationship.

1.8 EMPLOYMENT AND CONTRACTUAL TERMINATIONS: When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the patient when resolving issues of continued responsibility for patient care.

1.9 FAMILY UNIT/CONFLICTS: When treating a family unit(s), marriage and family therapists carefully consider the potential conflict that may arise between the family unit(s) and each individual. Marriage and family therapists clarify, at the commencement of treatment, which person or persons are clients and the nature of the relationship(s) the therapist will have with each person involved in the treatment.

1.10 WITHHOLDING RECORDS/NON-PAYMENT: Marriage and family therapists do not withhold patient records or information solely because the therapist has not been paid for prior professional services.

1.11 CONSULTATION: When appropriate, marriage and family therapists consult, collaborate with, and refer to physicians, other health care professionals, and community resources in order to improve and protect the health and welfare of the patient.

1.12 ADVOCATE WITH THIRD PARTY PAYERS: When appropriate, marriage and family therapists advocate for mental health care they believe will benefit their patients. In appropriate circumstances, they challenge denials of care, or denials of payment for care, by managed care organizations, insurers, or other payers.

1.13 TREATMENT ALTERNATIVES: Marriage and family therapists discuss appropriate treatment alternatives with patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.

1.14 POTENTIAL CONFLICTS: Marriage and family therapists carefully consider potential conflicts when providing concurrent or sequential individual, couple, family, and group treatment, and will take reasonable care to avoid or minimize such conflicts.

1.15 DOCUMENTING TREATMENT DECISIONS: Marriage and family therapists are encouraged to carefully document in their records when significant decisions are made, e.g., determining reasonable suspicion of child, elder or dependent adult abuse, determining when a patient is a danger to self or others, when making major changes to a treatment plan, or when changing the unit being treated.

1.16 NON-THERAPIST ROLES: When marriage and family therapists engage in professional roles other than treatment or supervision (including, but not limited to, managed care utilization review, consultation, coaching, adoption service, or behavior analysis), they act solely within that role and clarify, when necessary to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.

1.17 THIRD PARTY PAYER DISCLOSURES: Marriage and family therapists advise patients of the information that will likely be disclosed when submitting claims to managed care companies, insurers, or other third party payers, such as dates of treatment, diagnosis, prognosis, progress, and treatment plan.
Confidentiality

Marriage and family therapists have unique confidentiality responsibilities because the “patient” in a therapeutic relationship may be more than one person. The overriding principle is that marriage and family therapists respect the confidences of their patient(s).

2.1 DISCLOSURES OF CONFIDENTIAL INFORMATION: Marriage and family therapists do not disclose patient confidences, including the names or identities of their patients, to anyone except a) as mandated by law b) as permitted by law c) when the marriage and family therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case patient confidences may only be disclosed in the course of that action), or d) if there is an authorization previously obtained in writing, and then such information may only be revealed in accordance with the terms of the authorization.

2.2 SIGNED AUTHORIZATIONS—RELEASE OF INFORMATION: When there is a request for information related to any aspect of psychotherapy or treatment, each member of the unit receiving such therapeutic treatment must sign an authorization before a marriage and family therapist will disclose information received from any member of the treatment unit.

2.3 ELECTRONIC MEDIA: Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of patient information, and take care when disclosing such information. Marriage and family therapists are also aware of the limitations regarding confidential transmission by Internet or electronic media and take care when transmitting or receiving such information via these mediums.

2.4 MAINTENANCE OF PATIENT RECORDS—CONFIDENTIALITY: Marriage and family therapists store, transfer, transmit, and/or dispose of patient records in ways that protect confidentiality.

2.5 EMPLOYEES—CONFIDENTIALITY: Marriage and family therapists take appropriate steps to ensure, insofar as possible, that the confidentiality of patients is maintained by their employees, supervisees, assistants, and volunteers.

2.6 USE OF CLINICAL MATERIALS—CONFIDENTIALITY: Marriage and family therapists use clinical materials in teaching, writing, and public presentations only if a written authorization has been previously obtained in accordance with 2.1 d), or when appropriate steps have been taken to protect patient identity.

2.7 GROUPS—CONFIDENTIALITY: Marriage and family therapists, when working with a group, educate the group regarding the importance of maintaining confidentiality, and are encouraged to obtain written agreement from group participants to respect the confidentiality of other members of the group.

Professional Competence and Integrity

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

3.1 CONVICTION OF CRIME: 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 a crime substantially related to their professional qualifications or functions; b) are expelled from or disciplined by other professional organizations; c) have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies; d) if they continue to practice when they are no longer competent to practice because they are impaired due to physical or mental causes or the abuse of alcohol or other substances; or e) fail to cooperate with the Association or the Ethics Committee at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

3.2 FINANCIAL INCENTIVES: Marriage and family therapists avoid contractual arrangements that provide financial incentives to withhold or limit medically/psychologically necessary care.

3.3 PATIENT RECORDS: Marriage and family therapists create and maintain patient records, whether written, taped, computerized, or stored in any other medium, consistent with sound clinical practice.

3.4 PROFESSIONAL ASSISTANCE: Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment.

3.5 STAYING CURRENT: Marriage and family therapists remain abreast of developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay abreast of changes in the field, maintain relevant standards of scholarship, and present accurate information.

3.6 CULTURAL SENSITIVITY: Marriage and family therapists actively strive to identify and understand the diverse cultural backgrounds of their clients by gaining knowledge, personal awareness, and developing sensitivity and skills pertinent to working with a diverse client population.

3.7 THERAPIST VALUES: Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values and beliefs.
3.8 HARASSMENT OR EXPLOITATION: Marriage and family therapists do not engage in sexual or other harassment or exploitation of patients, students, supervisees, employees, or colleagues.

3.9 SCOPE OF COMPETENCE: Marriage and family therapists take care to provide proper diagnoses of mental and emotional disorders or conditions and do not assess, test, diagnose, treat, or advise on problems beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to ensure the competence of their work through education, training, consultation, and/or supervision.

3.10 PATIENT SEEING TWO THERAPISTS: Marriage and family therapists do not generally provide professional services to a person receiving treatment or therapy from another psychotherapist, except by agreement with such other psychotherapist or after the termination of the patient’s relationship with the other psychotherapist.

3.11 ELECTRONIC SERVICES: Marriage and family therapists provide services by Internet or other electronic media to patients located only in jurisdictions where the therapist may lawfully provide such services.

3.12 RESEARCH FINDINGS: Marriage and family therapists take reasonable steps to prevent the distortion or misuse of their clinical and research findings.

3.13 PUBLIC STATEMENTS: Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 LIMITS OF PROFESSIONAL OPINIONS: Marriage and family therapists do not express professional opinions about an individual’s mental or emotional condition unless they have treated or conducted an examination of the individual, or unless they reveal the limits of the information upon which their professional opinions are based, with appropriate cautions as to the effects of such limited information upon their opinions.

4

Supervisor, Student, and Supervisee Responsibilities

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

4.1 DUAL RELATIONSHIPS: Marriage and family therapists are aware of their influential position with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid dual relationships that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees is unethical. Provision of therapy to students or supervisees is unethical. Provision of therapy to students or supervisees is unethical. Provision of therapy to students or supervisees is unethical. Sexual intercourse, sexual contact or sexual intimacy and/or harassment of any kind with students or supervisees is unethical. Other acts which could result in unethical dual relationships include, but are not limited to, borrowing money from a supervisee, engaging in a business venture with a supervisee, or engaging in a close personal relationship with a supervisee. Such acts with a supervisee’s spouse, partner or family member may also be considered unethical dual relationships.

4.2 COMPETENCE OF SUPERVISEES: 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, competence, or unlicensed status.

4.3 MAINTAINING SKILLS OF SUPERVISORS: Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and obtaining consultation or supervision for their work as supervisors whenever appropriate.

4.4 KNOWLEDGE OF SUPERVISORS: Supervisors and educators are knowledgeable about supervision, relevant laws and regulations, and the practice of marriage and family therapy. Supervisors and educators are knowledgeable about and abide by the laws and regulations governing the conduct of supervisors and supervisees.

4.5 CHANGES IN LAWS AND ETHICS: Supervisors and supervisees are aware of and stay abreast of changes in professional and ethical standards and legal requirements, and supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.

4.6 CULTURAL DIVERSITY: Supervisors and educators are aware of and address the role that culture and diversity issues play in the supervisory relationship, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.

4.7 POLICIES AND PROCEDURES: Supervisors and educators create policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of supervision or education.

4.8 PERFORMANCE APPRAISALS: Supervisors and educators provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees and students that might impede their performance.

4.9 BUSINESS PRACTICES: Supervisors follow lawful business practices and employer policies when employing and/or supervising interns, trainees, applicants, and associates.
4.10 PERFORMANCE ASSISTANCE: Supervisors and educators guide supervisees and students in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation.

4.11 DISMISSAL: Supervisors shall document their decisions to dismiss supervisees.

4.12 REVIEW OF TRAINEE AGREEMENTS: Supervisors are aware of and review any trainee agreements with qualified educational institutions.

4.13 PATIENTS ARE PATIENTS OF EMPLOYER: Supervisees understand that the patients seen by them are the patients of their employers.

4.14 KNOWLEDGE OF LAWS AND REGULATIONS: Supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the license and practice of marriage and family therapy.

4.15 MAINTAIN REGISTRATIONS: Supervisees maintain registrations when required by law and/or regulation and function within this limited role as permitted by the licensing law and/or regulations.

Responsibility to Colleagues

Marriage and family therapists treat and communicate with and about colleagues in a respectful manner and with, courtesy, fairness, and good faith, and cooperate with colleagues in order to promote the welfare and best interests of patients.

5.1 RESPECT CONFIDENCE OF COLLEAGUES: Marriage and family therapists respect the confidences of colleagues that are shared in the course of their professional relationships.

5.2 IMPAIRED COLLEAGUES: Marriage and family therapists are encouraged to assist colleagues who are impaired due to substance abuse, emotional problems, or mental illness.

5.3 FRIVOLOUS COMPLAINTS: Marriage and family therapists do not file or encourage the filing of ethics or other complaints that they know, or reasonably should know, are frivolous.

5.4 SOLICITING OTHER THERAPISTS’ PATIENTS: Marriage and family therapists do not agree to see or solicit the clients of other therapists or encourage clients to leave other therapists, except as addressed in Section 3.10.

Responsibility 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.

6.1 SAFEGUARDS: 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 research and observe safeguards to protect the rights of research participants.

6.2 DIMINISHED CONSENT WHEN RECEIVING SERVICES: 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 and/or communication, or when participants are children.

6.3 DUAL RELATIONSHIPS WITH RESEARCH PARTICIPANTS: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 judgment or increase the risk of exploitation.

6.4 CONFIDENTIALITY: Information obtained about a research participant during the course of a research project is confidential unless there is an authorization 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.

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.

7.1 ACCOUNTABLE TO STANDARDS OF PROFESSION: Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations.

7.2 PUBLICATION CREDIT: 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.

7.3 AUTHORS—CITING OTHERS: Marriage and family therapists who are the authors of books or other materials that are published or distributed appropriately cite persons to whom credit for original ideas is due.

7.4 AUTHORS—ADVERTISING BY OTHERS: Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable steps to ensure that the organization promotes and advertises the materials accurately.

7.5 PRO BONO SERVICES: Marriage and family therapists are encouraged to 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.

7.6 DEVELOPING PUBLIC POLICY: Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapists that serve the public interest, and with altering such laws and regulations that are not in the public interest.

7.7 FAILURE TO COOPERATE WITH COMMITTEE: Marriage and family therapists cooperate with the Ethics Committee and truthfully represent facts to the Ethics Committee. Failure to cooperate with the Ethics Committee is itself a violation of these standards.

8

Responsibility to the Legal System

Marriage and family therapists recognize their role in the legal system and their duty to remain objective and truthful.

8.1 TESTIMONY: Marriage and family therapists who give testimony in legal proceedings testify truthfully and avoid making misleading statements.

8.2 EXPERT WITNESSES: Marriage and family therapists who act as expert witnesses base their opinions and conclusions on appropriate data, and are careful to acknowledge the limits of their data or conclusions in order to avoid providing misleading testimony or reports.

8.3 CONFLICTING ROLES: Whenever possible, marriage and family therapists avoid performing conflicting roles in legal proceedings and disclose any potential conflicts. At the outset of the service to be provided and as changes occur, marriage and family therapists clarify role expectations and the extent of confidentiality to prospective clients, to the courts, or to others as appropriate.

8.4 DUAL ROLES: Marriage and family therapists avoid providing both treatment and evaluations for the same clients or treatment units in legal proceedings such as child custody, visitation, dependency, or guardianship proceedings, unless otherwise required by law or initially appointed pursuant to court order.

8.5 IMPARTIALITY: Marriage and family therapists, regardless of their role in a legal proceeding, remain impartial and do not compromise their professional judgment or integrity.

8.6 MINORS AND PRIVILEGE: Marriage and family therapists confirm the holder of the psychotherapist patient privilege on behalf of minor clients prior to releasing information or testifying.

8.7 OPINIONS ABOUT PERSONS NOT EVALUATED: Marriage and family therapists shall only express professional opinions about clients they have treated or examined. Marriage and family therapists, when expressing professional opinions, specify the limits of the information upon which their professional opinions are based. Such professional opinions include, but are not limited to, mental or emotional conditions or parenting abilities.

8.8 CUSTODY EVALUATORS: Marriage and family therapists who are custody evaluators (private or court-based) or special masters provide such services only if they meet the requirements established by pertinent laws, regulations, and rules of court.

8.9 CONSEQUENCES OF CHANGES IN THERAPIST ROLES: Marriage and family therapists inform the patient or the treatment unit of any potential consequences of therapist-client role changes. Such role changes include, but are not limited to, child’s therapist, family’s therapist, couple’s therapist, individual’s therapist, mediator, evaluator, and special master.

8.10 FAMILIARITY WITH JUDICIAL AND ADMINISTRATIVE RULES: Marriage and family therapists, when assuming forensic roles, are or become familiar with the judicial and administrative rules governing their roles.

9

Financial Arrangements

Marriage and family therapists make financial arrangements with patients and supervisees that are understandable, and conform to accepted professional practices and legal requirements.

9.1 PAYMENT FOR REFERRALS: Marriage and family therapists do not offer or accept payment for referrals,
whether in the form of money or otherwise.

9.2 FINANCIAL EXPLOITATION: Marriage and family therapists do not financially exploit their patients.

9.3 DISCLOSURE OF FEES: Marriage and family therapists disclose, in advance, their fees and the basis upon which they are computed, including, but not limited to, charges for canceled or missed appointments and any interest to be charged on unpaid balances, at the beginning of treatment and give reasonable notice of any changes in fees or other charges.

9.4 COLLECTING ON UNPAID BALANCES: Marriage and family therapists give reasonable notice to patients with unpaid balances of their intent to sue or to refer for collection. Whenever legal action is taken, therapists will avoid disclosure of clinical information. Whenever unpaid balances are referred to collection agencies, therapists will exercise care in selecting collection agencies and will avoid disclosure of clinical information.

9.5 BARTER: Marriage and family therapists ordinarily refrain from accepting goods, services, or other non-monetary remuneration from patients in return for professional services. Such arrangements often create conflicts and may lead to exploitation or distortion of the professional relationship.

9.6 THIRD-PARTY PAYERS: Marriage and family therapists represent facts regarding services rendered and payment for services fully and truthfully to third-party payers and others.

10 Advertising

Marriage and family therapists who advertise do so appropriately. Their advertising enables consumers to choose professional services based upon accurate information.

10.1 ACCURACY REGARDING QUALIFICATIONS: Marriage and family therapists accurately represent their competence, education, training, and experience relevant to their professional practice to patients and others.

10.2 ASSURING ACCURACY: Marriage and family therapists take reasonable steps to assure that advertisements and publications, whether in directories, announcement cards, newspapers, radio, television, Internet or any other media, are formulated to accurately convey information to the public.

10.3 FICTITIOUS/OTHER NAMES: Marriage and family therapists do not use a name 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.

10.4 FALSE, MISLEADING, OR DECEPTIVE: Marriage and family therapists do not use any professional identification, including but not limited to: a business card, office sign, letterhead, telephone, or association directory listing, Internet, or any other media, if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it a) contains a material misrepresentation of fact; b) fails to state any material fact necessary to make the statement, in light of all circumstances, not misleading; or c) is intended to or is likely to create an unjustified expectation.

10.5 CORRECTIONS: 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.

10.6 SOLICITATION OF TESTIMONIALS: Marriage and family therapists do not solicit testimonials from patients.

10.7 EMPLOYEE—ACCURACY: 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.

10.8 SPECIALIZATIONS: Marriage and family therapists may represent themselves as either specializing or having expertise within a limited area of marriage and family therapy, but only if they have the education, training, and experience that meets recognized professional standards to practice in that specialty area.

10.9 ADVERTISING OF CAMFT MEMBERSHIP: CAMFT clinical, associate, and prelicensed members may identify such membership in CAMFT in public information or advertising materials, but they must clearly and accurately represent whether they are clinical, associate, or prelicensed members.

10.10 USE OF “CAMFT”: Marriage and family therapists may not use the initials CAMFT following their name in the manner of an academic degree.

10.11 USE OF CAMFT LOGO: Marriage and family therapists may use the CAMFT logo only after receiving permission in writing from the Association. Permission will be granted by the Association to CAMFT members in good standing in accordance with Association policy on the use of CAMFT logo. The Association (which is the sole owner of its name, logo, and the abbreviated initials CAMFT) may grant
permission to CAMFT committees and chartered chapters in good standing, operating as such, to use the CAMFT logo. Such permission will be granted in accordance with Association policy on use of the CAMFT logo.

10.12 CAMFT MEMBERSHIP: Marriage and family therapists, when publicizing their membership in CAMFT, do not do so in a manner that implies organizational endorsement of their activities.

Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, mailed to CAMFT’s administrative office at 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

References
i. The terms psychotherapy, therapy and counseling are used interchangeably throughout the CAMFT Code of Ethics.
ii. The word “patient,” as used herein, is synonymous with such words as “client,” “consumer,” or “counselee.”
iii. The term “marriage and family therapist,” as used herein, is synonymous with the term “licensed marriage, family and child counselor,” and is intended to cover registered interns and trainees performing marriage and family therapy services under supervision.
iv. The term “dual relationships” as used herein, is synonymous with the term “multiple relationships.”
v. The term “supervisee” includes interns, trainees, and applicants for the license.


CAMFT Code of Ethics PART I (THE STANDARDS) AND PART II (THE PROCEDURES) is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.

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Part II —The Procedures

PREAMBLE W

hen accepting membership in the Association, each member agrees to abide by the CAMFT Code of Ethics. It is the ethical responsibility of each member to safeguard the standards of ethical practice and to see that violations of the CAMFT Code of Ethics are addressed. Members of the Association cooperate with duly constituted bodies of the California Association of Marriage and Family Therapists, and in particular, with the Ethics Committee, by responding to inquiries promptly, truthfully, and completely.

1

Scope of Authority of the Ethics Committee
A. The Bylaws of the Association (Article IV, Section A) provide for three categories of membership in CAMFT:
   1. clinical member
   2. prelicensed member
   3. associate member
B. The Association has authority only over these members. This authority is derived from Article IV Section C of the Bylaws.

Except as otherwise provided in these Bylaws, membership in any category shall be upon a majority vote of the Board of Directors. The Board of Directors may refer an application for membership to the Ethics Committee when it has reasonable cause to believe that the applicant may have violated the CAMFT Code of Ethics. The Ethics Committee, after investigating the referral, shall make its recommendation to the Board of Directors. All members shall pay dues in accordance with the dues schedule of the Association and shall abide by the Bylaws and the CAMFT Code of Ethics of the Association.

The Executive Director shall make reports to licensing board(s) of membership denials, pursuant to Section 805 (c) of the Business and Professions Code.

C. Article VII, Section B.3. of the Bylaws of the Association authorize the various functions of the Ethics Committee.

The Ethics Committee maintains and reviews the CAMFT Code of Ethics, interprets the CAMFT Code of Ethics to the membership and the public, conducts investigations of alleged ethics violations, makes recommendations to the Board of Directors regarding members alleged to have violated the CAMFT Code of Ethics, makes recommendations to the Board of Directors regarding acceptance or rejection of prospective members who may have violated the CAMFT Code of Ethics, and from time to time proposes revisions, deletions, and additions to the CAMFT Code of Ethics to the Board of Directors for its approval.

D. The Bylaws of the Association, in Article IV, Section E3 provides for the expulsion or suspension of members.
Expulsion or suspension: any member who violates the CAMFT Code of Ethics may be expelled or suspended from membership in the Association following an investigation and report by the Ethics Committee and a hearing before the Board of Directors. A two-thirds (2/3) majority vote of those Directors present at the hearing shall be necessary in order to expel or suspend a member. The member accused of the violation shall be given a reasonable opportunity to defend against the charge and shall be entitled to be represented at all stages of the proceedings. Any member to be expelled or suspended shall be entitled to at least fifteen (15) days prior notice of the expulsion or suspension and the reasons therefore, and shall be entitled to be heard, orally or in writing, not less than five (5) days before the effective date of expulsion or suspension by the Board of Directors. Notice may be given by any method reasonably calculated to provide actual notice. Notice given by mail shall be given by first-class, registered, or certified mail sent to the last address of the member as shown on the Association’s records. The CAMFT Code of Ethics shall spell out further details of the procedures for investigation and hearing of alleged violations not inconsistent with these Bylaw provisions.

Membership and Meetings of The Committee

A. Article VII, Section B3 of the Bylaws defines the composition and terms of office of the Ethics Committee.

The Ethics Committee shall consist of not less than five (5) nor more than seven (7) members, all of whom shall be clinical members of the Association for at least two (2) years prior to appointment. The Committee shall not contain any directors as members. The term of office shall be two (2) years with a maximum of four terms.

B. Article VII, Section E of the Bylaws, defines when the Ethics Committee may meet and the required notice for such meetings.

1. Meetings: Committees shall meet at such times as determined either by resolution of the Board of Directors, by resolution of the Committee with the approval of the President, or by a Committee Chair with the prior approval of the President. Meetings of Committees shall be held at the principal office of the Association or at any other place that is designated from time to time by the Board, the Committee, or the Committee Chair.

2. Notice: Meetings of the committees shall be held upon not less than ten (10) days written notice. Notice of a meeting need not be given to any committee member who signed a waiver of notice or a written consent to holding the meeting or an approval of the minutes thereof, whether before or after the meeting, or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to such committee member.

3. Quorum: A majority of the committee members of each committee shall constitute a quorum of the committee for the transaction of business.

4. Minutes: Minutes shall be kept of each meeting of any committee and shall be filed with the corporate records. The Board of Directors may adopt rules for the governance of any committee consistent with the provisions of these Bylaws.

Initiation of Complaints

A. The Ethics Committee shall recognize and accept written complaints received from members of the Association or non-members, or the Ethics Committee may proceed on its own initiative, as specified in Section III. F.

B. All complaints must be in writing.

C. Complaints must be signed by the complainant and accompanied by the complainant’s address and other contact information.

D. A member who knows of a violation of the CAMFT Code of Ethics is encouraged, if appropriate, to attempt to resolve the issue by bringing it to the attention of the particular therapist(s), bringing this fact to the attention of the Ethics Committee in the form of a complaint, and/or, to taking other appropriate action.

E. Anonymous complaints shall not be recognized or accepted.

F. Notwithstanding the provisions specified, the Ethics Committee may proceed on its own initiative when it has been presented with sufficient information, which, if proven, would constitute a violation of the CAMFT Code of Ethics. For example, the Committee could proceed on information received from another professional organization, a state licensing board, or a peer review committee.

G. The Ethics Committee may, in its discretion, determine that a complaint should not be acted upon because the events complained about occurred too far in the past.

H. The Ethics Committee shall proceed with an investigation if directed to do so by the CAMFT Board of Directors.
Initial Action by Executive Director

Upon receipt of a complaint, the Executive Director, or his/her designee (hereafter “Executive Director”), shall determine whether the person who is the subject of the complaint is a member or applicant for membership in the Association.

A. If the person is not a member or an applicant for membership in the Association, the Executive Director shall so inform the complainant in writing and shall explain that the Association has no authority to proceed against the person.

B. If the person is a member of the Association or an applicant for membership in the Association, the Executive Director shall forward a copy of the complaint to the Chair of the Ethics Committee. A letter shall be sent by the Executive Director to the complainant acknowledging receipt of the complaint and informing the complainant that the person complained against is a member. A copy of the CAMFT Code of Ethics shall be included with the letter.

Preliminary Determination by Chair of Ethics Committee with the Advice of Legal Counsel

A. The Chair of the Ethics Committee, or his/her designee (hereafter Chair), with the advice of Legal Counsel for the Association, shall review the complaint and determine whether it states allegations which, if proven, would constitute one or more violations of the CAMFT Code of Ethics. In the event the Chair determines that the complaint shall be closed without further action, the complainant shall be notified of such decision and the reason for such decision. When the Chair determines the complaint should not be closed, the complaint shall be referred to the full Ethics Committee. To aid in making such determinations, the Chair, with the advice of Legal Counsel for the Association, may request, in writing, clarification from the complainant.

B. When a complaint has been referred to the Ethics Committee, the Chair shall request the complainant’s permission to disclose his/her name and/or to use any evidence provided by the complainant, for the purpose of the investigation. The Chair or his or her designee shall request that the complainant agree, in writing, to waive his/her rights of confidentiality and/or psychotherapist/patient privilege in order to permit the Ethics Committee to obtain information related to the investigation from the member and/or others.

C. If the complainant refuses permission for the use of his/her name in the investigation or refuses permission for the disclosure of his/her name or any of the written or other matter or evidence provided by the complainant, or if the complainant refuses to sign a waiver of confidentiality and/or psychotherapist/patient privilege, then the Chair of the Ethics Committee, with the advice of Legal Counsel, may close the matter and notify the complainant in writing or refer the matter to the full Ethics Committee for its action.

D. All correspondence to the complainant and to the member shall be marked “Confidential” or “Personal and Confidential.”

E. All actions of the Chair shall be reported to the full Ethics Committee at the next regularly scheduled meeting.

Investigation by Ethics Committee

A. The Ethics Committee shall review complaints and supporting documentation/evidence to determine whether or not to investigate complaints. When the complaint warrants investigation, copies of the complaint and supporting documentation/evidence shall be sent to all members of the Ethics Committee. Investigations may be carried out by the Chair of the Committee in consultation with Legal Counsel, by the Chair’s designee(s), or by the Committee. The Chair, in consultation with Legal Counsel, may act on behalf of the Committee between meetings of the Committee, to pursue investigations, and shall report such actions to the full Committee.

B. The Chair of the Ethics Committee, in consultation with Legal Counsel, shall prepare and send a letter to the member, specifying those sections of the CAMFT Code of Ethics that may have been violated by the member. The letter shall inform the member of the ethical duty to cooperate with the Ethics Committee in its effort to investigate the circumstances that led to the allegations, and to provide on his/her behalf, a written statement in response to the allegations made in the complaint. The member shall be sent a copy of the CAMFT Code of Ethics.

C. Investigations may be pursued by corresponding with the member and other persons involved in the dispute, or by interviewing such persons, personally or by telephone, or by any other lawful means.

D. During the investigation stage of the proceedings, the member shall have the right to consult with his/her attorney and shall have the right to have his/her attorney present at any investigatory meeting with the member.

Action by the Ethics Committee
A. After reviewing the complaint, the response of the member, and any other pertinent information, the Ethics Committee may close the case without a finding of a violation of the CAMFT Code of Ethics, hold the case in abeyance pending other action, continue the investigation, attempt to settle the case by mutual agreement, send a letter with cautions or recommendations, or recommend to the Board of Directors that the individual’s membership be terminated, placed on probation, or that other action be taken. The Ethics Committee may appropriately impose more stringent requirements upon members previously found to have

B. If the Ethics Committee decides to attempt to settle the case by mutual agreement:

1. The Committee may recommend to the member that he/she agree to the terms of a Settlement by Mutual Agreement. The terms and conditions of the Settlement by Mutual Agreement may include requiring the member to: cease and desist from specified actions, accept censure, be placed on probation and/or rehabilitation, be under supervision or monitored practice, complete education or therapy or both, agree to suspension or termination of membership in the Association, or any other terms and conditions that the Committee deems appropriate.

2. The Settlement by Mutual Agreement shall be in writing and shall detail the specific sections of the CAMFT Code of Ethics that have been violated and the manner in which the agreement is to be implemented.

3. The Committee shall supervise and oversee compliance with the Settlement by Mutual Agreement. The Committee has the final authority over the Settlement by Mutual Agreement and the meaning of the terms of the Settlement by Mutual Agreement. The Committee may alter such terms and conditions when requested by the member or as deemed necessary by the Committee with the written agreement of the member.

4. The Agreement shall become effective and is binding as soon as it is signed by the member and the Chair of the Ethics Committee or at any other time designated in the Agreement. The Agreement shall be maintained in the Association’s records.

5. The Committee, in its sole discretion, may make a finding that the member has not complied with the terms or conditions of the Settlement by Mutual Agreement. In the event of the member’s non-compliance with the Settlement by Mutual Agreement, the Committee may proceed in accordance with the provisions of the Settlement by Mutual Agreement that relate to non-compliance, or in accordance with Section D, or in any other manner not inconsistent with Section D.

6. If no Settlement by Mutual Agreement occurs, because a settlement is offered but ultimately rejected by the member, the Ethics Committee may recommend that action be taken against the member by the Board of Directors as a result of one or more violations of the CAMFT Code of Ethics.

C. When the Ethics Committee recommends that action be taken by the Board of Directors, the Ethics Committee shall give the member written notice as specified below. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the Association’s records. The written notice shall include, at a minimum, all of the following information: 1) the findings of the Ethics Committee, 2) the final proposed action of the Ethics Committee, 3) whether such action, if adopted by the Board of Directors, would require a report pursuant to Section 805 of the Business and Professions Code, 4) that the member has a right to request a hearing on the final proposed action, and 5) that the time limit within which a hearing must be requested is thirty days (30) from receipt of notification of the final proposed action.

D. If a hearing is not requested within forty (40) days from mailing of notification of the final proposed action, then the Committee’s final proposed action shall be adopted, and the Ethics Committee Chair shall thereafter forward the final determination to the Executive Director for such further action as may be appropriate.

E. If a hearing is requested on a timely basis, the Ethics Committee shall give the member written notice. Notice shall be given by personal delivery or certified mail sent to the last address of the member as shown on the Association’s records. The written notice shall include, at a minimum, all of the following information: 1) the reasons for the final proposed action recommended, including the acts or omissions with which the member is charged, and 2) the place, time, and date of the hearing. The hearing shall be commenced within sixty (60) days after receipt of the request for a hearing.

8

Procedures for Hearings Before Board of Directors

A. The hearing shall be conducted in accordance with the provisions of these Procedures. Should these Procedures be inconsistent with the Peer Review Fair Hearing Procedures commencing with Section 809 of the Business and Professions Code, the provisions of the Business and Professions Code shall prevail.

B. The hearing shall be held before the Board of Directors.

C. The Board of Directors may designate a hearing officer to preside at such hearing, who shall gain no direct financial benefit from the outcome, shall not act as a prosecuting officer or advocate, and shall not be entitled to vote.

D. The member shall have the option of being represented by counsel, and if counsel is desired, notice shall be given by the member at the time the hearing is requested. The costs of such attorney shall be at the member’s expense.
E. All costs of attendance for the charged member at the hearing shall be borne by the charged member.

F. The charged member shall have the right to a reasonable opportunity to voir dire the Board of Directors and any hearing officer, if selected, and the right to challenge the impartiality of any Board Member or hearing officer.

G. The Ethics Committee, through its Chair or his/her designee, shall present the case against the member.

H. Continuances shall be granted upon agreement of the parties on a showing of good cause by the hearing officer or if there is no hearing officer, the President or his/her designee (hereafter President).

I. The charged member and the Ethics Committee shall have the right to inspect and copy documentary information relevant to the charges in each other’s possession or under their control. Both parties shall provide access to this information at least thirty (30) days before the hearing.

J. The parties shall exchange lists of witnesses expected to testify and copies of all documents expected to be introduced at the hearing at least thirty (30) days before the hearing.

K. The charged member and the Ethics Committee have the following rights:
   1. To be provided with all of the information made available to the Board of Directors.
   2. To have a record made of the proceedings.
   3. To make opening and closing statements.
   4. To call, examine and cross-examine witnesses. Members of the Association have a duty to testify as to relevant information, if requested to do so by the Ethics Committee pursuant to Section 7.7 of the CAMFT Code of Ethics.
   5. To present and rebut evidence determined by the President.
   6. To submit a written statement at the close of the hearing.

L. All evidence, which is relevant and reliable, as determined by the President shall be admissible. The formal rules of evidence shall not apply.

M. The Ethics Committee shall have the burden of proving the charges by a preponderance of the evidence.

N. The decision of the Board shall be by majority vote of the Board of Directors present. Pursuant to the Bylaws, if the decision is to expel or suspend, a two-thirds majority vote of the Board of Directors present is required.

O. Upon completion of a hearing concerning a final proposed action, the member and the Ethics Committee shall receive a written decision of the Board of Directors within a reasonable time. Said decision shall include findings of fact and a conclusion articulating the connection between the evidence produced at the hearing and the decision reached. The written decision shall be delivered by personal delivery or certified mail sent to the last address of the member as shown on the Association’s records.

P. If no violation of the CAMFT Code of Ethics is found, the Board of Directors shall order that the member be cleared of all charges.

Q. If a violation or violations of the CAMFT Code of Ethics is/are found, the Board shall either adopt the final proposed action recommended by the Ethics Committee or take any other action that the board deems appropriate, including, but not limited to, requiring him/her to cease and desist from specific actions; accept censure; probation and/or rehabilitation; supervision or monitored practice; education, therapy, or both; and/or suspension or termination of membership.

R. There shall be no appeals from decisions of the Board of Directors, but the Board, in its discretion, may reconsider its decision upon the written request of the member.

S. Any terms or conditions ordered by the Board shall be monitored by the Ethics Committee. Any request by the member for modification of terms or conditions shall be directed to the Ethics Committee, which shall consider and act upon the requested modifications in a reasonable time.

9

Resignations and Non-Renewals

If a member resigns from membership in the Association during the investigation of the complaint or at any other time during the consideration of the complaint, the Ethics Committee, at its discretion, may continue its investigation. The Executive Director shall make reports to licensing board(s) of resignations and withdrawal or abandonment of applications, pursuant to Section 805 (c) of the Business and Professions Code.
Records and Disclosure of Information

A. The permanent files of the Ethics Committee shall be maintained in the principal office of the Association.

B. All information obtained by the Ethics Committee, including any investigating subcommittee or designee, and all proceedings of the Ethics Committee, shall be confidential except as follows:

1. Information may be disclosed by those investigating the complaint, or the investigating subcommittee or designee, as is necessary in order to pursue a thorough investigation.

2. The complainant may be informed of the status and progress of the complaint and shall be notified of the conclusion of the case.

3. The Ethics Committee may, in its discretion, authorize the Executive Director to publicize summaries of Settlements by Mutual Agreement without disclosing the name of the complainant or the charged member.

4. When an accused member resigns his/her CAMFT membership during the course of an Ethics Committee investigation, and where the Committee determines that there has been a violation of the CAMFT Code of Ethics, the Association may publish the fact and circumstances of the member's resignation.

5. Whenever the Board of Directors finds, after a hearing, that a member has not violated the CAMFT Code of Ethics, that fact shall be disclosed to the membership of the Association by publication in The Therapist only upon the written request of the cleared member.

6. If, after a hearing, the Board of Directors finds that a member has violated the CAMFT Code of Ethics, the Board of Directors may do any of the following:
   a. Disclose the ethics violation and disciplinary action to the membership of the Association.
   b. Inform state regulatory agencies and other professional organizations, including chapters of CAMFT.

7. The Board of Directors shall order the publication of a member’s expulsion or suspension if, after a hearing by the Board of Directors, the member has been found to have violated the CAMFT Code of Ethics.

8. If there is to be publication of the Board of Directors’ findings and actions, it will be in The Therapist and shall include the member’s full name, any earned degree, his/her geographical location, and the section or section(s) of the CAMFT Code of Ethics that was/were violated.

PART II, The Procedures, was revised, effective March 2011. The previous revision was effective May 1, 2002.

CAMFT Code of Ethics PART I (THE STANDARDS) AND PART II (THE PROCEDURES) is a publication of the California Association of Marriage and Family Therapists, headquartered in San Diego, California.
Appendix B (Transferring a Course)

Petition for Transfer of Graduate Credit

Name_________________________________________ Graduate Program:

MSMU ID#____________________________________

□ DPT □ MA HUM □ MA RST □ MBA

Address______________________________________

□ MS EDU □ MS NUR □ MS Counseling PSY

City_____________ State______ Zip________

□ MS HPM □ MFA CRW □ MFA FLM & TV

Phone________________________________________

I request that the following course(s) be accepted toward my degree at Mount Saint Mary’s University:

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<tr>
<th>Year</th>
<th>Dept.</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Grade</th>
<th>Units</th>
<th>Institution</th>
<th>MSMU Course Satisfied</th>
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*A maximum of 6 units may be transferred in.

Comments:______________________________________________________________________

_________________________________________    _______________    ______________________
Student Signature                           Date                           Advisor’s Signature     Date

FOR OFFICE USE ONLY

________ Units previously transferred in Comments:____________________________________

________ Total units transferred (including petition)____________________________________

________ Transcript Received               Date ________ _____________________________

________ Transcript Entered               Date ________ _____________________________

________ Approved    _______ Disapproved _______________   ______________________
Graduate Dean Signature                Date

Copies: Registrar – White     Student – Yellow
Appendix C (Change of Specialization)

Mount Saint Mary’s University

Change/Declaration of Emphasis Listing

Name __________________________________________ MSMU ID# ____________________________

I am presently listed with a(n) ______________________________________________________ emphasis

I want to change/declare my emphasis to ____________________________________________

Student Signature ________________________________ Date __________

Advisor Signature ________________________________ Date __________

Return Completed Form to the Registrar’s Office

Registrar’s Office/ White Student/ Yellow

Mount Saint Mary’s University

Change/Declaration of Emphasis Listing

Name __________________________________________ MSMU ID# ____________________________

I am presently listed with a(n) ______________________________________________________ emphasis

I want to change/declare my emphasis to ____________________________________________

Student Signature ________________________________ Date __________

Advisor Signature ________________________________ Date __________

Return Completed Form to the Registrar’s Office

Registrar’s Office/ White Student/ Yellow
Appendix D (4-Way Agreement)

Mount Saint Mary’s University ("University"), on behalf of its Graduate Program in Counseling Psychology, hereby contracts ("Agreement")

with ________________________________ ("Supervised Fieldwork Setting," as further defined below) and ________________________________ ("Supervisor," as further defined below) who will comply with the terms of this contract for ________________________________ ("Trainee," as further defined below) for Supervised Field Experience as described herein (The Trainee shall be a party to this Agreement):

SECTION 1: DEFINITIONS OF TERMS

1. “Qualifying Degree Program” means a doctor’s or master’s degree program in marriage, family and child counseling, marital and family therapy, psychology, clinical psychology, counseling psychology, counseling with an emphasis in marriage, family and child counseling, or social work, with an emphasis in clinical social work, in compliance with the California Business and Professions Code.

2. “Supervised Fieldwork Setting” means a governmental entity, a school, college, or university, a non-profit and charitable corporation, or a health facility licensed by the State of California and otherwise in compliance with the California Business and Professions Code.

3. “Supervisor” means a currently licensed marriage and child counselor, psychologist, clinical social worker, or licensed physician certified in psychiatry in the State of California and who otherwise meets all qualifications defined in the California Business and Professions Code.

4. “Trainee” means an unlicensed person who is currently enrolled in a master’s or doctoral degree program and has completed no less than 12 semester units or 18 quarter units of course work in any qualifying degree program, and in all other respects meets the definition set forth in section 4980.03 (c) of the California Business and Professions Code.

5. “Supervised Fieldwork Experience” means experience within the scope of practice of a marriage, child and family counselor in applied psychotherapeutic techniques, assessment, diagnosis, prognosis, and treatment of pre-marital, couple, family, and child relationships, including dysfunctions and healthy functioning and health promotion and illness prevention, in a supervised clinical placement in compliance with the California Business and Professions Code.

6. “Employment” means paid or voluntary employment, but Trainees shall not have the relationship to the Supervised Fieldwork Setting of an independent contractor and shall in all cases be regarded as an employee. If a Trainee is a volunteer, the Trainee shall enter into a written agreement with the Supervised Fieldwork Setting prior to the commencement of supervision.
SECTION II: RELATIONSHIP OF THE PARTIES

1. The University, through the Qualifying Degree Program shall approve of and coordinate with the Supervised Fieldwork Setting.

2. The Supervised Fieldwork Setting shall coordinate with the Qualifying Degree Program and shall employ the Trainee and the Supervisor in accordance with the statutes, regulations, and professional standards governing marriage and family therapists.

3. The Supervisor shall be employed by the Supervised Fieldwork Setting and shall provide supervision of the Trainee’s Supervised Fieldwork Experience in compliance with the statutes, regulations, and professional standards governing marriage, family, and child counselors.

4. The Trainee shall be a student of the Qualifying Degree Program, shall be employed by or be a volunteer of the Supervised Fieldwork Setting, and shall be supervised by the Supervisor in accordance with the statutes, regulations, and professional standards governing marriage and family therapists.

SECTION III: GOALS OF THE SUPERVISED FIELDWORK EXPERIENCE

1. To provide an integrated course of studies that trains students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.

2. To train students specifically in the application of marriage and family relationship counseling principles and methods.

3. To encourage students to develop those personal qualities that are intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.

4. To teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.

5. To prepare students to be familiar with cross-cultural mores and values, and to design practice to include marriage, family, and child counseling experiences in low-income and multicultural health settings.

6. To educate students in the therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy.

7. To gain supervised fieldwork experience within the scope of practice of a marriage and family therapist in a supervised clinical placement.
SECTION IV: RESPONSIBILITES OF THE PARTIES

1. THE UNIVERSITY, THROUGH THE QUALIFYING DEGREE PROGRAM

   a. Shall approve the supervised fieldwork setting for each Trainee.

   b. Shall have this written agreement with the Supervised Fieldwork Setting that details each party’s responsibility, including the methods by which supervision will be provided.

   c. Shall provide forms for regular process reports and evaluation of the student’s performance at each supervised fieldwork setting.

   d. Shall evaluate the appropriateness of the Supervised Fieldwork Experience for each Trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a practice in marriage and family therapy ("MFT") as set forth in Section 4980.02 of the Business and Professions Code.

2. THE SUPERVISED FIELDWORK SETTING:

   a. Shall provide the trainee and the supervisor with the documentation necessary to verify to the Board of Behavioral Science that the placement is one that is consistent with law that the Trainee is employed in the manner required by law, and a description of the duties performed by the trainee.

   b. Shall appropriately evaluate the qualifications and credentials of any employee who provides supervision to MFT Trainees.

   c. Shall provide adequate resources to the Trainee and the Supervisor in order that they may provide clinically appropriate services to clients.

   d. Shall orient the Trainee and Supervisor to the policies and practices of the agency.

   e. Shall notify the Qualifying Degree Program in a timely manner of any difficulties in the work performance of the student.

   f. Shall provide the Trainee and the Supervisor with an emergency response which assures the safety and security of Trainee, Supervisor, and Trainee’s clients.

   g. Shall provide the Trainee with one (1) hour of face-to-face individual or two (2) hours of face-to-face group supervision for each five (5) hours of direct client contact provided by the Trainee.

3. THE SUPERVISOR:

   a. Shall sign and abide by the “Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern” as required in Section 1833.1 of the California Code of Regulations (CCR), or its successor.
b. Shall describe in writing the methods by which supervision will be provided.

c. Shall provide regular process reports and evaluations of the Trainee's performance at the site to the Qualifying Degree Program.

d. Shall abide by the ethical standards for supervisors promulgated by the American Association of Marriage and Family Therapists.

e. Shall review and sign the experience log required by Section 1833 (e) of the CCR on a weekly basis except as set forth in Section 1833 (c) of the CCR.

f. Shall sign the experience verification form required for licensure except as set forth in Section 1833 (c) of the CCR.

g. Shall provide the Qualifying Degree Program with a current copy of his/her license and resume at all times, and shall notify the Qualifying Degree Program and the Trainee of any action that may affect his/her license immediately.

4. THE TRAINEE:

a. Shall file the “Responsibility statement for supervisors of the M.F.C.C. license” within 30 days after commencing this supervised fieldwork experience with the BBS and provide a copy to the qualifying degree program.

b. Shall maintain a log of all hours of experience gained toward licensure as required by Section 1833 (e) CCR.

c. Shall be responsible along with his/her Supervisor for providing complete and accurate documentation to the Board of Behavioral Science in order to gain hours of experience towards licensure.

d. Shall be responsible for learning those policies of the Supervised Fieldwork Setting which govern the conduct or regular employees and trainees, and for complying with such policies.

e. Shall be responsible for participating in the periodic evaluation of his or her Supervised Fieldwork Experience and delivering it to the Qualifying Degree Program.

f. Shall be responsible for notifying the Qualifying Degree Program in a timely manner of his/her professional duties and responsibilities, and any changes therein.
g. Shall abide by the ethical standards of the American Association of Marriage and Family Therapy and the California Association of Marriage and Family Therapists.

SECTION V: METHODS OF SUPERVISION

The Supervisor shall monitor the quality of counseling or psychotherapy performed by the Trainee by direct observation, audio, or video recording; in addition to review of progress and process notes or records of by any other means deemed appropriate by the Supervisor. The direct observation, audio or video recording, shall occur once a semester and the review of progress and process notes should be done on a weekly basis. Furthermore, the Supervisor shall inform the Trainee prior to the commencement of supervision of the methods by which the Supervisor will monitor the quality of counseling of psychotherapy being performed.

Supervisor: Please check all appropriate items.

_____ Audio Tape _____ Video Tape _____ Student Verbal Report

_____ Process and Progress Notes _____ Role Play _____ Direct Observation

_____ Case Presentation _____ Other (Describe) ________________________________

SECTION VI: EVALUATIONS

1. PERIOD OF EVALUATIONS:

If the Trainee is enrolled in a field placement class, it is the policy of the University that the Supervisor evaluates the Trainee twice a semester. If the Trainee is not enrolled in a field placement class, the Trainee shall be evaluated with the following frequency or on the following schedule:

SECTION VII: ADDITIONS

1. TERMINATIONS:

The expectation of all parties is that the Trainee will complete the term of this Agreement. Termination of this Agreement with cause shall be in accordance with the academic policies of the Qualifying Degree Program or the employment or volunteer policies of the Supervised Fieldwork Setting. Any party may terminate this agreement without cause by giving all other parties 30 days’ notice of the intention to terminate. Termination of this Agreement on the part of the Trainee, Supervisor, or Supervised Fieldwork Setting is separate from termination of the Trainee's employment at the Supervised Fieldwork Setting. Termination of the Trainee’s or Supervisor’s employment must take account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. If there is an early termination of this Agreement such a decision shall include consultation with the Qualifying Degree Program.
2. **CHANGES IN THE AGREEMENT**
   This Agreement may be amended at any time but any amendment must be in writing and signed by each party. This Agreement contains the entire understanding of the parties regarding their rights and duties. Any alleged oral representation of modification concerning this Agreement shall be of no force or effect unless contained in a subsequent written modification signed by all parties.

3. **INDEMNIFICATION.** The Supervised Fieldwork Setting assumes all risk and liability for, and indemnifies, protects, saves harmless and hereby releases the University, the Qualifying Degree Program, and each and every one of its officers, agents, faculty, students (including the Trainee) and employees of, form and against all liability, losses injuries, damages, claims, suits fees, including attorney’s fees, costs or judgments which may arise from the Trainee's performance of services while at the Supervised Fieldwork Setting. The assumption of risk, liability and indemnification under this paragraph shall survive the termination or expiration of this Agreement.

**SECTION VIII: TERM OF THE AGREEMENT**

From ____/____/____ To: ____/____/____

**SECTION IX: SIGNATURES**

Student Trainee  
Mount Saint Mary’s University

Supervisor  
Agency

Director/Field Representative  
Supervised Fieldwork Setting

Provost  
Mount Saint Mary’s University, on behalf of Graduate Program in Counseling Psychology
STUDENT

Name: ____________________________________________
Address: __________________________________________

City: __________________ State: __________ Zip: __________
Phone: (Home)________________________ (Other) ______________________

Program Units Completed: __________________________ Date Completed: __________

SUPERVISOR

Name: __________________________ AAMFT Approved? __________
Facility Address: __________________________ Date license issued: __________

City: __________ State: ____ Zip: ____ State issuing: __________
Phone: (Home)__________ (Other)__________ Expiration Date: __________
Liability insurance Carrier: __________________________

Type of License: _________________
- LMFT Lic # ______
- LCSW Lic # ______
- Clinical Psychologist Lic # __________
- Board Certified ________ Psychiatrist Lic # __________

Appropriate verification has been provided

TYPE OF WORK SETTING ON-SITE OFF-SITE

Governmental entity ________ ________
School, college or university ________ ________
Non-profit and charitable corporation ________ ________
Licensed health facility ________ ________

(As defined in Sections 1250, 1250.2, 1250.3 of the Health and Safety Code)

Appropriate verification has been provided
TYPE OF SUPERVISION

INDIVIDUAL ________________  GROUP ________________

(One hour per 5 client hours)  (8 or less participants, 2 hours per 5 client hours)

METHODS OF SUPERVISION Audio Tape:

Video Tape:

Process/Progress Notes: ________________

Verbal Reports: Role Play:

Observation:

Case Presentation: ________________ Other

Specify):

I have read and agree to the terms stipulated here in:

Student Trainee
Mount Saint Mary’s University

Date

Supervisor
Agency

Date

Director/Field Representative

Date

Provost
Mount Saint Mary’s University, on behalf of
Graduate Program in Counseling Psychology

Date
**MARRIAGE AND FAMILY THERAPIST TRAINEE / INTERN**

**WEEKLY SUMMARY OF HOURS OF EXPERIENCE**

**OPTION 1 – NEW STREAMLINED METHOD**

*Use a separate log for each work setting*

<table>
<thead>
<tr>
<th>Name of Trainee/Intern:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Name</td>
<td></td>
<td>Date enrolled in graduate degree program</td>
<td></td>
</tr>
<tr>
<td>Name of Work Setting</td>
<td></td>
<td>Address of Work Setting</td>
<td></td>
</tr>
<tr>
<td>Indicate your status when the hours below are logged:</td>
<td>Trainee</td>
<td>Trainee in Practicum</td>
<td></td>
</tr>
<tr>
<td>Post-Degree / Intern Application Pending - BBS File No (if known):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered Intern - MFT Intern Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>YEAR</td>
<td>WEEK OF:</td>
<td>Total Hours</td>
<td></td>
</tr>
<tr>
<td>A. Direct Counseling with Individuals, Groups, Couples or Families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1. Diagnosis and Treatment of Couples, Families, Children*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Non-Clinical Experience</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B1. Supervision, Individual*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2. Supervision, Group*</td>
<td></td>
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</tr>
<tr>
<td><strong>C. Total Hours Per Week</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>(A + B = C) (Maximum 40 hours / week)</strong></td>
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</tbody>
</table>

* Line A1 is a sub-category of “A” and Lines B1/B2 are subcategories of “B.” When totaling weekly hours do NOT include the subcategories - use the formula found in box “C.”

37A-525 (New 01/2016)
## Appendix F (Marriage and Family Therapist Experience)

## Appendix G (Trainee Evaluation)

### MFT Trainee Evaluation Form

**Mount Saint Mary’s University**  
**Los Angeles**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Academic Program:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evaluation Period:**  
- ☐ Fall 20___  
- ☐ Spring 20___  
- ☐ Summer 20___  
- ☐ Other ________

**Agency Name:**  
[Blank]

**City:**  
[Blank]

**Clinical Supervisor’s Name:**  
[Blank]

**Phone:**  
[Blank]

### How Competency was Assessed:

Check all that apply.

- ☐ Direct Observation  
- ☐ Video  
- ☐ Audio  
- ☐ Supervisory Discussion  
- ☐ Review of Written Reports  
- ☐ Feedback from Others  
- ☐ Other (specify):  

### Competency Expectations:

- Fall: Student is expected to receive a rank of 2 or higher for each competency and an overall rank of 3 or higher.
- Spring: Student is expected to receive a rank of 3 or higher for each competency and an overall rank of 3.5 or higher.
- Summer: Student is expected to receive a rank of 4 or higher for each competency and an overall rank of 4 or higher.

### Performance Levels:

Check all boxes that apply within each Competency area and rank student 1 thru 6 based on where the majority of the boxes are checked for that competency.

1: Fails to meet standard, needs improvement  
2: Meets minimum standard, needs improvement  
3: Meets minimum standard, would benefit from further training  
4: Meets standard, appropriate to current level of training and experience  
5: Meets standard, exceeds in some competencies  
6: Exceeds performance standard in most competencies

### COMPETENCY 1: Clinical Evaluation

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<th>6</th>
</tr>
</thead>
</table>

Comments required if student ranks 1 or 2:

### COMPETENCY 2: Crisis Management

<table>
<thead>
<tr>
<th>Is inadequate in identifying indicators of abuse, danger to self, or danger to others.</th>
<th>Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor.</th>
<th>Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor.</th>
<th>Consistently observes and assesses for indicators of abuse, danger to self, or danger to others.</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
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</table>

<table>
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<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
</table>

Comments required if student ranks 1 or 2:

---

Mount Saint Mary's University, 10 Chester Place, Los Angeles, CA  
Page 4 of
## COMPETENCY 3: Treatment Planning

- ☐ Inadequate in developing empathy and sometimes is not aware of empathy’s importance.
- ☐ Needs help in creating a safe environment and understanding the problem from the client’s perspective.
- ☐ Difficulties developing trust with clients; often imposes one’s own biases.
- ☐ Not always aware of one’s emotions and imposes treatment without much regard to therapeutic working alliance.
- ☐ Generally good at developing empathy. ☐ Is adequate in creating a safe environment and attempting to understand the problem from the client’s perspective.
- ☐ Is adequate in developing trust with clients but sometimes needs to keep biases in check.
- ☐ Developing the ability to control one’s emotions.
- ☐ Consistently demonstrates understanding of empathy.

## COMPETENCY 4: Rapport Building

- ☐ Inadequate in developing empathy and sometimes is not aware of empathy’s importance.
- ☐ Needs help in creating a safe environment and understanding the problem from the client’s perspective.
- ☐ Difficulties developing trust with clients; often imposes one’s own biases.
- ☐ Not always aware of one’s emotions and imposes treatment without much regard to therapeutic working alliance.
- ☐ Generally good at developing empathy. ☐ Is adequate in creating a safe environment and attempting to understand the problem from the client’s perspective.
- ☐ Is adequate in developing trust with clients but sometimes needs to keep biases in check.
- ☐ Developing the ability to control one’s emotions.
- ☐ Consistently demonstrates understanding of empathy.

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fails to Meet Standard</td>
<td>Meets Minimum Standard</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
<td></td>
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</tbody>
</table>

Comments required if student ranks 1 or 2:
**COMPETENCY 5: Treatment**

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</thead>
<tbody>
<tr>
<td>☐ ☐ Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. ☐ ☐ Difficulty in identifying stages of treatment and imposes treatment goals. ☐ ☐ Does not understand the differences between short- and long-term treatment goals. ☐ ☐ Does not recognize the need for referral and is not aware of appropriate referrals.</td>
<td>☐ ☐ Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. ☐ ☐ Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. ☐ ☐ Often needs help recognizing the need for referral for appropriate services and resources.</td>
<td>☐ ☐ Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ☐ ☐ Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. ☐ ☐ Sometimes needs guidance on recognizing the need for referral for appropriate services and resources.</td>
<td>☐ ☐ Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. ☐ ☐ Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. ☐ ☐ Recognizes the need for referral and identifies appropriate services and resources.</td>
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Comments required if student ranks 1 or 2:
### COMPETENCY 6: Human Diversity

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<thead>
<tr>
<th>Student Rank</th>
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</thead>
<tbody>
<tr>
<td>Comments</td>
<td>Fails to Meet Standard</td>
<td>Meets Minimum Standard</td>
<td>Meets Standard</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
<td></td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Unable to understand the importance of issues of diversity.
- Needs help in identifying issues of diversity, which impact the therapeutic environment.
- Sometimes is unable to disentangle one’s own values from client’s values, which sometimes interferes with treatment strategies.
- Generally good at identifying issues of diversity which impact the therapeutic environment when client’s values or beliefs are different from one’s own views.
- Can apply treatment strategies consistent with client’s values, beliefs, and/or worldviews.
- Consistent at identifying issues of diversity which impact the therapeutic environment, including issues of gender, sexual orientation, culture, ethnicity, age, disability, and religious/faith beliefs on the therapeutic process.

### COMPETENCY 7: Law

<table>
<thead>
<tr>
<th>Student Rank</th>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>Comments</td>
<td>Fails to Meet Standard</td>
<td>Meets Minimum Standard</td>
<td>Meets Standard</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
<td></td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Poor understanding of legal issues relevant to this clinical setting.
- Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client’s (or legal guardian’s) authorization for release to disclose or obtain confidential information.
- Does not always understand the reasoning behind the need for legal requirements.
- Needs to be reminded of issues surrounding security of therapy records.
- Is not very knowledgeable of laws relevant to practice.
- Adequately knowledgeable of legal issues relevant to this clinical setting.
- Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor.
- Obtains client’s (or legal guardian’s) authorization for release to disclose or obtain confidential information.
- Maintains security of clinical records.
- Is developing knowledge of and follows law in clinical practice.
- Consistent knowledge of legal issues relevant to this clinical setting.
- Adheres to legal statutes, and understands and appropriately manages mandated reporting requirements.
- Obtains and understands the need for client’s (or legal guardian’s) authorization for release to disclose or obtain confidential information.
- Maintains security of client therapy records.
- Aware of and follows law in clinical practice.

### COMPETENCY 8: Ethics

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<tr>
<th>Student Rank</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<tbody>
<tr>
<td>Comments</td>
<td>Fails to Meet Standard</td>
<td>Meets Minimum Standard</td>
<td>Meets Standard</td>
<td>Meets Standard</td>
<td>Exceeds Standard</td>
<td></td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Poor understanding of ethical issues relevant to this clinical setting.
- Needs help in recognizing ethical issues arising in this clinical setting.
- Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting.
- Is not aware of one’s scope of practice and attempts to treat all problems.
- Needs reminders of appropriate therapeutic boundaries.
- Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor.
- Generally good knowledge of ethical issues arising in this clinical setting.
- Is able to inform clients of parameters of confidentiality and conditions of mandated reporting.
- Maintains appropriate therapeutic boundaries.
- Is not always aware of one’s scope of practice.
- Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area.
- Together with supervisor, identifies personal limitations that require outside consultation.
- Demonstrates excellent knowledge of ethical issues arising in this clinical setting.
- Consistently informs clients of parameters of confidentiality and conditions of mandated reporting.
- Maintains appropriate therapeutic boundaries.
- Consistent at staying within scope of practice.
- Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation.
### COMPETENCY 9: Personal Qualities

<table>
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<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Fails to Meet Standard</td>
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<td>Meets Minimum Standard</td>
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<td>Meets Standard</td>
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<tr>
<td>4</td>
<td>Exceeds Standard</td>
</tr>
</tbody>
</table>

Comments required if student ranks 1 or 2:

- Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness.
- Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness.
- Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness.
- Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness.

### COMPETENCY 10: Professional Documentation

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
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<tbody>
<tr>
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<td>Meets Standard</td>
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<td>4</td>
<td>Exceeds Standard</td>
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</table>

Comments required if student ranks 1 or 2:

- Does not adhere to deadlines and professional documentation standards.
- Does not always maintain timely and orderly paperwork and sometimes skirts agency policies.
- Maintains timely and orderly paperwork and adheres to agency policies.
- Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.

### COMPETENCY 11: Professionalism

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<th>Rating</th>
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<td>Fails to Meet Standard</td>
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<td>Meets Minimum Standard</td>
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<td>Meets Standard</td>
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<td>4</td>
<td>Exceeds Standard</td>
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</table>

Comments required if student ranks 1 or 2:

- Does not demonstrate professionalism in the work setting.
- Appearance and attire is frequently inappropriate for agency setting.
- Appearance appropriate to agency setting.
- Consistently demonstrates proper appearance appropriate to agency setting.

### COMPETENCY 12: Supervision

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<tr>
<th>Rating</th>
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<td>Fails to Meet Standard</td>
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<td>Meets Minimum Standard</td>
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<td>Meets Standard</td>
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<td>4</td>
<td>Exceeds Standard</td>
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</table>

Comments required if student ranks 1 or 2:

- Resistant to supervision and does not make improvements after repeated input from supervisor.
- Needs to make better use of supervision.
- Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions.
- Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor.

Mount Saint Mary's University, 10 Chester Place, Los Angeles, CA
### COMPETENCY 13: (Optional for School Designation)

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</table>

Comments required if student ranks 1 or 2:

### OVERALL ASSESSMENT

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<td>Meets Minimum Standard</td>
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</table>

Note: If student ranks 1 or 2 in Overall Assessment, supervisor needs to complete the three sections below identifying the specific competencies in need of further development and a specific plan for developing those competencies. In addition, supervisor needs to consult with student’s Applied Therapeutic Methodology instructor or the Director of Clinical Training.

### Areas of Strength:

### Areas in Need of Further Development:

### Plans for Development or Remediation:

### Consultation with school requested by clinical supervisor:  No ☐  Yes ☐

Best day/time: __________________________
<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Student’s</td>
<td></td>
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<tr>
<td>Supervisor’s</td>
<td>Date</td>
</tr>
<tr>
<td>Darla Dunlop, Ph.D., Clinical Training</td>
<td>Date</td>
</tr>
</tbody>
</table>
### Supervisor's Comments

### Student's Comments

### Hours of Supervised Experience During This Evaluation Period

Dates covered by this evaluation and reflected in the BBS Weekly Summary of Hours: __/__/___ to __/__/___

Total hours of clinical services provided during this academic term:

- Individual Therapy: ___________ Hours
- Couple, Family & Child Therapy: ___________ Hours*
- Group Therapy/Counseling: ___________ Hours
- Telemedicine: ___________ Hours
- Client Centered Advocacy: ___________ Hours

*Do not double count conjoint couples and family therapy hours.

The clinical supervisor met, reviewed and discussed this evaluation with the student.

Yes ☐ ☐ No ☐

If No, please explain:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Appendix H (Student Evaluation of Traineeship)
Appendix I (Therapy Verification Form)

Verification of Personal Psychotherapy

Student’s Name: ________________________________  Term: ______________

Name of Psychotherapist: ____________________________________________ License Number: ____________________________ Type of Therapy: ____________________________

<table>
<thead>
<tr>
<th>Date of Therapy</th>
<th>Time</th>
<th>Therapists Verification</th>
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</table>
Note: A minimum of 5 hours of therapy per semester is required with a total of 25 hours throughout the fieldwork/practicum experience.
Appendix J (Student Evaluation of Supervisor)

Trainee Evaluation of Clinical Supervisor

To be filled out by the student trainee

Trainee_____________________________ Training Period______________________________

Individual Supervisor___________________ Date_______________________________

Please circle your response.

1. To what extent did your supervisor provide an atmosphere of sufficient trust for you to work freely on the issues of importance to you?

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much</th>
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</thead>
<tbody>
<tr>
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<td>2</td>
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</tbody>
</table>

Comments__________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

2. To what extent did your supervisor show understanding of the importance of your concern?

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
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Comments_______________________________________

_________________________________________________________________________________

_________________________________________________________________________________

3. To what extent did you gain an awareness of your strengths?

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

Comments__________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

4. To what extent did you gain an awareness of your weaknesses?

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much</th>
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</table>

Comments__________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

5. To what extent have you made progress on your goals for supervision?

<table>
<thead>
<tr>
<th>not at all</th>
<th>very much</th>
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<tbody>
<tr>
<td>1</td>
<td>2</td>
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</tbody>
</table>

Comments__________________________________________________________________________

_________________________________________________________________________________
How satisfied or dissatisfied are you in regards to the degree to which the following were addressed in your individual supervision? Please circle your response.

6. Clarification of how your work fits into a theoretical model.
   very dissatisfied  very satisfied
   1 2 3 4 5
Comments__________________________________________

7. Clarification of client problems or dynamics.
   very dissatisfied  very satisfied
   1 2 3 4 5
Comments__________________________________________

8. Understanding of how to set treatment goals which are manageable in short term therapy.
   very dissatisfied  very satisfied
   1 2 3 4 5
Comments__________________________________________

   very dissatisfied  very satisfied
   1 2 3 4 5
Comments__________________________________________

10. Understanding of the therapeutic relationship.
    very dissatisfied  very satisfied
    1 2 3 4 5
Comments__________________________________________

11. Understanding of yourself as a therapist
    very dissatisfied  very satisfied
    1 2 3 4 5
Comments__________________________________________

Please respond to the following open-ended questions:

12. What goals did you set for individual supervision? To what degree were they met?
13. What did you find most helpful about your individual supervision?

14. What did you find least helpful about your individual supervision?

15. What would you like to have gotten out of individual supervision that you did not?

16. How would you rate your overall individual supervision experience? Circle your response.
   very negative 1 2 3 4 5 very positive

17. Other comments______________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

Trainee/Student Signature ________________________________

Date ________________________________
### RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR INTERN

Title 16, California Code of Regulations (16 CCR) Section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage and Family Therapist license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision.

<table>
<thead>
<tr>
<th>Name of MFT Trainee/Intern:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Qualified Supervisor:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Qualified Supervisor's Daytime Telephone Number: |

As the supervisor:

1. I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4999.12 (h))
   - A. The license I hold is:
   - Marriage and Family Therapist
   - Licensed Clinical Social Worker
   - Licensed Professional Clinical Counselor
   - *Psychologist
   - *Physician certified in psychiatry by the American Board of Psychiatry and Neurology

   **B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California. (16 CCR § 1833.1(a)(2))**

   C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

2. I have and maintain a current and valid license in good standing and will immediately notify any trainee or intern under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))

3. I have practiced psychotherapy or provided direct supervision of trainees, interns, associate clinical social workers, or professional clinical counselor interns who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))

4. I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns. (16 CCR § 1833.1(a)(6))

5. I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1833.1(a)(6)(A)(B))

6. I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))
7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern. (16 CCR § 1833.1(a)(8))
8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))

9) I shall address with the trainee or intern the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))

10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02; (C) is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions. (BPC § 4980.43(d)(1))

11) I agree not to provide supervision to an INTERN unless the intern is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02. (BPC § 4980.43(e)(1))

12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the intern or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the intern or trainee. (16 CCR § 1833(b)(4))

13) I shall give at least (1) one week's prior written notice to a trainee or intern of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1833.1(c))

14) I shall obtain from each trainee or intern for whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's most recent supervisor and employer. (16 CCR § 1833.1(d))

15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR Section 1833 and Section 4980.43 of the Code. (16 CCR § 1833.1(e))

16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR Section 1833.1. (16 CCR § 1833.1(f))

17) I shall provide the intern or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.

<table>
<thead>
<tr>
<th>Printed Name of Qualified Supervisor</th>
<th>Signature of Qualified Supervisor</th>
<th>Date</th>
</tr>
</thead>
</table>

Mailing Address: Number and Street City State Zip Code

The supervisor shall provide the intern or trainee being supervised with the original of this signed statement prior to the commencement of any counseling or supervision.

10/8/18
The trainee or intern shall submit this form to the board upon application for examination eligibility.

* Psychologists and Physicians certified in psychiatry are not required to comply with #5.
** Applies only to supervisors NOT licensed as a Marriage and Family Therapist.