

MFT
ESSENTIAL
GUIDE:
CLASS OF 2026

San Diego State University

Located in unceded Kumeyaay
Land

LAND ACKNOWLEDGEMENT

For millennia, the Kumeyaay people have been a part of this land. This land has nourished, healed, protected and embraced them for many generations in a relationship of balance and harmony. As members of the San Diego State community, we acknowledge this legacy. We promote this balance and harmony. We find inspiration from this land; the land of the Kumeyaay.

Eyay e'Hunn my heart is good. (Mike Connolly Miskwish (Kumeyaay))

PHILOSOPHY, ADMINISTRATION AND CURRICULUM

I. INTRODUCTION

The purpose of this handbook is to provide pertinent information to guide students through the COAMFTE¹ Accredited Master of Science in Marriage and Family Therapy (MFT). The student should refer to the Bulletin of the Graduate Division for general university and graduate school policies and procedures. This handbook also does not replace the advisor-advisee relationship. Both the faculty advisor and student should maintain consistent and frequent contact to monitor the student's progress through the program.

II. PROGRAM MISSION, PHILOSOPHY, PROGRAM GOALS AND STUDENT LEARNING OUTCOMES

Mission

Prepare students to practice as competent entry-level MFT professionals, capable of ethically applying relational/systemic and social constructionist ideas and practices to meet the needs of today's intercultural society.

Philosophy

The MFT program is founded on the beliefs that: (a) individuals, couples, and families live within a variety of intersecting social contexts and (b) they respond to the struggles with increasingly complex circumstances, stressful events, and sociocultural, economic, geographical, racial, physiological, and political factors that constrain full social participation and forming connections. As service providers of our local communities, family therapists need specialized training and approaches for addressing relational problems that emerge from these contexts.

The MFT program recognizes that all views of human interactions are subjective and are shaped by our physiological experience within cultural and historical contexts, as well as our social locations given our language, sexual orientation, gender expressions, social class, race, ethnicity, nationality, body abilities, religion, spirituality, age, etc. Thus, all therapeutic approaches are "maps" of human interactions, contexts and change rather than the "actual territory" (Korzybski, 1921) of knowable, objective facts. This program introduces students to

¹ COAMFTE is the Commission on Accreditation for Marriage and Family Therapy Education. practices, neuro-biological stress responses, and other experiences that reside beyond linguistic domains.

a range of approaches to practice reflecting the individual (linear) and relational (systemic) ways of knowing and emphasizes relational and contextual perspectives for theory or understanding and clinical skill development. Our program also includes studying scholarship and research on the body/brain in social science research and its connection to the language of feelings, intentions, and choices. We explore the study of bodily responses, feeling

The program's training is guided by a philosophy that incorporates the following values and beliefs:

- A relational/systemic and social constructionist metaphor that regards all descriptions of human interactions as subjective, relational, contextual, and emerging from social interaction and meaning-making.
- Intercultural/cross-cultural development invites an exploration of the understanding of differences within systems of power and their effects on people's lives and relationships. It also invites critical examination of the paradigms of family therapy within their geo and body-political and cultural North-Euro Western contexts. The program advances the ability to address these factors in therapy and other relationships.
- A community focus to prepare for serving underserved and poorly served populations.
- Social responsibility to consider the therapist's role in relation to social contribution, impact, and leadership for change in mental health systems.
- Personal growth to support exploring one's own storied life, consider the effects of experiences in social relationships, therapeutic relationships, and open oneself to new personal and social interactions, physiology, emotional experiences, and perspectives.
- Promotion of linguistic rights in education and therapy of Spanglish speaking therapists, and therapists speaking Silk Road languages. Through adequate supervision and practice, the program advances training that carefully considers language at the borderlands within colonial systems of power, critical translation, and racio-linguistic perspectives to better understand bilingual lives and therapy practices.

Program Diversity Statement²

The College of Education at San Diego State University is a vibrant community of scholarly engagement and professional practice where diversity, equity, and inclusion drive innovation across our teaching, learning, counseling, research, and community service endeavors. We draw on our strengths as a college within a Hispanic Serving Institution (HSI) — uniquely positioned in the San Diego-Tijuana trans-border region and ancestral land of the Kumeyaay Nation — to effect educational and social change at local, regional, national, and international levels.

As a diverse and interdisciplinary community of educational researchers and professional practitioners, we are committed to sustaining a responsive and supportive teaching, learning and working environment for all members of our community and to establishing collaborative partnerships with local, regional, national and international universities, community agencies

² Written in collaboration with and adopted from the College of Education

and organizations that embrace this mission, particularly with regard to educating, serving, and supporting students, faculty, staff, and community members across the spectrum of races, ethnicities, cultures, social classes, sexual orientations, gender identities and expressions, linguistic identities, body identities, religious or secular beliefs, spiritual traditions, creeds, political views, ages, abilities, citizenship, and veteran status. We intentionally acknowledge the value of the diverse backgrounds from which we approach our work and endeavor to advance personal, educational, and social well-being drawing upon the variety of human experiences, perspectives, identities, and positionalities that enrich our university and college community. We critically recognize that educational institutions and other related service organizations often function within extant neo-colonial structures of racial-ethnic, socio-cultural, and socio-economic oppression that systematically function to reproduce social injustices and inequality. In the same way, we also acknowledge the power and responsibility of these institutions to serve the ethical imperatives of social transformation.

As such, we commit to working to advance diversity, equity, inclusion, belongingness, and social and racial justice through the identification and implementation of democratic, transformative, and anti-racist practices in all our endeavors. In addition, we commit to harnessing the creative dynamism and power found in true participatory and democratic approaches to institutional engagement.

As a reflective and supportive community committed to social and racial justice, we strive to be socially aware, collaborative, mindful, and fearless in our inclusive, equitable, and democratic pursuits.

SDSU Nondiscrimination Policy

The MFT program also supports the University nondiscrimination policy, which states: “San Diego State University shall maintain and promote a policy of nondiscrimination on the basis of race, religion, color, sex, age, disability, marital status, sexual orientation, gender identity and expression, national origin, pregnancy, medical condition, and covered veteran status. This policy incorporates by reference the requirements of Federal Executive Orders 11246 and 11375 as amended; Titles VI and VII of the Civil Rights Act of 1964 as amended; Title IX of the Educational Act of 1972; the Rehabilitation Act of 1973, secs. 503–504; the Americans with Disabilities Act; the Vietnam Era Veterans Readjustment Assistance Act of 1974, sec. 402; Equal Pay Act of 1963 as amended; Age Discrimination Acts of 1967 and 1978; and other applicable federal statutes as well as pertinent laws, regulations, and executive directives of the State of California, including regulatory procedures set forth in Title 5 of the California Code of Regulations. Persons covered by these regulations shall be considered members of protected groups.”

Title IX

San Diego State University does not discriminate on the basis of sex, gender, or sexual orientation in its education programs or activities. Title IX of the Education Amendments of 1972, and certain other federal and state laws, prohibit discrimination on the basis of sex, gender, or sexual orientation in employment, as well as all education programs and activities operated by the University (both on and off campus), and protect all people regardless of their gender or gender

identity from sex discrimination, which includes sexual harassment and sexual violence.

Program Goals and Student Learning Outcomes:

PG 1. Students demonstrate knowledge and competency in legal and ethical standards related to the MFT profession.

- SLO 1. Students will demonstrate knowledge and understanding of legal and ethical guidelines in the MFT profession.
- SLO 2. Students will demonstrate competence in the application of legal and ethical guidelines in the MFT profession.

PG 2. Students demonstrate knowledge and competency in delivering MFT services to diverse and underserved communities.

- SLO 3. Students will demonstrate knowledge and understanding in intercultural dimensions of counseling with diverse and underserved communities.
- SLO 4. Students will demonstrate cultural competence when delivering MFT services to diverse and underserved communities.

PG 3. Students demonstrate knowledge and competency in MFT research and scholarship.

- SLO 5. Students will demonstrate knowledge and understanding of research and scholarship related to the MFT practice.
- SLO 6. Students will demonstrate in the application of research and scholarship related to the MFT practice.

PG 4. Students demonstrate knowledge and competency in MFT theories and practice.

- SLO 7. Students will demonstrate knowledge and understanding of MFT theories and practices.
- SLO 8. Students will demonstrate competence in the application of MFT theories and practices.

III. REQUIREMENTS FOR DEGREE COMPLETION

A. To graduate from the MFT master's program, you are required to satisfy the following degree requirements:

1. The Official Program of Study for the M.S. degree in Counseling with a specialization in MFT requires satisfactory completion of 60 credit hours of coursework.
2. Students must maintain an overall 3.0 GPA and must achieve no lower than a C grade in each class. Students who earn a C- or lower in any course must repeat that course.
3. Students must acquire a **minimum of 300** direct clinical contact hours (in-person or through telehealth) with individuals, couples, families, or other systems. A **minimum of 100** of the 300 hours must be relational hours. 4. Students must receive a **minimum of 100** hours of MFT relational/systemic supervision from a program or site clinical supervisor on a regular and consistent basis (in-person or through videoconferencing) while seeing clients. MFT relational/systemic supervision can be individual MFT relational/systemic supervision (one supervisor with one or two supervisees) or group MFT relational/systemic supervision (one supervisor and eight or fewer students) and must include a **minimum of 50** hours of MFT relational/systemic supervision utilizing observable data.

More information on practicum/traineeship requirements and clinical/supervision hours completion (as outlined by COAMFTE and BBS regulations) is included further down on this document and on the [MFT Canvas Homepage](#). It is important to familiarize yourself with the content on the homepage early and frequently. *The information will also be reviewed at the mandatory Clinical/Supervision Hours and Documentation Orientation at the onset of the first fall semester.*

Registration for courses

For Summer, Fall and Spring semesters, students receive two sets of registration material:

- From the Graduate Division, students receive general registration information and a Reg-line time and date.
- From the MFT Program Director or Graduate Assistant, students receive their individual courses and scheduling information via email.
- Summer school registration information is distributed via e-mail and is not individualized, except for registration for clinical experience, *Practicum* and *Traineeship*.

Fees and Fee Refunds

Please see the [Bulletin of the Graduation Division](#) for University fees and fee policies.

Additional program-related fees include but are not limited to personal therapy, gas to and from traineeship and practicum, client-centered advocacy expense, conference travel, student liability insurance, subscription to clinical/supervision tracking platform, fingerprinting, electronic signature platforms, professional attire for clinical work, professional trainings.

Technology Policies and Resources

SDSU Technology Policies and Resources

It is the collective responsibility of all SDSU students, faculty, and staff to ensure the confidentiality, integrity, and availability of information assets owned, leased, or entrusted to the CSU and to use CSU assets in an effective, efficient, ethical, and legal manner. Part of this responsibility includes choosing appropriate technology to manage and store the data, some of which may be confidential or restricted. For more information about how to safely manage your electronic data, please visit: [SDSU IT Security](#) To identify IT resources throughout the university, including use of Canvas, computer support, navigating my.SDSU system, please visit: IT@SDSU. If you are experiencing IT difficulties and need support troubleshooting (either on or off campus), please contact IT services at: [Support | Instructional Technology Services | SDSU](#)

Remote Learning/HIPAA Policy and Procedures

Course content, instruction, therapy, and supervision will often be conducted using an electronic device. You will need consistent access to a computer or laptop device to complete your graduation requirements. Additionally, you will need access to the following: 1) a private space to conduct therapy and classes and 2) stable internet connection. The university library offices [technology resources](#) for students.

The Health Insurance Portability and Accountability Act (HIPAA) lays out privacy and security standards that protect the confidentiality of patient health information. You will need to [create a HIPAA Zoom account](#) at the onset of your first fall semester. In terms of video conferencing, the solution and security architecture must, among other controls, provide end-to-end encryption and meeting access controls so data in transit cannot be intercepted. Zoom/HIPAA accounts provide an option for times when you must discuss sensitive data while retaining the same benefits Zoom Meetings has to offer. Although being a separate environment, Zoom/HIPAA accounts are still integrated with your existing SDSUid login, eliminating the need to track additional accounts. For more information go to: SDSU [Zoom Meetings for HIPAA](#)

IV. CURRICULUM AND PROGRAM OF STUDY

The curriculum is designed to offer experiences in personal growth, clinical theory and ethical and interculturally responsive practice development, and foundational research required for building complex clinical skills. Relational/systemic and social constructionist approaches to therapy organize the themes of the curriculum. The traditional heart of the

field of MFT lies in systemic, relational and contextual frameworks that promote and understanding that people and their lives are interactional and shaped by their relationships and contexts whether familial, social, historical or political. Families function as a system and within systems where every member of the family influences and impacts on every other member of the system. At the same time, families are impacted by, and have an impact on the structures, beliefs, languages, and history of the society in which they live. Our bodies/brains, behavior, cognition, and affect are all at play in relational and contextual work and all of those considerations need to be attended to in therapy. Social constructionism (Gergen, 2009) holds that all knowledge evolves through the social interaction and meaning making of language, culture, experience, and history. Thus, “knowledge” is not about “learning the truth” but rather about subjective perspectives or descriptions that emerge out of social contexts. Models/approaches to therapy do not provide objective, “real” pictures of human behavior, just useful, helpful descriptions for practice.

What this means for our curriculum is that we invite students to consider the knowledge and learning experiences for their effects on ourselves, clients, and social contexts at large. While all courses put social interaction, contexts, and relationship dynamics at the center of human experience, courses (and instructors) will reflect different perspectives within that frame. These different perspectives provide the basis for students to gain a strong theoretical knowledge and deliver a practical application of an MFT theory by the end of the program.

Courses interweave the following themes:

- Intercultural development
- Social constructionist-relational vantage point
- Developmental view of behavior
- Larger social context/systems
- Integration of neuroscience brain physiology, adult attachment theory and affective studies

A. Curriculum:

Courses that must be completed:

ED 690	Methods of Inquiry (3)
CSP 600	Cross-Cultural Counseling Communication Skills (2)
CSP 600L	Cross-Cultural Counseling Pre- practicum (1) Cr/NC
CSP 618	Family Life Cycle Development (3)
CSP 615	Seminar in Multicultural Dimension of Counseling (3)
CSP 606 A	Professional Issues in Mental Health Practice: California Law and Ethics for Marriage and Family Therapy (3)
CSP 618	Mental Health Recovery and the DSM: A Social Justice Perspective (3)
CSP 625	Marriage and Family Therapy Theories and Best Practices I (3)
CSP 626	Marriage and Family Therapy Theories and Best Practices II (3)

CSP 635	Sexuality and Intimacy in Couple and Family Therapy and Counseling (2)
CSP 650	Trauma and Crisis Counseling in Multicultural Community Context (3)
CSP 662A	Counseling Interventions with Children and Adolescent: Marriage and Family Therapy (3)
CSP 670	Theory and Process of Group Counseling (3)
CSP 687	Family and Systemic Treatment of Substance Abuse (3)
CSP 692	Couples Therapy and Evidence-Based Relational Practices (3)
CSP 694	Psychopharmacology for Marriage and Family Therapists and Counseling (3)

In addition, students must complete clinical courses:

ONE CSP 755	Practicum I: Marriage and Family Therapy (3) Cr/NC
ONE CSP 765	Practicum II: Marriage and Family Therapy (3) Cr/NC
AT LEAST ONE CSP 785	Marriage and Family Therapy Traineeship (2) Cr/NC
TWO CSP 785	Marriage and Family Therapy Traineeship (3) Cr/NC

For the culminating capstone experience in year 2 students must complete:

CSP 710A Seminar (3)	Professional
CSP 710B Seminar (3)	Professional

All students must complete the Capstone Experience requirements, which constitutes the Final Exam graduation requirement for the MS degree. The *CSP 710A: Professional Seminar: Master's Research Project* is completed in the Fall semester of year two and *CSP 710B: Professional Seminar: Presentation of Clinical Practice* is completed in the Spring semester of year two.

This is how the courses are organized, by semester:

Y1: Summer	
CSP 600	Cross-cultural Counseling
CSP 600 L	Cross-cultural Counseling-Pre-practicum
CSP 606 A	Law and Ethics
CSP 609	Family Life Cycle Development
CSP 625	MFT Theories I

Y1:Fall	
CSP 615	Multicultural Dimensions in Counseling
CSP 626	MFT Theories II
CSP 687	Substance Abuse
CSP 662A	Interventions with Children& Adolescents
CSP 755	Beg Practicum I

Y1: Spring	
CSP 618	Mental Health Recovery &DSM
CSP 765	Adv Practicum II
CSP 650	Crisis and Trauma and Crisis Counseling
CSP 670	Theory and Process of Group Counseling

Y3: Summer	
CSP 785 (2 units)	MFT Traineeship (required if 2 units of 785 were not completed during summer of YR2. Also required if clinical/supervision hours are not completed)
CSP 690	Methods of Inquiry

Y2: Fall	
CSP 710 A	Professional Seminar: Master's Research Project
CSP 785 (3)	MFT Traineeship
CSP 692	Couples Therapy

Y2: Spring	
CSP 635	Sexuality & Intimacy
CSP 694	Psychopharmacology
CSP 710 B	Professional Seminar: Presentation of Clinical Practice
CSP 785 (3)	MFT Traineeship

Y3: Summer	
CSP 785 (2 units)	MFT Traineeship (required if 2 units of 785 were not completed during summer of YR2. Also required if clinical/supervision hours are not completed)

To complete the 300 clinical hour requirement all students must complete a 12-month three semester CSP 785 sequence. This is normally completed in students' second year. This 12 - 12.5-month sequence is a requirement to meet the training standards set by our accrediting body, COAMFTE, as it is stated in their latest guide Version 12.5 on clinical hours requirements. Thus, it is reasonable to expect that the program will take 2.5 years to complete for a sizable number of students.

The sequence can either involve enrolling in a CSP 785 (2) class in the summer immediately following the first year of study and then enrolling in a CSP 785 (3) class in the Fall and a CSP 785 (3) class in the Spring and then graduate in May.

Alternatively, some students may *not* enroll in CSP 785 in the summer immediately following their first year of study. Instead, they can enroll in the CSP 785 Fall and Spring class in their third summer and graduate in August.

In part, these sequences will depend on the kind of traineeship available to students. In some cases, if students cannot complete their 300 hours, they may have to enroll in four semesters of CSP 785 to complete graduation requirements. When completing traineeship requirements, students must always be enrolled in a CSP 785 class.

B. SPANISH/SPANGLISH & SILK ROAD LANGUAGES SPEAKING TRAINING TRACK

Students who have an intermediate-advanced oral linguistic proficiency in the Spanish language, or who are enrolled in the *CSP Spanglish Decolonial Healing Advanced Certificate* can participate in the Spanish/Spanglish clinical training track in the MFT program. Students who subscribe to cultures that speak Silk Road languages can participate in the Silk Road languages practicums. These courses offer the opportunity for students not only to develop their clinical training in non-English contexts with the

specialized guidance and linguistic supervision of practicum (CSP 755 & 765); and traineeship courses (CSP 785 Fall & Spring) for Spanglish speaking therapists. Also, students will be guided by adequately prepared supervisors to help them gain an understanding on how English, their non-English languages and the borderlands in between, contextually shape in unique ways untranslatable experience and therefore therapy practices. This option is dependent on whether there are enough students to adequately fill the respective linguistic sections.

Spanglish Decolonial Practicums:

Students with proficiency in Spanish, Spanglish, and English languages can participate in the MFT Spanglish track by enrolling in the Spanglish supervised practicums. The MFT Spanglish track supports students training of MFT theories in Spanish while at the same time learning about decoloniality as a perspective to therapy and supervision. Supervision will center the political and linguistic landscape of providing therapeutic services in these languages. This practicum centers the bilinguality of experience, bringing forth theoretical, ethical, philosophical, and cultural considerations related specifically to the linguistic and cultural contexts of the clients, as much as the therapist's and the supervisor's. Students will facilitate therapy sessions in English and Spanish. However, the supervision or discussion of the therapy work will take place in Spanish to support students' skill development in Spanish and Spanglish and begin thinking clinically in the language. The supervision will support students' translation of the MFT theories that they are learning in English in the program into Spanish; but the politics of translation will be focused on re-invention rather than colonizing literal translation. Furthermore, Spanglish will be understood not only as a practice of code switching between languages, but as an epistemological place of reflection and knowledge development from where to think relationally and decolonially through an analysis of the coloniality of language. This applies both, in supervision and therapy. Students will engage in bilingual explorations in the therapy room with bilingual families (when applicable) from an ontological and epistemological perspective of language. Therefore, students will not be required to develop a therapy vocabulary in Spanglish but do develop a critical and creative borderland perspective from where to understand pluriversal realities with clinical and decolonial implications.

Silk Road Languages Practicum

This practicum supports students with proficiency in South/West Asian languages (Arabic, Farsi, Dari, Hindi, Pashto, Urdu, etc.) in navigating the political and linguistic landscape of providing therapeutic services in these languages. This practicum centers the bilinguality of experience, bringing forth theoretical, ethical, philosophical, and cultural considerations related specifically to the linguistic and cultural contexts of the clients who seek the support of MFTs. Students will facilitate therapy sessions in English and their other languages. The supervision and discussion of the therapy work will reflect this bilinguality as well and will attempt to honor the "beyond-English" efforts of this practicum.

The supervision will support students' translation of the MFT theories that they are learning in English in the program into their languages; however, translation will be understood more as re-invention rather than a literal translation. Furthermore, Fenglish (Farsi/English)/ Arab-lish/etc. (Arabic/English) will be understood not only as a practice

of code switching between languages, but as an epistemological place of reflection and knowledge development from where to think relationally and systemically through an analysis of the coloniality of language. Students will engage in bilingual explorations in the therapy room with bilingual families (if applicable) from an ontological and epistemological perspective of language. Therefore, students will not be required to develop a therapy vocabulary in Farsi/Arabic/Urdu/Hindi/etc. but do develop a critical borderland perspective from where to understand pluriversal realities with clinical and decolonial implications.

Given the multiplicity of languages, efforts are made to invite clinicians that can support specific discussions in a students' known languages. The importance of community will be demonstrated through encouragement and material support in connecting with the broader MFT community in San Diego who speak the language.

C. Transfers, waivers of credits:

1. Up to nine (9) credit hours of relevant graduate coursework may be transferred to the M.S. degree program from another university, with the condition that these credit hours were not part of the requirement for another completed degree. These courses must be equivalent in content to courses in the SDSU MFT curriculum. The Program Director or the students' advisor, in consultation with the Program Director, assesses the relevance of the coursework. No coursework is accepted from non-accredited institutions.
2. Under certain circumstances coursework taken at another university may qualify for a waiver from taking an equivalent course in the MFT program. However, a waiver requires replacing the course with another approved course or courses of equivalent credit hours.
3. If a course being considered for waiver was taken more than seven (7) years before the anticipated date of graduation from the MFT program, the student must demonstrate up-to-date knowledge and competence in the area.
4. All transfer of credits and waivers must be approved and documented by the Graduate Advisor who is the Director of the MFT Program.
5. No coursework may be utilized from other completed degree programs.
6. Advisors will not approve a waiver, if it risks a student's eligibility for licensure or compliance with COAMFTE standards.

D. CLINICAL PREPARATION

The clinical training component of the MFT program is viewed as the "heart" of the program. It is intended to be a rich and rigorous experience and meet the BBS standards for licensure eligibility and COAMFTE accreditation standards.

A. Clinical experience hours requirement

DIRECT CLINICAL HOURS/DEFINITIONS

Direct clinical hours (COAMFTE definition) are defined as therapist and client therapeutic meetings (in-person or via telehealth). Activities such as setting appointments with clients over the phone, pre-session preparation, record keeping, travel, administrative activities, consultation with community members or professionals, or supervision are **NOT** considered direct client contact. Assessments may be counted if conducted in-person or via telehealth and more than clerical in nature and focus. COAMFTE and graduation hours required: ***minimum of 300 direct clinical contact hours (in-person or through telehealth with individuals, couples, families, or other systems), at least 100 of which must be relational therapy.*** Note, Clinical hours are determined by the duration of a therapy session and not by the number of people in a session.

COAMFTE and BBS have some different criteria for what constitutes certain forms of therapy. To avoid inaccuracies in reporting, please familiarize yourself with the definitions below.

INDIVIDUAL THERAPY (BBS definition): therapy (in-person or telehealth) with an adult individual.

INDIVIDUAL THERAPY (COAMFTE definition) therapy with an individual (regardless of age; in-person or via telehealth).

RELATIONAL THERAPY (BBS definition): therapy with a couple, a family, or child(ren).

****seeing children alone counts as relational therapy for BBS but does NOT meet COAMFTE standards and therefore may not be counted towards the program's minimum 100 relational hours required for graduation.*

RELATIONAL THERAPY (COAMFTE definition): is a category of clinical contact hours that requires that a practitioner deliver therapeutic services with two or more individuals (in-person or telehealth) who share an *ongoing relationship* beyond that which occurs in the therapeutic experience itself.

Examples include family subsystems, intimate couple subsystems, and enduring friendship/community support subsystems. ****qualifies under the minimum relational hour requirements for graduation.*

GROUP THERAPY (BBS definition): is a form of psychotherapy that involves one or more therapists working with several adult clients at the same time. Adult clients in the group have no pre-existing close relationships with one another. Group types include support groups, psychotherapy groups, process-oriented groups, etc. *It qualifies as an individual hour, does not qualify under the minimum relational hour requirements for graduation.*

GROUP THERAPY (COAMFTE definition): is a form of psychotherapy that involves one or more therapists working with several clients (regardless of age) at the same time. Clients

(regardless of age) in the group have no pre-existing close relationships with one another. Group types include support groups, psychotherapy groups, process-oriented groups, psychoeducation groups, etc. *It qualifies as an individual hour, does not qualify under the minimum relational hour requirements for graduation.*

RELATIONAL GROUP THERAPY (BBS definition): is a form of psychotherapy that involves one or more therapists working with several clients (made up of couples, families, or children) at the same time. Couples and families in the group have pre-existing close relationships with one another (i.e., siblings, parent-child, couple, child-guardian). Groups made up of only children qualify as relational whether or not the children have pre-existing close relationships with one another. Group types include support groups, psychotherapy groups, process-oriented groups, etc.

RELATIONAL GROUP THERAPY (COAMFTE definition): is a form of psychotherapy that involves one or more therapists working with several clients (regardless of age) at the same time. Clients (regardless of age) in the group have pre-existing close relationships with one another (i.e., siblings, parent-child, couple, child-guardian). Group types include support groups, psychotherapy groups, process-oriented groups, etc. **** qualifies under the minimum relational hour requirements for graduation.*

COLLABORATIVE CARE SETTINGS: As stated above, relational clinical hours are defined as *ongoing relationships* beyond that which occurs in the therapeutic experience itself. Examples include family subsystems, intimate couple subsystems, and enduring *friendship/community support subsystems*. In school settings, some school staff (i.e., teachers, school psychologists, guidance counselors) have 'ongoing relationships with students become part of students' community support subsystems. Thus, a therapy session where *at least half of the session is conducted with the client*

and at least one staff member who has an ongoing relationship with the client constitutes relational therapy. This may also apply to other settings where close, ongoing collaborative services are often conducted. ****relational hours earned between community support systems and clients count towards COAMFTE but not BBS hours because BBS only extends relational hours to include couples, families, and children.*

NON-CLINICAL EXPERIENCE (only recognized by BBS): Consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling.

TELEHEALTH DEFINED

In California, "telehealth" is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, and care management while the patient and provider are at two different sites. The two most common modes of telehealth for psychotherapy are via 1) live video conferencing either through a personal computer with a webcam or a mobile

communications device with two-way camera capability, and 2) telephone. The BBS recognizes the practice of psychotherapy via telehealth as falling within its jurisdiction and subject to the same statutes and regulations that apply to in-person psychotherapy. Therefore, all California and/or federal laws regarding the confidentiality and privacy of healthcare information and a client's right to access their medical information apply to telehealth services. California licensed therapists may conduct telehealth outside of California; however, clients must be physically located in California during the clinical session. For more information, go to CAMFT/BBS Considerations for Telehealth.

SUPERVISION HOURS/DEFINITIONS:

BBS tracks whether supervision (in-person or via telehealth) is conducted individually or in a group. BBS does not track whether or not supervision is non-direct or direct observation. *Required hours: minimum 1/5 ratio and one supervision hour for every five clients seen.*

COAMFTE tracks whether supervision (in-person or via telehealth) is conducted individually or in a group AND tracks whether supervision is by non-direct or direct observation (live or recorded) of the trainee's therapy work. ***Minimum of 100 supervision hours total, 50 of which must be direct observation hours.***

Non-direct or direct observation supervision could take place in-person or through telehealth.

NON-DIRECT OBSERVATION SUPERVISION:

INDIVIDUAL NON-DIRECT SUPERVISION (BBS and COAMFTE definition): is defined as one supervisor with one or two supervisees discussing the supervisees' clinical work.

GROUP NON-DIRECT SUPERVISION (BBS and COAMFTE definition): consists of one supervisor and eight or fewer students. Regardless of the number of supervisors present, a group cannot exceed eight students to qualify for group supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight.

DIRECT OBSERVATION SUPERVISION:

SUPERVISION (COAMFTE definition): is distinguishable from psychotherapy or teaching and focuses on the development of competencies and professional growth of the supervisee. Supervision may utilize secured digital technology in which participants are not in the same location.

INDIVIDUAL LIVE SUPERVISION (COAMFTE definition): is defined as one supervisor with one or two supervisees. The supervisor observes the supervisee conduct a session from behind the mirror, in the room during co-therapy, reflecting teams, audio, or video recording.

GROUP LIVE SUPERVISION (COAMFTE definition): consists of one supervisor and eight or fewer students observing the therapy session while behind the mirror, in the room as co-therapy, reflecting teams, etc. Regardless of the number of supervisors present, a group

cannot exceed eight students to qualify for group supervision. For example, ten students and two supervisors are not appropriate because the number of students exceeds eight.

The hour requirements and definitions listed above will be reviewed at the *Clinical/Supervision Hours and Documentation Orientation* at the onset of the first fall semester and is also available on the *MFT Canvas Homepage*. It is important to familiarize yourself with the content on the homepage early and frequently.

Clinical and supervision hour requirements differ between COAMFTE and the BBS. The MFT policy for clinical and supervision hours are set to meet both BBS and COAMFTE standards to meet LMFT state registration and licensing requirements and remain in compliance with national accreditation standards.

To understand the requirements and the context for the hours required to meet the BBS MFT licensing bodies requirements please review this document titled *Important Answers to Frequently Asked Questions for Associate Marriage & Family Therapists & MFT Trainees*. The M.S. degree program is regarded as introductory preparation for MFT practice. The faculty assumes that becoming a competent practitioner requires participation in additional training and workshops, at the trainee, associate, and licensed levels. Opportunities are provided during the program to attend training outside of the university. Students are encouraged to become involved in additional training, professional conferences, and professional organizations.

To understand the requirements and the context for the hours required to meet COAMFTE requirements please review this document titled [COAMFTE Accreditation Standards Version 12.5](#)

License Portability

MFTs must have a state license for each state in which they wish to practice, and each state requires different elements of training to grant MFT licensure to applicants. In some cases, students may successfully obtain their degree and meet licensure requirements in one specific state, and later face obstacles obtaining their license in a different state if licensure requirements are different and they have not been anticipating this difference.

Students who anticipate licensure differences during their graduate training are more likely to be prepared for these obstacles and find it easier to manage obtaining a license in a second state. For this reason, we encourage students and applicants to do their own research on state requirements, especially if they think they may want to practice as an MFT outside of California at some point during their career. Prior to entering the MFT program you were required to submit a signed document acknowledging your understanding of the license portability process.

Information regarding state licensures is available on the *MFT Canvas Homepage*, but please be aware the most accurate information about state requirements will come from the website of each individual state licensing board.

[Refer to the AAMFT webpage for information about MFT license portability](#)

Telehealth Policies and Procedures

Student trainees may accumulate some or all their required direct clinical hours and supervision using telehealth. Relevant federal, state, or provincial regulatory requirements must be met when conducting telehealth. Students are responsible for ethical and legal services for the safety of their clients. Telehealth policies and procedures are subject to change due to new standards set by BBS or COAMFTE. Students are subject to follow the policies and procedures set by their practicum or traineeship site, as long as they meet the standards set by BBS and COAMFTE. Students will be given reasonable time to implement changes in policy and procedures mandated by the MFT program. The BBS recognizes the practice of psychotherapy via telehealth as falling within its jurisdiction and subject to the same statutes and regulations that apply to in-person psychotherapy.

Therefore, all California and/or federal laws regarding the confidentiality and privacy of health care information and a client's right to access their medical information apply to telehealth services.

California licensed therapists may conduct telehealth outside of California; however, clients must be physically located in California during the clinical session. For more information, go to CAMFT/BBS Considerations for Telehealth.

The development of competencies in teletherapy will be discussed in detail in the CSP 606A Course (Professional Issues in Mental Health Practice: California Law and Ethics for Marriage and Family Therapy). The course will prepare students to use telehealth by educating them about emerging legal and ethical requirements, documentation, response to crises, awareness of the therapeutic space, joining, appropriate individual and systemic interventions (e.g., couples, play therapy), or other topics of importance to the context of the program and with diverse populations. Students will receive additional information and training to use telehealth through their practicum and traineeship site, and across other relevant courses in the program.

B. Practicum and Traineeship coursework

The core clinical experience component of the program requires completion of a minimum of thirteen (13) academic units that are divided into two separate components: six (6) units of *Practicum (CSP 755 and 765)* (two semesters) and a minimum of three *Traineeship CSP 785 classes made up of a total of eight (8) units*. Students register for *CSP 785 courses* each additional semester in *Traineeship* until completing the 300 hours with successful evaluations. No clinical experience may be counted that is not approved and under the oversight of the University/Program through registration in a clinical experience course.

To begin Practicum (CSP 755) in the Fall of the first year, students must gain a CREDIT GRADE in CSP 600L in the First Summer prior to the Fall semester. The practicum meets once a week for a four-hour block of time. Students will provide systemic therapy in English Spanish/Spanglish, or Silk Road languages, if applicable, with individuals, couples, and

families and receive live supervision. The setting for the practicum is the *Center for Community Counseling & Engagement*. Students are part of a practicum team and see clients from the San Diego community under the supervision of licensed MFT faculty and supervisors with adequate epistemic, linguistic, and cultural preparation to support the non-English language practicums. Supervisors must meet state regulatory standards and COAMFTE accreditation standards. Spanglish/Spanish and Silk Road languages sections of practicum 755/765 will be offered if adequate enrollment numbers are met.

During *Traineeship*, the second stage of the clinical experience, students provide therapy and other mental health services in an approved community site, receive supervision at the field site, and attend a weekly traineeship class at the university. Students must complete a minimum of two semesters of *Practicum (CSP 755 & CSP 765)* with a CREDIT GRADE before enrolling in *Traineeship*. Students may enroll in a Traineeship class as early as the summer of their second year if they have met requirements. A bilingual Spanglish/Spanish and Silk Road languages section of traineeship 785 will be offered if adequate enrollment numbers are met.

Students are to regard this clinical experience as a job and maintain the reliability and professionalism required in an employment situation. Under the *Traineeship*, students contract with a community placement for 15-25 hours a week of on-site (not all hours are client contact) time. The *Traineeship* provides an opportunity to work at a community-based site with an expanded number and variety of client situations and to become familiar with community-based mental health provider settings. Students also can pursue interests with particular client communities.

All hours of experience earned in a community-based site must be under the oversight of the university program. Students, who are in job or volunteer situations that *may* qualify for hours towards licensure or graduation, may not count clinical hours unless the site and experience meet program requirements for approved sites and approved agency-based and university-based supervision. Furthermore, a formal signed SDSU Service Learning Agreement between the site and the program must be in place before accruing clinical hours. This requirement also means that the student must enroll in approved MFT coursework and have an assigned program supervisor for any semester during which they earn clinical experience hours. At a minimum, students need to complete one summer semester and a Fall and Spring semester in their traineeship year to meet requirements. It is common for students to graduate in August of their third summer semester.

Students can attend specific camps delivering mental health services to children and families operating under an SDSU Service Learning Agreement

Guidelines for counting camp hours accredited towards 300 hours

Trainees working in camps to accrue hours toward their 300 hours required by the SDSU MFT Program, MUST:

- a] Be supervised at the actual camp site by an AAMFT supervisor affiliated with the MFT Program or the AAMFT supervisor affiliated with our designated

Traineeship sites and/or able to consult with an AAMFT supervisor while the camp is taking place in real-time.

b] Must be conducting therapy for the therapy hours to count. For example, BBS states that for MFT trainees to gain hours, a trainee can only be credited with supervised experience if trainees are "Lawfully and regularly providing mental health counseling or psychotherapy." Thus, trainees must be working within the MFT discipline's Scope of Practice. Examples of this activity include working with children suffering loss/grief, parents with a terminal illness, anxiety issues, working with family dynamics etc.

c] Relational hours must be with sibling units, significant other relationships such as family members and long-standing peer connections when relational problems exist between them. No more than 30 hours (relational, individual, or alternative) earned in camps can be counted towards the 300 hours required by the program.

C. Practicum and Traineeship Evaluations

During *CSP 755 and 765 Practica* and *CSP 785 Traineeship*, the student and supervisor meet at least once during the semester for a progress review. The supervisor provides a written evaluation at the end of the semester following the CSP 755/765 Practicum Experience evaluation. Criteria for evaluation are meant to advance the achievement of the program's Student Learning Outcomes outlined above and are derived from objectives set in the *Practicum* and *Traineeship* courses' syllabi. Further, in Fall and Spring of the second-year trainees participate in a series of meetings with their university instructors and clinical supervisors in the Traineeship courses. Each October and April **meeting has three phases**.

- In the **first phase**, trainees meet with instructors to discuss their experiences of their traineeship site and identify any appreciations, problems, and concerns with the site and/or the clinical supervision.
- In the **second phase**, immediately following that meeting, the clinical supervisor, the university instructor, and the trainee participate in a short triadic meeting via Zoom to address any issues that are worthy of discussion between the three stakeholders (instructor, supervisor or trainee) such as professional development issues of the trainee and relevant appreciations and problems.
- In the **third phase**, the instructor meets with the clinical supervisor to address any programmatic feedback the clinical supervisor/ and or clinical director has regarding the SDSU MFT program. The instructor too can discuss with the clinical supervisor/ and or clinical director feedback from the SDSU representative (i.e. university instructor) any issues that arise regarding the program site in this third phase meeting.

Discussions with clinical supervisors by the instructors are documented by the instructors and entered into the confidential records of the MFT Faculty program. MFT core faculty and the MFT Coordinator of the Traineeships discuss pertinent issues that may arise in these

three phase meetings. Decisions will be made by this core MFT team alongside the university instructors to address any outstanding matters that warrant attention. An action plan may be implemented with clear follow updates and deadlines that may involve all stakeholders (Trainees, Traineeship site supervisors and directors and

MFT core faculty and the MFT Coordinator of the Traineeships.

These three phase meetings do not preclude other meetings involving the university instructor, the trainee, and the clinical supervisor/ and or clinical director at the traineeship site during the Summer, fall or spring semesters to review student progress and address any problems and concerns to maximize the student's success. The MFT program uses the **Relational Ethics Guidelines (REG)** with students in instances where there are concerns about professional conduct in either class contexts at SDSU or while participating in traineeship sites in the community. The **REG** document is in Appendix B.

The clinical supervisor and the student will ensure that the tasks required at the traineeship site are completed before the end of the semester. It is the student's responsibility to ensure all clinical supervision is completed with the off-site supervisor according to BBS and COAMFTE requirements. Finally, graduating trainees complete the *Traineeship Exit Survey* at the end of their traineeship. Faculty will use the exit survey data to assess the 1) clinical training and supervision environment, 2) logistical needs of trainees and 3) sites ability to help meet the program's Student Learning Outcomes.

D. Definitions of "Trainee" and "Associate"

A *Trainee*, as defined by the BBS, is a current student who has been accepted into a qualifying MFT program and has completed a minimum of 12 academic units. No student may earn clinical hours: (a) before the completion of 12 hours of academic credit, (b) without the oversight and approval of a university supervisor, and (c) without the formal approval of the MFT Program faculty. The MFT program faculty committee reviews all students for readiness to begin practicum before scheduling students for a practicum team. All students must be enrolled in *CSP 755*, *CSP 765*, or *CSP 785* to earn clinical hours of experience. All clinical hours must be officially under university oversight.

An "Associate" as defined by the BBS refers to a graduate of an MFT program who is not yet licensed. An MFT graduate must apply for Associate registration status with the BBS upon graduation. Associate registration status qualifies the graduate to practice in the field as an employee, either in a non-profit or profit setting such as a private practice. The Associate may not practice independently.

E. Professional Liability Insurance

Students must take out their own Professional Liability Insurance to enroll in *Practicum (CSP755 and 765)* and *Traineeship (CSP 785)*. Students must join either the California Association of Marriage and Family Therapists (CAMFT) or the American Association for Marriage and Family Therapy (AAMFT) as Student members. Membership provides eligibility for Professional Liability Insurance. Student rates for both membership and insurance are available. Applications for membership in *CAMFT* and *AAMFT* are available

and Professional Liability Insurance information is available online. **NOTE: Students must have valid liability insurance prior to beginning any clinical experience.**

F. The CSP Center for Community Counseling and Engagement (CCCE)

The CCCE is the department-based clinical training site where practicum takes place and serves as a traineeship site. The facility is located within the SDSU Dede Alpert Center for Communication Engagement at 4283 El Cajon Boulevard, Suite 215. The phone number is **619-594-4918**. The clinic is equipped with one-way mirrors and a sound and phone system for communicating between therapy and observation rooms. This unique facility provides therapy to over 300 individuals, couples, and families a year. Students are supervised through "live supervision" in their first year when enrolled in practicum. The Executive Director of CCCE oversees the entire CCCE operation. The Clinical Director oversees the delivery of clinical services for MFT trainees who have trainee placements at the CCCE. Graduate Clinic Assistants, enrolled in *CSP 785: MFT Clinic Administration Traineeship*, support the running of the clinic by conducting intake interviews, scheduling appointments, and managing day-to-day operations. The CCCE functions on a year-round basis. Generally, students take Practicum for two consecutive semesters: fall/spring. **(Further details are provided in the Center for Community Counseling & Engagement Orientation and Guide).**

Supplemental Professional Development Hours

In addition to the 300 clinical hours, students must also complete 20 hours of clinical professional development. Professional development hours are to provide the student with the opportunity to pursue areas of special interest in the MFT field, enhance their clinical education and training, provide a service to the field, and network with other clinicians. Professional development activities include attending professional seminars, training sessions, workshops, conferences and participating in clinical related community service and MFT program activities (these activities must be outside the requirements for traineeship, practicum or other classroom experience and assignments [e.g., 600L lab peer consultation, MFT candidates' interview, CCCE admin. volunteer]). Academic/professional events that reasonably influences your clinical work and professional identity count toward your supplemental professional development hours. Check with the faculty if you're not sure if a particular activity qualifies. Professional development hours must be completed while enrolled in the MFT program. Proof of participation is required and will be reviewed for approval during the clinical audit towards the end of the program. Examples of proof of participation include copies of certificates from conferences/seminars and email confirmations from community service and MFT program officials. The program professional development requirement is not a BBS requirement. However, seminars, training sessions, and conferences count towards "non-clinical experience" hours for BBS. If you include your attendance in seminars and conferences in your BBS weekly summary documentation, you will need your site supervisor's signature because all hours recorded for BBS require their signature. Conversely, 755/765/785 instructors **do not need to sign off** on the evidence you'll present at your audit.

V. MFT PROGRAM'S SHARED GOVERNANCE

Program Director:

The Program Director works closely with tenured/tenure-track MFT faculty and full-time lecturers who take primary responsibility for governance of the program. The Program Director works closely with part-time lecturers, students, and student representatives to identify and address concerns related to the program issues, student experience, policies and curriculum. Shared governance led by the Program Director has as its ultimate responsibility to advance the program's mission and the achievement of the program and student's learning outcomes outlined above.

The Program Director facilitates monthly meetings with full-time and part-time faculty with a student representative present from YR1 and YR 2 cohorts who are members of the Marriage & Family Therapy Association (MFTA). The Program Director also works closely with the Director of Clinical Training and CCCE and Traineeship Coordinator to oversee the program's clinical training.

Executive Director of Clinical Training at CCCE:

The Executive Director of CCCE works alongside the CCCE Administrator to ensure clinical operations at the Center for Counseling & Engagement (CCCE) are functioning well to support students clinical training. In close collaboration with the Program Director, the Executive Director of Clinical Training oversees the clinical operations at the Center for Counseling & Engagement (CCCE) and ensures a systematic, clear, dependable, and philosophically congruent operation that aligns with the educational outcomes of the MFT program. The Executive Director as a Supervisor Mentor oversees supervisors and their performance to ensure quality supervision is provided to MFT Trainees who work at CCCE for their traineeship site. The Executive Director of CCCE and the Administrator of CCCE work closely to manage the protocols for client access, scheduling, and client satisfaction. They oversee client intakes, computer software, files, phone calls, referrals, and communication between the student-led Administration Team members.

The Executive Director of Clinical Training also oversees the coordination of the instructors delivering the CSP 755 and CSP 765 practica.

Traineeship Coordinator:

The Traineeship Coordinator position is served by an MFT faculty member. The coordinator oversees the entire CSP 785 Traineeship sequence. This faculty member sets up new traineeship sites, sets up new Service Learning Agreements and conducts the Traineeship Agency Fare and ensures that all CSP 785 instructors address the needs of the trainees completing their CSP 785 traineeship sequence. In addition, the Traineeship Coordinator works closely with the Program Director and instructors to address any challenges and difficulties arising for trainees that university instructors are not able to address.

Faculty advisors:

Faculty advisors each oversee an estimated group of 7-8 students from YR 1 and 7-8 students from YR 2, addressing the advising needs of students. Advisors meet at least once

a semester with their advisees, usually in a group and on some occasions one-on-one.

Student Governance:

Students are involved in several levels and facets of governance to support the achievement of our program's outcomes. We have student representatives for the YR1 MFT cohort and the YR 2 MFT cohort and they participate in monthly meetings with the program director, faculty and part-time instructors to share student perspectives on curriculum, student concerns and policy decision-making.

On an as-needed basis the program director and MFT core-faculty meets with students to receive student feedback as well as encouraging students to raise questions and concerns. This is a time for meaningful discussion of topics of concern and to list agenda items that need addressing by faculty. From these meetings concerns are brought back to the faculty meetings for further discussion and future action. Student representatives from YR 1 and YR 2 participate and assist with the organization of the interviews for incoming MFT students on one Saturday in mid-February.

VI. PERSONAL AND PROFESSIONAL DEVELOPMENT

The MFT program assumes that becoming a family therapist requires personal self-reflection and growth as well as academic and clinical preparation. Many learning experiences in the program call upon students to share and reflect upon personal values, attitudes, experiences, and ways of handling life situations to consider their effects on professional development. The program does not provide personal therapy. Students determine the extent of their self-disclosure and are encouraged to respect their privacy.

Being a part of a cohort model can be incredibly rewarding. The experience fosters peer-collaborations, strong social bonds and provides networking opportunities. However, working in cohorts also means managing multiple relationships and handling delicate matters with sensitivity and thoughtfulness. To maintain professionalism, students who are in a disagreement should attempt to manage the conflict directly and privately when possible. This means students should not triangulate other peers in their conflict.

If faculty members identify issues or program participation behaviors that appear to interfere with professional development, the faculty member(s) will meet with the student to recommend outside psychotherapy, including [SDSU Counseling and Psychological Services](#) or other helpful intervention (e.g., repetition of a course, participation in relevant volunteer work, slowing down one's pacing of course enrollment).

When a student professional performance concern occurs, faculty will set in motion with the student a Professional Performance Review Process (see Appendix B).

A. Student progress review

Progress and readiness for the MFT role are reflected in academic, interpersonal, intercultural, and professional judgment performance. MFT core Faculty oversee the evaluation of students professional development periodically on an as- needed basis and annually, all MFT core faculty members review the progress of students through their

performance in relation to the program's student learning outcomes. This progress review aims to form an integrative and overall picture of the student's development throughout the curriculum. The faculty aims to support successful development and prevent academic and professional failure. On occasion, students meet with faculty on an as-needed basis with to reflect on their progress.

B. Personal psychotherapy.

All students must engage in an individual, couple, family, or group therapy experience (should be a counseling group, not a psychoeducational or didactic or self-help group) with a qualified practitioner, prior to graduation. Students have the therapist(s) write a verification of attendance note on their letterhead. The verification is addressed to the Program Director and must be received by the end of April (submitted with the audit packet) prior to graduation. Therapy completed prior to beginning the program may not be used to fulfill this requirement.

The program views this experience as contributing to at least two important aspects of professional development:

- (1) Participation in therapy facilitates empathy development for the client position in the therapist-client relationship.
- (2) Participation in therapy facilitates attending to personal and relational patterns, which may enhance or detract from successful and appropriate therapeutic behavior.

C. Ethical Violations.

1). Adherence to the Laws and Regulations Relating to the Practice of Marriage and Family Therapy issued by the Board of Behavioral Sciences, the Code of Ethics of American Association for Marriage and Family Therapists, and the Code of Ethics of the California Association of Marriage and Family Therapists is mandatory. Students who knowingly or unknowingly violate any part of the laws or ethical codes may be dismissed from the program without further qualification regardless of coursework completed or other academic achievement. Copies of the Codes of Ethics accompany this handbook. Some information on the Laws and Regulations is in this handbook. Also see the BBS website: <http://www.bbs.ca.gov>.

The display of abusive behaviors that include intimidation, threats, slander, and harassment exhibited to fellow students and faculty are grounds for dismissal. These behaviors are also breaches against the SDSU Code of Conduct (<http://www.sa.sdsu.edu/srr/conduct1.html>) and the AAMFT Code of Ethics (2001, 3.8). Students also have the right to appeal through the student grievance procedures (See below).

2). In academia, the issues of plagiarism and cheating are extremely serious offenses and can result in very severe disciplinary action. The following University

policy is also CSP Department and MFT program policy. All academic institutions have heavy penalties for these offenses. The SDSU Policy File (May 7, 2002) states that

Plagiarism shall be defined as the act of incorporating ideas, words, or specific substance of another, whether purchased, borrowed, or otherwise obtained, and submitting the same to the University as one's work to fulfill academic requirements without giving credit to the appropriate source. Plagiarism shall include but not be limited to (a) submitting work, either in part or in whole, completed by another; (b) omitting footnotes for ideas, statements, facts, or conclusions that belong to another; (c) omitting quotation marks when quoting directly from another, whether it be a paragraph, sentence, or part thereof; (d) close and lengthy paraphrasing of the writings of another; (e) submitting another person's artistic works, such as musical compositions, photographs, paintings, drawings, or sculptures; and (f) submitting as one's work papers purchased from research companies. (<http://www-rohan.sdsu.edu/dept/senate/policy/pfacademics.html#Cheating>) Students may be dismissed from the program for violations of academic integrity, such as plagiarism and cheating.

Use of Internet resources must follow the above standards. The APA Publication manual (7th edition) should be used to help you reference another's work appropriately. If you have any questions about whether behavior qualifies as this type of violation of the Code of Conduct policy, please do see the [website](#), ask faculty, or review the following site [APA article](#).

D. Student Grievance Procedures and Student Integrity.

The University, CSP Department and the MFT program adhere to procedures that provide an opportunity for students to address concerns of unfairness to students as well as faculty concerns about student integrity. Please see the [Graduate Bulletin](#) for University integrity standards and grievance procedures. In addition, students may seek assistance from the *Ombudsman's Office* if they experience unjust treatment or unprofessional behavior from a professor. Phone: 619-594-6578. Office email: ombuds@mail.sdsu.edu. Students also can seek assistance from the *Center for Student's Rights and Responsibilities* where disputes occur between fellow students and students and faculty. Office location: Student Services West, Room 1604, Phone: (619) 594-3069. The [Title IX Coordinator or the Deputy Coordinators](#) can also be reached via email.

E. Professional identity development.

All students are expected to join the professional organizations of the American Association for Marriage and Family Therapy and the California Association of Marriage and Family Therapists.

State licensing agency/Professional organizations.

The roles of these organizations are understandably confusing to the entry-level professional. One important way to develop stronger understanding of the field and the current professional

issues is to join regional and national relevant professional organizations. The program faculty members are active in presenting at and attending professional conferences sponsored by these organizations.

Some hold leadership roles. We look for opportunities to bring our students into these professional arenas. As an introduction, below are descriptions of the major agencies and professional organizations related to the MFT field.

1. State licensing: Board of Behavioral Sciences
 400 R Street, Suite 3150
 Sacramento, CA 95814
 916-445-4933
<http://www.bbs.ca.gov>

This is the state governmental agency to which we are accountable for providing a license-qualifying program. A division of the State Department of Consumer Affairs, this agency regulates the practice of MFT, social work, and educational psychologists by proposing laws and regulations for licensure, evaluating applicants for licensure eligibility, and enforcing laws and regulations. It is a consumer protection agency and thereby functions to ensure the safe practice of MFT. See the BBS website for complete information on licensure.

2. Professional organizations

Professional organizations provide a state, regional, or national network for Masters and/or doctoral level clinicians, educators, and/or researchers in the profession. They often serve to define standards of competence for the field, accreditation for programs, lobby for practice rights, advocate for public policy change, provide publications, and provide workshops and conferences. There are usually specific standards for membership.

- a. American Association for Marriage and Family Therapy (AAMFT) 1100 17th Street NW, 10th floor
 Washington, D. C. 20026-4601
 Executive Director: Tracy Todd 202- 452-0109 <http://www.aamft.org>

This is the national professional organization for Marriage and Family Therapists (MFTs) with a 22,000 + membership nationally. AAMFT is equivalent to the American Psychological Association for psychologists and the National Association of Social Work for social workers. It functions to define the identity of the Marriage and Family Therapy discipline, set standards for training and professional identity, and protect the interests of the practitioner members. Standards are defined through COAMFTE, the program accreditation division, and a Standards Division, which defines qualifications for Student, Associate, and Clinical membership and for obtaining the Approver Supervisor designation. It also provides a major national conference, a few smaller conferences annually, and publishes the *Journal of Marital and Family Therapy*, and *The Family Therapy Magazine*. Low-cost membership and professional liability insurance are available to students.

F. Data collection.

For ongoing program improvement, we will send you surveys throughout your training in the program (i.e., *Summer Feedback* survey, *Year in Review* survey, *Program Exit Survey*, *Traineeship Exit Survey*). Data will also be collected in 755/765/785 to assess your clinical training experience. This will help us assess how to better succeed in meeting educational program outcomes that satisfy accrediting standards to prepare you for the MFT profession. As an alumnus, you will receive a survey on an annual basis asking you information about such things as your job, licensing process, professional organization involvement, and employer information.



Relational Ethics Guidelines in the SDSU MFT Learning Community & Ethical Accountability Plan

RELATIONAL ETHICS IN THE MFT PROGRAM

To advance the program's mission to prepare students to practice as competent and ethically relational/systemic and social constructionist ideas, the faculty strives to cultivate a supportive intercultural learning community that is conducive to students' achievement of learning outcomes. Students are expected to become knowledgeable of and adhere to the general standard of professional ethics and practice set forth by the MFT profession, the California Board of Behavioral Science, and be aligned with SDSU university policies. As MFT students across all interactions related to their degree program, they are accountable to adhere to the program's relational ethics guidelines of accountability in this document.

For the MFT program, relational ethics is called upon by being in community with others. It means the recognition and value of mutual respect, dignity, and connectedness among all members of the learning community and communities they enter into contact whether in and out of the classroom, through social media, at CCCE, and when training in schools, community clinics, or hospital contexts. Performing relational ethics also acknowledges an ethics of care toward self (physically, emotionally, and socially) and others. It includes the realization of connection to changing relationships across a multiplicity of cultural differences.

The guidelines set forth in this document are in accordance with the student conduct policies set by the university. The display of abusive behaviors that include intimidation, threats, slander and harassment exhibited to fellow students and faculty are grounds for dismissal. These behaviors are also breaches against the SDSU Code of Conduct (<http://www.sa.sdsu.edu/srr/conduct1.html>) and the AAMFT Code of Ethics (2001, 3.8).

ACCOUNTABILITY GUIDELINES OF RELATIONAL ETHICS

Relational ethics in part can be demonstrated by following accountability guidelines listed

below:

1. Attention to ethics of care physically, emotionally, and socially
2. Appreciation of being in community by learning from the community
3. Intercultural curiosity to learn across differences
4. Cooperativeness with others
5. Listening to and application of received feedback
6. Recognition of one's cultural and social locations and their impact on others
7. Attending to others during conflict with respect and integrity
8. Demonstration of respectful emotional, physical, and intellectual interactions
9. Attending to established tasks and responsibilities with care and respect
10. Commitment to an anti-racist stance toward human and non-humans

FOSTERING RELATIONAL ETHICS

Throughout the program, there are various formal and informal mechanisms of assessment of students' academic and clinical work (class assignments, Practicum Experience Form evaluation, informal reviews in the MFT program's faculty meetings, and CSP 785 traineeship consultation with supervisors and students). In some instances, through these mechanisms, MFT faculty, practicum, and traineeship supervisors, and Program Director could identify performance concerns that will require a review on students' attention to the above accountability guidelines.

To foster the program's culture of relational ethics, the MFT faculty developed rubrics for each of the guidelines (see below) to help identify for the student and faculty possible issues and efforts needed to be addressed by the student. Each rubric can be quantitatively rated on a scale of 1 to 5. Ratings that fall below a 3.0 rating on one or more guidelines usually indicate a remediation plan will be invoked by the faculty. The plan will be created for the program to support the student's ethical reengagement in the program, with effect on their achievement of student learning goals and the sustainability of the program's culture; all of which ultimately will advance the program's mission.

NOTE:

Faculty members may initiate students' performance review on their relational ethical engagement in the program at any time if engaged in illegal or unethical activities or if their professional performance is deemed by the faculty to present an immediate threat to the well-being of others. In such cases and depending upon the level of perceived threat, the program's faculty may recommend discontinuation from the Program without opportunity for student remediation.

ACCOUNTABILITY AND REMEDIATION PLANNING

The writing and implementation of the remediation plan vary greatly depending upon the

areas that the student is accountable for and needs to address. Remediation planning in most cases uses the rubrics on the accountability guidelines below as a basis for the student's performance review together with prior documentation from the program's informal and/or formal mechanisms of assessment. This document is used in two different phases.

Phase One:

First, the review of the student performance based on the accountability guidelines are used as a formative guide that explicitly lays out to students that program faculty (sometimes following consultation with traineeship supervisors and administrators) have identified personal and professional concerns that need to be addressed to ensure the student is advancing toward the achievement of the program's Student Learning Outcomes (documented in the Essential Guide). The document is used to help identify for the student and faculty what remediation efforts need to be addressed by the student. The remediation will target specifically the areas rated below 3.0 as stated above. A plan will be created and documented in collaboration between the faculty member(s) and the student, and will outline concrete remediation steps required to be taken by the student within an agreed upon timeframe. The plan will have a designated faculty member who will support and oversee the student's completion of this plan. Students and involved faculty including the MFT Program Director who will be overseeing the student's remediation plan must discuss and sign the document indicating there is consensus on the accountability plan to adhere to the program's relational ethics guidelines. The faculty could require that the student does not enroll in targeted courses of the MFT program curriculum until the remediation plan is completed satisfactorily. If the student disagrees with the remediation plan and therefore decides not to sign the document, the MFT Program Director and the Chair of the Department of Counseling & School Psychology will prepare for a Professional Evaluation Panel (as outlined below) that will guide the process including a remedial discussion. In some instances, despite the faculty's best efforts to support the student experiencing concerns, failure to address problem behaviors could lead to student dismissal from the MFT program.

Phase Two:

The rubrics on the accountability guidelines are used again after the remediation plan is completed. This second review will demonstrate the extent to which the student has progressed on the concerns that were identified and deemed problematic by the overseeing MFT faculty member. These post-remediation ratings on the problem categories identified initially from the guidelines' rubrics must exceed a 3.0 rating.

NOTE: If the remediation plan included a hold on class enrollment, the student must demonstrate sufficient progress to proceed in enrolling in future targeted courses or the MFT

program curriculum. Possible student dismissal from the MFT program could occur if the student fails to meet the performance standards or does not comply with the remediation plan agreed upon.

Professional Evaluation Panel

If the student disagrees or does not accept the feedback from the faculty, supervisors and/or Program Director; and/or does not sign the remediation plan, concerns documented by faculty and the director of the program will be brought forth to the Chair of the Department of Counseling & School Psychology. If the student and program faculty cannot reach an acceptable plan, either the faculty or student may request a Professional Evaluation Panel (PEP) to be formed. The chair will either assign or request participation from the Counseling & School Psychology (CSP) department's faculty to join this panel. If the Chair of CSP implemented the remediation plan, they cannot participate or deliberate any discussion within the PEP and an appropriate senior faculty in the College of Education will be selected to engage the PEP. Three faculty members will make up the PEP. The involved MFT faculty, department chair, and faculty members who are closely involved with the student should not be members of the panel. A decision made by the PEP may lead to the implementation of the remediation plan, its modification, withdrawal of the plan or possible student dismissal from the MFT program.

Relational Ethics: Accountability Guidelines Review Rubrics

Directions for completion: There are twelve broad categories of Professional Performance Standards with specific competencies under each. 1. Please circle statements that apply. 2. Circle a rating # on the rating line. 3. Write comments and examples below each section. 4. Sign and date the form.

1. Attention to ethics of care physically, emotionally and socially (Rated from Undemonstrated Attention [1] to Demonstrated Attention [5])

1.....	2.....	3.....	4.....
<ul style="list-style-type: none"> ● Experiencing active suicidal ideation without being proactive to seek professional treatment. ● Denial of harmful behaviors arising from untreated or treated substance abuse and unwillingness to seek treatment. ● Not taking action to address consequences of trauma which is necessary to perform professional role. ● Not being proactive in managing acute or chronic medical conditions, including mental health issues that negatively affect ability to deliver professional duties. ● Neglect to make life-style changes and/or changes in professional activity when current stress levels negatively affects ability to perform in professional role. ● Inability to provide self-care and make efforts to promote well-being in order to provide adequate professional services. ● Bullying, bad-mouthing, shaming, or humiliating peers, colleagues, faculty 	<ul style="list-style-type: none"> ● Recognizes it is appropriate to pause delivery of services while seeking treatment of personal traumas that negatively affect oneself, clients and professional performance. ● Brings struggles with personal health challenges (physical and mental) to the attention of appropriate core faculty while actively pursuing treatment efforts. ● Is able to perform clinical services to the satisfaction of instructors and professional colleagues. ● Is able to make wise choices not to exacerbate or inflame the negative influences of social media on peers, colleagues, faculty and clients. 	<ul style="list-style-type: none"> ● Monitors and if necessary changes personal activity when behavior caused by current stress levels negatively affect clients and/or work colleagues. ● Knowledgeable of potential transference [*effects of client dynamics and counselor dynamics on counseling interactions], and able to manage these interpersonal reactions in healthy ways. ● If contending with major health issues, is able to engage in quality self-care and fulfill professional responsibilities. ● Despite challenges caused by personal traumas, is proactive in maintaining well-being to provide quality care for clients. ● Being proactive in helping dissipate negative consequences arising from efforts to shame, humiliate, bully and badmouth others including peers, faculty, colleagues and clients on social media and other virtual platforms. 	

and clients on social media and other virtual platforms		
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Comments: _____

2. Appreciation of being in community by learning from the community (Rated from Closed [1] to Open [5])

1.....	2.....	3.....	4.....	5
<ul style="list-style-type: none"> ● Dogmatic about own perspective and ideas. ● Ignored or was defensive about constructive feedback. ● Showed little or no evidence of incorporating constructive feedback received to change own behavior. 	<ul style="list-style-type: none"> ● Was amenable to discussion of perspectives other than own. ● Accepts constructive feedback without defensiveness. ● Some evidence of effort to incorporate relevant feedback received to change own behavior. 	<ul style="list-style-type: none"> ● Solicited others' opinions and perspectives about own work. ● Invited constructive feedback, and demonstrated interest in others' perspectives. ● Showed strong evidence of incorporation of feedback received to change own behavior. 		

Comments: _____

3. Intercultural curiosity to learn across differences

(Rated from Inflexible [1] to Flexible [5])

1.....	2.....	3.....	4.....
<ul style="list-style-type: none"> ● Showed little or no effort to recognize changing demands in the professional & interpersonal environment. ● Showed little or no effort to reflect own response to changing environmental demands. ● Refused to reflect on own response to changing environmental demands despite knowledge of the need for change. ● Was intolerant of unforeseeable or necessary changes in established schedule or protocol. 	<ul style="list-style-type: none"> ● Effort to recognize changing demands in the professional & interpersonal environment was evident but sometimes inaccurate. ● Efforts to flex own response to new environmental demands was evident but sometimes inaccurate. ● Reflected own response to changing environmental demands when directed to do so. ● Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them. 	<ul style="list-style-type: none"> ● Showed effort to recognize changing demands in the professional & interpersonal environment. ● Showed accurate effort to flex own response to changing environmental demands, as needed. ● Independently monitored the environment for changing demands and reflected upon own response accordingly. ● Understands need for change in established schedule or protocol to avoid resentment. ● Accepted necessary changes in established schedule and attempted to discover the reasons for them. 	

Comments:

4. Cooperativeness with others
 (Rated from Uncooperative [1] to Cooperative [5])

1.....2.....3.....4.....

<ul style="list-style-type: none"> • Showed little or no engagement in collaborative activities. • Undermined goal achievement in collaborative activities. • Was unwilling to compromise in collaborative activities. 	<ul style="list-style-type: none"> • Engaged in collaborative activities but with minimum allowable input. • Accepted but rarely initiated compromise in collaborative activities. • Was concerned mainly with own part in collaborative activities. 	<ul style="list-style-type: none"> • Worked actively toward reaching consensus in collaborative activities. • Was willing to initiate compromise in order to reach group consensus. • Showed concern for group as well as individual goals in collaborative activities.
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Comments:

5. Listening to and application of received

(Rated from Effectively accepting and using feedback [1] to Ineffectively accepting and using feedback [5])

1.....	2.....	3.....	4.....	5
<ul style="list-style-type: none"> ● Discouraged feedback from others through defensiveness and anger. ● Showed little or no evidence of incorporation of feedback of supervisory feedback received. ● Took feedback contrary to own position as a personal affront. ● Demonstrated greater willingness to give feedback rather than receive it. 	<ul style="list-style-type: none"> ● Was generally receptive to supervisory feedback. ● Showed some evidence of incorporating supervisory feedback into own views and behaviors. ● Showed some defensiveness to critique through over-explanation of own actions but without anger. ● Demonstrated greater willingness to receive feedback than to give it. 	<ul style="list-style-type: none"> ● Invited feedback by direct request and positive acknowledgement when received. ● Showed evidence of active incorporation of supervisory feedback received into won views and behaviors. ● Demonstrated a balanced willingness to give and receive supervisory feedback. 		

Comments:

6. Recognition of one’s cultural and social locations and their impact on others (Rated from Unaware [1] to Aware [5])

1.....	2.....	3.....	4.....	5
<ul style="list-style-type: none"> • Words and actions reflected little or no concern for how others were impacted by them. • Ignored supervisory feedback about how words and actions were negatively impacting others. • Evidence of hurting others through social media and other virtual platforms. 	<ul style="list-style-type: none"> • Effort to determine how own words and actions impacted others was evident but sometimes inaccurate. • Respond as necessary to feedback regarding negative impact of own words and actions of others, but at times, with resentment. • Is able to make sound choices not to exacerbate or inflame the negative influences of social media on peers, colleagues, faculty and clients. 	<ul style="list-style-type: none"> • Effort toward recognition of how own words and actions impacted others. • Initiates feedback from others regarding impact of own words and behaviors. • Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change. • Being proactive in helping dissipate negative consequences arising from efforts to shame, humiliate, bully and badmouth others, including peers, faculty, colleagues and clients on social media and other virtual platforms. 		

Comments:

7. Attending to others during conflict with respect and integrity

(Rated from not dealing with conflict undemonstrated [1] to dealing with conflict demonstrated [5])

1.....	2.....	3.....	4.....	5
<ul style="list-style-type: none"> ● Did not consider others' points of view. ● Did not demonstrate the ability to examine own role in a conflict. ● Ignored supervisory advisement if not in agreement with own position. ● Showed no effort at problem-solving. ● Displayed hostility when conflicts were addressed. 	<ul style="list-style-type: none"> ● Attempted but sometimes had difficulty grasping conflicting points of view. ● Would examine own role in a conflict when directed to do so. ● Was responsive to supervision in a conflict if it was offered. ● Participated in problem solving when directed. 	<ul style="list-style-type: none"> ● Consistently willing and able to consider others' points of view. ● Consistently willing to examine own role in a conflict. ● Consistently open to supervisory critique about own role in conflict. ● Initiated problem-solving efforts in conflicts. ● Actively participated in problem solving efforts. 		

Comments:

8. Demonstration of respectful emotional, physical, and intellectual interactions. (Rated from Undemonstrated [1] to Demonstrated [5])

1.....	2.....	3.....	4.....	5
<ul style="list-style-type: none"> ● Showed no evidence of willingness and ability to articulate own feelings. ● Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others. ● Acted out negative feelings (through negative behaviors) rather than articulating them. ● Expressions of feeling were inappropriate to the setting. ● Was resistant to discussion of feelings in supervision. 	<ul style="list-style-type: none"> ● Showed some evidence of willingness and ability to articulate own feelings, but with limited range. ● Showed some evidence of willingness and ability to acknowledge others' feelings-sometimes inaccurate. ● Expressions of feeling usually appropriate to the setting-responsive to supervision when not. ● Willing to discuss own feelings in supervision when directed. 	<ul style="list-style-type: none"> ● Was consistently willing and able to articulate the full range of own feelings. ● Showed evidence of willingness and accurate ability to acknowledge others' feelings. ● Expression of own feelings was consistently appropriate to the setting. ● Initiated discussion of own feelings in supervision. 		

Comments:

9. Attending to established tasks and responsibilities with care and respect (Rated from Poor Initiative and Motivation [1] to Good Initiative and Motivation [5])

1.....	2.....	3.....	4.....	5
<ul style="list-style-type: none"> ● Often missed deadlines and classes. ● Rarely participated in-class activities. ● Often failed to meet minimal expectations in assignments. ● Displayed little or no effort or initiative and creativity in assignments. ● Failed to fulfill basic clinical expectations in the traineeship sites regarding professional conduct with clients and colleagues. ● Failed to fulfill essential administrative tasks identified by supervisors and administrators. 	<ul style="list-style-type: none"> ● Missed the maximum allowable classes and deadlines. ● Usually participated in class activities. ● Met only the minimal expectations assigned work. ● Showed some initiative and creativity in assignments. ● Met minimal clinical expectations in the traineeship sites regarding professional conduct with clients and colleagues. ● Met minimal essential administrative tasks identified by supervisors and administrators. 	<ul style="list-style-type: none"> ● Met attendance requirements and deadlines. ● Regularly participated in class activities. ● Met or exceeded expectations in assigned work. ● Consistently displayed initiative and creativity in assigned work. ● Met or exceeded clinical and administrative expectations at the traineeship site. 		

Comments:

10. Commitment to an anti-racist stance toward human and non-humans (Rated from Undemonstrated Commitment [1] to Demonstrated Commitment [5])

1.....	2.....	3.....	4.....	5
<ul style="list-style-type: none"> ● Poor awareness of cultural influences that negatively impact sexual and gender minorities including lesbian, gay, bisexual, pansexual, asexual, transgender, transsexual, intersex or intergender, genderqueer, questioning, and/or queer. ● Denial of the concept of privilege, white supremacy, institutional racism, and no desire to integrate cultural variables essential to clinical practice and professional behavior. 	<ul style="list-style-type: none"> ● Minimal awareness of cultural diversity issues and showing nominal interest in addressing macro-level and institutional forces that impact clinical practice and professional conduct. ● Addresses inter-cultural differences and discusses them with some apparent discomfort or defensiveness. 	<ul style="list-style-type: none"> ● Discusses inter-cultural differences in-depth, with little or no defensiveness. ● Verbalizes a comprehensive understanding of cultural diversity and differences. ● Demonstrates advocacy for underrepresented and marginalized groups in the counseling profession and in clinical/educational settings. 		

Comments:

Additional comments, strengths, concerns:

Faculty Member Signature _____ Date _____

Student Signature _____ Date _____

Remediation Plan Template

Student Accountability Remediation Plan on Relational Ethics for the Marriage Family Therapy Program ^[1]

Name of issuing faculty member _____ Date _____

Name of student _____ Date _____

Phase of remediation (Phase 1, Phase 2...)

This remediation plan is in response to the student's accountability review of their relational ethics performance in the program. Each of the identified areas of concern, the agreed upon goals with steps to take by the student in an established timeframe of completion are as follow:

Areas of Accountability for Remediation

1. _____

2. _____

3. _____

4. _____

Remediation Goals and Timeframe

For each one of the areas of accountability above, list a remediation goal to be met by the student. Each goal must be defined in terms of specific tasks, frequency, resources, time frame of completion, and documentation reported by the student as evidence of completion. (e.g., education, project, therapy or counseling, health evaluation, within a week, a month, attend a class, projects).

1. _____

2. _____

3. _____

4. _____

I hereby acknowledge, by my signature below, that I agree to the terms of the remediation plan.

Student Name _____

Date _____

Student Signature _____

Initiating Program Faculty Name _____

Date _____

Initiating Program Faculty Signature _____

Program Director Name _____

Date _____

Program Director Signature _____

Students will be provided a copy of the remediation plan once the student and initiating faculty member have signed the document.

cc: Program Director

cc: Student file with notice

I, _____, have read and understand the Essential Guide for the class of 2025, including the professional performance standards. I will follow the program rules as outlined in the Essential Guide, the graduate bulletin, and information on the program website.

Signature

Date