MFT
ESSENTIAL GUIDE
for
CLASS 2019

San Diego State University
PHILOSOPHY, ADMINISTRATION AND CURRICULUM

I. INTRODUCTION

The purpose of this handbook is to provide pertinent information to guide students through the Master of Science in Counseling with a concentration in Marriage and Family Therapy program. 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 regular contact to monitor the student’s progress through the program.

II. PROGRAM MISSION, PHILOSOPHY, GOALS, AND OBJECTIVES

Mission

The mission of the program is to produce leaders in Marriage and Family Therapy, who bring understandings and skills to address the needs of today’s diverse families and who demonstrate a commitment to social responsibility and change in mental health systems.

Purpose and philosophy

The purpose of the MFT program is to prepare students to practice as highly competent entry level MFTs, capable of applying systemic-social constructionist ideas and practices in psychotherapy for interpersonal change and related intervention in a multicultural society. The MFT program is founded on the beliefs that: (a) individuals, couples, and families function within a variety of intersecting social contexts and (b) they struggle with increasingly complex developmental issues, unanticipated stressful events, and sociocultural, economic, and political factors that constrain achieving successful social participation. Community service providers need specialized training and approaches for addressing relational problems that emerge from these factors.

The MFT program recognizes that all views of human behavior are subjective and are shaped by our descriptions of culture(s), history, language, and experience. Thus, all therapeutic models (approaches) are “maps” of human behavior and change rather than the “actual territory” of knowable, objective facts. This program introduces students to a range of maps, that is, theories and models reflecting the individual
(linear) and relational (systemic) ways of knowing and centralizes a relational perspective for theory and clinical skill development.

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

- **A social constructionist-systemic metaphor** that regards all descriptions of human behavior as subjective and emerging from social interaction and meaning-making.
- **Multicultural/cross-cultural development** that invites examination of understandings of difference, language, history, and power and their effects in people’s lives and 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 the exploration of one’s own storied life, consider the effects of experiences in social relationships, and open oneself to new personal behaviors and perspectives.

**Specific objectives of the program for students include:**

1. Completion of the educational requirements for MFT licensure as defined by the Board of Behavioral Sciences;

2. Completion of the educational requirements for COAMFTE Candidacy accreditation;

3. Ability to conduct treatment (conceptualization, assessment, intervention, evaluation) from a variety of systemic-social constructionist perspectives;

4. Articulation of one’s own evolving therapeutic style and theory, including one’s position on social responsibility and change in relation to mental health;

5. Self-assessment of one’s own personal development, including one’s cultural identities and social vantage point, as they affect professional development;

6. Applications of systemic-social constructionist therapies to a variety of specialty treatment areas (e.g. child abuse, substance abuse, family-school intervention; immigrant and refugee experience; spirituality);

7. Incorporate sociocultural factors and their intersections (including race, ethnicity, into clinical theory and practice, legal and ethical issues, and research;
8. Incorporation of legal, ethical, and professional principles into clinical practice;

9. Application of basic research methodology to research practice and to the understanding the relationship between research and clinical practice;

10. Conceptualization and application of systemic-social constructionist ideas and practices to larger social systems relationships;

11. Participation in the discipline-related professional organizations and professional conferences/workshop training (e.g. AAMFT);

12. Demonstration of a professional identity as an MFT.

**Program Outcomes:**
1. Knowledge of MFT theories
2. Effective clinical work with diverse cultural groups
3. Engage in a larger cultural systems perspective and social justice lens
4. Enhance self-of-therapist and personal growth
5. Develop community leadership skills by engaging in social responsibility/being social change agent
6. Fulfillment of Commission on Accreditation for Marriage and Family Therapy (COAMFTE) standards requiring
7. Fulfillment of all educational requirements for MFT California state licensure by the Board of Behavioral Sciences

**Student Learning Outcomes:**
1. Knowledge of theories, models, and methods within systemic and social constructionist paradigms
2. Application of MFT theories, models, and methods to produce effective clinical practice with diverse populations
3. Understanding of recovery-oriented care
4. Effective practice in public mental health settings
5. Use of research to inform clinical practice
6. Conceptualization and practice in the therapist role from a position of social responsibility and/or social change
7. Use of self-of-therapist and personal growth to become effective therapist

**Faculty Outcomes:**
Faculty outcomes are designed to support the program and student learning outcomes.
1. Demonstrate excellence as a teacher-scholar
2. Effective pedagogy, including attention to diversity and use of technology, to meet program and student learning outcomes
3. Effective supervision of students’ clinical practices
4. Engagement in scholarly activities, such as publications and presentations, to advance the field of MFT
5. Engagement in service and leadership to advance the MFT profession and university culture

**General degree requirements:**

1. The Official Program of Study for the M.S. degree in Counseling with a specialization in MFT requires 60 credit hours of coursework.

2. The clinical experience component of the program requires that students complete a minimum of 500 direct clinical hours plus 100 hours of supervision. Of the 500 client contact hours, a minimum of 200 must be relational hours (i.e. therapy with couples and families).

3. All students must complete the Capstone Experience requirements. This includes: **CSP 710A: Professional Seminar: Master’s Project** and **CSP 710B: Professional Seminar: Personal Theory of Therapy Position Paper.**

**Registration for courses.**

1. For 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 e-mail;
   - Summer school registration information is distributed via e-mail and is not individualized, with the exception of 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.

**III. CURRICULUM AND PROGRAM OF STUDY**

The curriculum is designed to offer experiences in personal growth, clinical theory and practice development, and foundational research required for building complex clinical skills. A few themes join the curriculum. A “social constructionist” metaphor organizes the themes of the curriculum. “Social constructionism” 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.

What this means for our curriculum is that we invite students to consider the knowledge and learning experiences for their effects on ourselves and our clients. While all courses put social interaction 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 develop their own relational theory of therapy by the end of the program.

Courses interweave four themes:
- Multicultural development
- Social constructionist-relational vantage point
- Developmental view of behavior
- Larger social context/systems

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 Prepracticum (1) Cr/NC
CSP 609 Family Life Cycle Development (3)
CSP 615 Seminar in Multicultural Dimensions in Counseling (3)
CSP 606A 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 Theories of Marriage and Family Therapy & Best Practices I (3)
CSP 626 Marriage & Family Therapy Theories & Best Practices II (3)
CSP 635 Sexuality and Intimacy in Couple and Family Therapy (2)
CSP 640 Testing and Assessment for Marriage and Family Therapists (2)
CSP 650 Trauma and Crisis Counseling in Multicultural Community Context (3)
CSP 662A Counseling Interventions with Children and Adolescents: 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 688 Family Systems Assessment of Child Abuse (1)
CSP 691 Violence in Couples’ Relationships (1)
CSP 692 Couples Therapy and Evidence-Based Relational Practices (3)
CSP 694 Psychopharmacology for Marriage and Family Therapists (2)
In addition, students must complete clinical courses:

- CSP 755 Practicum I: Marriage and Family Therapy (3) Cr/NC
- CSP 765 Practicum II: Marriage and Family Therapy (3) Cr/NC
- CSP 785 Marriage and Family Therapy Traineeship (3) Cr/NC

When completing traineeship requirements, students must be enrolled in a CSP 785 class each semester. All students must minimally complete CSP 755, 765, and three units of CSP 785 for graduation requirements. In addition, in order to complete the 500 hour requirement students normally enroll in 3 semesters of advanced practicum/traineeship. The sequence can either involve enrolling in a CSP 785 class in the summer immediately following the first year of study and then enrolling in a CSP 785 class in the Fall and a CSP 785 class in the Spring and then graduate in May. Alternatively, students can enroll in Fall and Spring classes following their first year of study (taking no classes in the second summer) and then complete their advanced practicum/traineeship in the summer of their second year and graduate in August. In part these sequences will depend on the kind of advanced practicum available to students. In many cases if students are at risk of not completing their 500 hours they may have to involve in four semesters of CSP 785 to complete graduation requirements.

For the culminating experience in year 2 students must complete:

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

CSP 710 A and 710B comprise the Capstone experiences in the program. CSP 710A is completed in the fall semester of year two; CSP 710B is completed in the spring semester of year two.

For CSP 710A students produce a 20 page paper drawing upon contemporary literature based on a topic of their special interest.

CSP 710B requires the completion of a personal theory of therapy position paper. The paper is an articulation of the students’ learning, growth and “who they are as therapists” at the point of program completion.

B. 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 replacement of 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 prior to the anticipated date of graduation from the MFT program, the student must be able to 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.

IV. 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 to meet the BBS standards for licensure eligibility and COAMFTE accreditation standards.

A. Clinical experience hours requirement.

All students in the MFT program must complete 500 direct clinical hours of experience and 100 hours of supervision prior to graduation as defined by COAMFTE accreditation standards. “Clinical experience” means direct, in-person contact with individuals, couples, families, and group (group is optional) for the purpose of providing psychotherapy. Two hundred (200) hours must be relational hours, i.e. multiple members of clients significantly related to each other in the room. One hundred (100) of the 500 hours may be alternative but related activity, such as conducting parent education groups or systemic consultation. All practice and supervision must be grounded in a systemic understanding of problem situations. Students must spend a minimum of 12 consecutive months in clinical training. Students must receive a minimum of 100 hours of supervision, consisting of both individual and group supervision. Fifty (50) of the 100 hours must be via methods that access the live data of therapy, such as live, videotaped/DVD, and audio taped supervision, with 25 of the 50 being via live or videotape/DVD.

While the BBS only requires 225 direct clinical hours and 30 hours of supervision
during the degree program, the SDSU program is following COAMFTE standards. There are some differences between the specific requirements of COAMFTE and the BBS. Two hundred and fifty (250) professional workshop hours may be counted towards BBS licensure. They may not be counted towards the COAMFTE 500 hours or substitute for BBS clinical hours (1500 of the 3000 total).

The M.S. degree program is regarded as minimum preparation for MFT practice. The faculty assumes that becoming a competent practitioner requires participation in additional training and workshops, at the trainee, intern, 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. This includes participation in the advanced specialization certificate offered within the MFT program while students complete their M.S. 60 unit program.

B. Practicum and Traineeship coursework.

The core clinical experience component of the program requires completion of a minimum of nine (9) 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 (3) units of Traineeship (CSP 785). Students register for CSP 785 (3 units) each additional semester in Traineeship until completing the 500 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.

For Practicum, students meet once a week for a four hour block of time, often from 11:00-4:00 P.M. or 4:00-9:00 P.M. during which they provide systemic therapy 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. Supervisors are AAMFT Approved Supervisors, Approved Supervisors-in-Training or equivalents, as required by COAMFTE accreditation standards. You will all start practicum in the Fall of your first year in the program.

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 supervision group at the university. Students must complete a minimum of two semesters of Practicum (CSP 755 & CSP 765) with a successful evaluation before enrolling in Traineeship. Students may enroll in a Traineeship as early as the summer of their first year if they have meet requirements. 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 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 populations.

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. This requirement also means that the student must enroll in approved MFT coursework and have an assigned program supervisor for any semester during which he/she earns clinical experience hours. Students are very often in a position where they need to complete two summer semesters and a Fall and Spring semester in their traineeship to meet requirements. It is common for many students to graduate in August of their second year and in many cases this is recommended.

C. Approval to begin clinical experience.

The MFT Program faculty committee automatically reviews all students for approval to begin the clinical experience component of the program that begins in the Fall of the first year. If the faculty committee has any questions about the readiness of a student to begin Practicum, the Program Director or the Program Director plus another faculty member will meet with the student to discuss the student’s readiness.

D. 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. Criteria for evaluation are derived from objectives set in the Practicum and Traineeship syllabi. For Traineeship, the agency-based supervisor completes the evaluation, and the University supervisor provides the grade for the course.

E. Definitions of “Trainee” and “Intern.”

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

F. Professional Liability Insurance.

Students must take out their own Professional Liability Insurance to enroll in Practicum (CSP 755 and 765) and Traineeship (CSP 785). Students must join the professional organizations of the California Association of Marriage and Family Therapists (CAMFT) and 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 on-line. Students must complete these applications prior to beginning any clinical experience.

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

The CCCE is the department based clinical training 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. Some rooms have cameras to record sessions. This unique facility provides therapy to over 500 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 Guide).
V. MFT PROGRAM GOVERNANCE

Program Director:

The Program Director works closely with tenured MFT faculty and full-time lecturers who take primary responsibility for governance of the program. The Program Director works closely with part-time faculty, students, and student representatives to identify and address concerns related to the program issues, student experience, policies and curriculum.

The Program Director facilitates monthly meetings with full-time and part-time faculty with student representative present from YR1 and YR 2 cohorts. Early in the Spring each year the Program Director meets with each MFT student in YR 1 and YR 2 where students are asked to evaluate their performance and give feedback on their program experience.

Clinic Director:

The clinic director oversees all clinical operation at the Center for Counseling Counseling & Engagement (CCCE) and ensures systematic, clear, dependable, and philosophically congruent operation that is aligned with the educational outcomes of the MFT program. The Clinic 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 director manages the protocols for client access, scheduling, and client satisfaction. They oversee client intakes, computer software, files, phone calls, referrals, and communication between members of the student-led Administration Team.

Student Governance:

Students are involved in several levels and facets of governance. We have student representatives for the YR1 MFT cohort and for the YR 2 MFT cohort and they participate in monthly meetings with the program director, faculty and part-time instructors to share student perspectives upon curriculum, student concerns and policy decision-making. Early in the Spring each year all MFT students individually have an opportunity to share with the program director any issues, concerns and reflections arising in the program regarding student affairs, curriculum, policy and they can also give feedback on their prior instructor’s performance. The program director records themes that arise from the individual student meetings and concerns are brought back to the MFT faculty meetings for further discussion. On an as needed basis the program director 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 late
February.

The student MFT club also contributes an on-going basis to the student government structure. The MFT Director is the Faculty advisor for the student club and keeps in close contact with the students and their needs. Formal meetings occur between club members and faculty on an as needed basis. The student club also engages alumni and builds connections with this community.

VI. PERSONAL AND PROFESSIONAL DEVELOPMENT

The MFT program assumes that becoming a good 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 own self-disclosure and are encouraged to respect their own privacy. 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 or other helpful intervention.

A. Student progress review.

Annually, all MFT faculty members review the progress of students. The purpose of this progress review is to form an integrative and total picture of the student’s development. The faculty aims to support successful development and prevent academic and professional failure.

Progress and readiness for the MFT role are reflected in academic, interpersonal, multicultural and professional judgment performance. Evaluation includes consideration of these four aspects of professional development. Students must maintain a 3.0 GPA.

1). If faculty members report concern with the progress and readiness for the MFT role, the Program Director and/or another MFT faculty member meet with the student to clarify the concerns and formulate a plan for addressing these concerns. The faculty members draft a written memo summarizing the concerns and the plan. The Program Director and other faculty members, as appropriate, meet with the student to discuss the issues addressed in the memo and formulate a plan for growth and improvement. The memo is placed in the student’s file.

2). A follow-up meeting is minimally held at a designated date. If the student does not meet the objectives or actions decided in the first meeting, the faculty and
student may make a revised plan, and the student may be placed on a time-designated probationary period or in some instances, dismissed from the program. Recommendations for additional activity to support progress may include (for example) individual, couple, or family therapy, repetition of a course, participation in relevant volunteer work, slowing down one’s pacing of course enrollment, transfer to the M.A. degree, or consideration of termination from the program. The evaluation of progress is based on change of specific and identified behaviors rather than on the solution applied. The student receives another written memo of this agreement, and the memo is placed in the student’s file.

B. **Personal psychotherapy.**

   All students must engage in an individual, couple, family, or group therapy experience with a qualified professional during the program. Students must complete a total of 12 continuous sessions prior to graduation. Students have the therapist write a verification of attendance note. The verification is submitted to the Program Director 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.

   Under certain circumstances, a student may be advised by faculty to pursue therapy specifically to support personal development. The BBS allows the Trainee (or MFT Intern) to count personal psychotherapy as clinical hours of experience towards licensure, if the therapy was with a licensed MFT, LCSW, Psychologist, or Psychiatrist. You may count up to 100 hours of psychotherapy, multiplying those 100 hours by three for a total of 300 hours of experience. These hours may not substitute for the minimum required direct client contact hours.

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 same to the University as one’s own 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 own 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 is the resource for insuring that you are referencing 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 or ask.

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 e-mail: 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.

SDSU is a Title IX, equal opportunity employer and does not discriminate against individuals 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.

SDSU policies also affirm the university's moral commitment to the rights of all persons to equal opportunity in an environment open to free access and expression. San Diego State University is a community of men and women who are diverse racially, ethnically, linguistically, culturally, in class background, national origin, religious and political belief, age, physical ability, and sexual orientation. The campus welcomes this diversity and is committed to celebrating the richness of ideas, traditions, and understanding that this diversity brings to its community.

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 insure 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, accredit 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 20,000 + 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. All fifty states now have MFT licensure. Low cost membership and professional liability insurance are available to students.

E. Data collection.

For accreditation purposes and ongoing program improvement, we will send you surveys to help us assess our success in meeting educational outcomes and preparing you for the MFT profession. You will receive an annual survey for current students in the Spring of each year. Upon completion of the program, you will complete an MFT Exit exam administered by the college of education. As an alumni, 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.
CSP Professional Performance Review Process
(Adapted by the 2008-2010 CSP Professional Performance Committee1 from the William and Mary Counseling Program2 and the SDSU/UCSD Psychology Doctoral Program3)

Rationale:

In addition to meeting the academic standards set forth in the CSP programs, students are expected to conduct themselves in an ethical, responsible, professional manner. It is expected that the students will be knowledgeable of and adhering to the general standard of professional ethics and practice set forth by your profession and aligned with SDSU university policies.

As professionals working in community contexts, the faculty expect students to be concerned about other people, to be stable and psychologically balanced (both personally and professionally), to be capable of effective interpersonal relationships, to be able to receive feedback willingly, and to give feedback constructively. Further, the CSP faculty expect students to be committed to continued personal growth and professional development and to demonstrate that commitment through self-reflection and responsiveness to supervision in all activities related to their degree program.

For all reasons stated above, a faculty member will monitor student academic progress as well as their professional performance in the field. This monitoring process will help to ensure that all graduates of CSP possess characteristics and competencies that do not interfere with their professional work. Each program within CSP will decide on when the review will take place and

1 These policies and procedures were developed by the 2008-2010 CSP Professional


3 The SDSU/UCSD program materials were obtained from the Ethical Standards section (pp. 35-37) of the Student Handbook of the SDSU/UCSD Joint Doctoral Program in Clinical Psychology (2007), San Diego State University Department of Psychology and University of California, San Diego Department of Psychiatry School of Medicine. 
how it should be utilized. Students will be given the Competency Requirements as part of their orientation to their program. Each student will read and sign the Competency Requirements to ensure an understanding of the department’s expectations on Professional Performance.

**Professional Performance Standards**

The faculty will review the student’s Professional Performance through the lens of eleven standards (attached). Within each standard is a list of demonstrable competencies which assist the faculty and students to measure the required standard (attached). The eleven standards include:

1. Openness to new ideas
2. Flexibility
3. Cooperativeness with others
4. Accepting and using feedback
5. Awareness of own impact on others
6. Dealing with conflict
7. Accepting personal responsibility
8. Expressing feelings effectively
9. Attention to ethical and legal considerations
10. Initiative and motivation
11. Commitment to human diversity

Each Professional Performance Standard is rated on a scale of 1 (not demonstrated) to 5 (demonstrated clearly). Students receiving a rating below 3 on one or more of the Professional Performance standards will be considered deficient in professional performance and subject to the following procedure.

A. Before or when a student concern arises, the concerned faculty member will fill out the *Notification of Concern for Professional Performance Form* and meet with the student for discussion. The student will be presented with the Notification of Concern for Professional Performance Form (attached), on which will be listed the deficient rating(s), the issuing faculty member’s explanation for the ratings.
B. A remediation plan will be discussed along with a schedule for implementing the needed remedial actions and resources necessary. This could be most productive if done in a collaborative way where the student participates by offering ideas about support and remediation. This form should be signed at this time by both student and faculty member. Within two working days of this meeting, the issuing faculty member will provide a copy to the student. Signatures of both the issuing faculty member and the student will verify their understanding of the concerns, the required remedial actions, and the schedule for completing them. Both the student and issuing faculty member will retain copies of the signed Notification of Concern for Professional Performance Form, and a copy shall be forwarded to the student’s program director and the student's academic file. When the student has met satisfactory remediation, the student and faculty member will sign completion line on bottom of form. The

If the student and faculty member cannot reach an acceptable plan, either the faculty member or the student can request a program level faculty staffing. The student can request a person (peer, faculty member, etc.) to come with them to the program level faculty meeting. The Program director will prepare a written summary of the decisions reached at the meeting. When the student has met satisfactory remediation, the student and attending program faculty members will sign the completion line on bottom of form.

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. To request a PEP, the chair will be notified by the faculty. The chair will either assign or request participation from the CSP faculty to join this panel. Three faculty members will make up the PEP. The issuing faculty, department chair, and faculty members who are closely involved with the student should not be members of the panel.

* Note: “issuing faculty” refers either to the individual professor who issues the Notification of Concern for Professional Performance or to the academic advisor if the Notification is issued by the combined faculty.

C. If a student receives more than one Notification of Concern for Professional Performance during his/her Program of Study or fails to show reasonable progress in resolving deficiencies previously cited, he/she will be required to meet with the issuing faculty and his or
her academic advisor in accordance with the procedure described in #1 above. Depending upon the nature of new performance concerns and/or the reasons for the student's failure to comply with previously determined remedial action plans, the issuing faculty will request a Program Level Review or a PEP level review. For a Program Level Review, the student’s program director will be contacted. For a PEP level review, the CSP chair will be contacted to form a PEP. The members of the review panel will either offer alternative remedial strategies and/or make recommendations about the student's fitness for continuation in the Program. If the program level faculty or PEP offers new strategies, then an addendum to the Notification of Concern for Professional Performance will be made and signed by student and the review panel. The review panel may recommend discontinuation in the program. This recommendation is reviewed by the chair for final decision and action.

Faculty members may initiate the Professional Performance Review protocol at any time for students who knowingly engage in illegal or unethical activities or for students whose professional performance is deemed to present an immediate threat to the well being of others. In such cases and depending upon the level of perceived threat, the program faculty may recommend discontinuation in the Program without opportunity for student remediation.

Summary of CSP Professional Performance Review Process

1. CSP Professional Performance Standards are disseminated to students.
2. If a concern about student professional performance arises, the concerned faculty member will complete the Notification of Concern for Professional Performance Form and meet with the student for discussion and development of a remediation plan. Once remediation is completed, the signatures are attained at the bottom of the Notification of Concern for Professional Performance Form.
3. If a the faculty member and student are not able to develop a remediation plan or if remediation is not successful, then the student or faculty member may request a program level faculty staffing review, to be convened by the student’s program director.
4. If a the program level faculty and student are not able to develop a remediation plan or if remediation is not successful, then the student, program director, or program faculty
member may request a Professional evaluation Panel (PEP) review, to be convened by the CSP chair.

5. If a student receives more than one Notification of Concern for Professional Performance or fails to show reasonable progress in resolving deficiencies, then the faculty member or program director may request a review at either the program or TEP level.

Professional Performance Standards
For Practice and/or Learning Contexts
Department of Counseling and School Psychology, San Diego State University

Student name_________________________________________________ Semester and Year__________

**Rational:** In addition to meeting the academic standards set forth in the CSP programs, students are expected to conduct themselves in an ethical, responsible, professional manner. It is expected that the students will be knowledgeable of and adhering to the general standard of professional ethics and practice set forth by your profession and aligned with SDSU university policies.

As professionals working in community contexts, the faculty expect students to be concerned about other people, to be stable and psychologically balanced (both personally and professionally), to be capable of effective interpersonal relationships, to be able to receive feedback willingly, and to give feedback constructively. Further, the faculty expect students to be committed to continued personal growth and professional development and to demonstrate that commitment through self-reflection and responsiveness to supervision in all activities related to their degree program.

For all reasons stated above, a faculty member will monitor student academic progress as well as their professional performance in the field. This monitoring process will help to ensure that all graduates of CSP possess characteristics and competencies that do not interfere with their professional work. Each program within CSP will decide on when the review will take place and how it should be utilized. Students will be given the Competency Requirements as part of their orientation to their program. Each student will read and sign the Competency Requirements to

---


by the 2008-2010 CSP Professional Performance Committee and adopted by the Department of Counseling and School Psychology at San Diego State University in 2010.
ensure an understanding of the department’s expectations on Professional Performance.

**Directions:** There are eleven 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. **Openness to New Ideas**  
   (Rated from Closed [1] to Open [5])

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<tbody>
<tr>
<td>▪ Dogmatic about own perspective and ideas.</td>
<td>▪ Was amenable to discussion of perspectives other than own.</td>
<td>▪ Solicited others’ opinions and perspectives about own work.</td>
<td></td>
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</tr>
<tr>
<td>▪ Ignored or was defensive about constructive feedback.</td>
<td>▪ Accepts constructive feedback without defensiveness.</td>
<td>▪ Invited constructive feedback, and demonstrated interest in others’ perspectives.</td>
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<td></td>
</tr>
<tr>
<td>▪ Showed little or no evidence of incorporating constructive feedback received to change own behavior.</td>
<td>▪ Some evidence of effort to incorporate relevant feedback received to change own behavior.</td>
<td>▪ Showed strong evidence of incorporation of feedback received to change own behavior.</td>
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Comments:
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2. **Flexibility**  
   (Rated from Inflexible [1] to Flexible [5])

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<tbody>
<tr>
<td>▪ Showed little or no effort to recognize changing demands in the professional &amp; interpersonal environment.</td>
<td>▪ Effort to recognize changing demands in the professional &amp; interpersonal environment was evident but sometimes inaccurate.</td>
<td>▪ Showed effort to recognize changing demands in the professional &amp; interpersonal environment.</td>
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<tr>
<td>▪ Showed little or no effort to flex own response to changing environmental demands.</td>
<td>▪ Efforts to flex own response to new environmental demands was evident but sometimes inaccurate.</td>
<td>▪ Showed accurate effort to flex own response to changing environmental demands, as needed.</td>
<td></td>
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</tr>
<tr>
<td>▪ Refused to flex own response to changing environmental demands despite knowledge of the need for change.</td>
<td>▪ Flexed own response to changing environmental demands when directed to do so.</td>
<td>▪ Independently monitored the environment for changing demands and flexed own response accordingly.</td>
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<tr>
<td>▪ Was intolerant of unforeseeable or necessary changes in established schedule or protocol.</td>
<td>▪ Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them.</td>
<td>▪ Attempts to understand needs for change in established schedule or protocol to avoid resentment.</td>
<td></td>
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<tr>
<td>▪</td>
<td></td>
<td>▪ Accepted necessary changes in established schedule and attempted to discover the reasons for them.</td>
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</table>
3. Cooperativeness with others
(Rated from Uncooperative [1] to Cooperative [5])

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<tr>
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<tbody>
<tr>
<td>• Showed little or no engagement in collaborative activities.</td>
<td>• Engaged in collaborative activities but with minimum allowable input.</td>
<td>• Worked actively toward reaching consensus in collaborative activities.</td>
<td></td>
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<tr>
<td>• Undermined goal achievement in collaborative activities.</td>
<td>• Accepted but rarely initiated compromise in collaborative activities.</td>
<td>• Was willing to initiate compromise in order to reach group consensus.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Was unwilling to compromise in collaborative activities.</td>
<td>• Was concerned mainly with own part in collaborative activities.</td>
<td>• Showed concern for group as well as individual goals in collaborative activities.</td>
<td></td>
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</tbody>
</table>
4. Effective acceptance and use of feedback  
(Rated from Effectively accepting and using feedback [1] to Ineffectively accepting and using feedback [5])

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>▪ Discouraged feedback from others through defensiveness and anger.</td>
<td>▪ Was generally receptive to supervisory feedback.</td>
<td>▪ Invited feedback by direct request and positive acknowledgement when received.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Showed little or no evidence of incorporation of feedback of supervisory feedback received.</td>
<td>▪ Showed some evidence of incorporating supervisory feedback into own views and behaviors.</td>
<td>▪ Showed evidence of active incorporation of supervisory feedback received into own views and behaviors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Took feedback contrary to own position as a personal affront.</td>
<td>▪ Showed some defensiveness to critique through over-explanation of own actions—but without anger.</td>
<td>▪ Demonstrated a balanced willingness to give and receive supervisory feedback.</td>
<td></td>
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<tr>
<td>▪ Demonstrated greater willingness to give feedback rather than receive it.</td>
<td>▪ Demonstrated greater willingness to receive feedback than to give it.</td>
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Comments:

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5. Awareness of Own Impact on Others  
(Rated from Unaware [1] to Aware [5])

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<tbody>
<tr>
<td>• Words and actions reflected little or no concern for how others were impacted by them.</td>
<td>• Effort to determine how own words and actions impacted others was evident but sometimes inaccurate.</td>
<td>• Effort toward recognition of how own words and actions impacted others.</td>
<td></td>
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<tr>
<td>• Ignored supervisory feedback about how words and actions were negatively impacting others.</td>
<td>• Respond as necessary to feedback regarding negative impact of own words and actions of others, but at times, with resentment.</td>
<td>• Initiates feedback from others regarding impact of own words and behaviors.</td>
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<td></td>
<td></td>
<td>• Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change.</td>
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Comments:
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6. Dealing with conflict  
(Rated from dealing with conflict undemonstrated [1] to dealing with conflict demonstrated [5])

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<tbody>
<tr>
<td>• Did not consider others’ points of view.</td>
<td>• Attempted but sometimes had difficulty grasping conflicting points of view.</td>
<td>• Consistently willing and able to consider others’ points of view.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Did not demonstrate the ability to examine own role in a conflict.</td>
<td>• Would examine own role in a conflict when directed to do so.</td>
<td>• Consistently willing to examine own role in a conflict.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ignored supervisory advisement if not in agreement with own position.</td>
<td>• Was responsive to supervision in a conflict if it was offered.</td>
<td>• Consistently open to supervisory critique about own role in conflict.</td>
<td></td>
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<tr>
<td>• Showed no effort at problem solving.</td>
<td>• Participated in problem solving when directed.</td>
<td>• Initiated problem solving efforts in conflicts.</td>
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<tr>
<td>• Displayed hostility when conflicts were addressed.</td>
<td></td>
<td>• Actively participated in problem solving efforts.</td>
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Comments:
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### 7. Accepting personal responsibility
(Rated from Undemonstrated [1] to Demonstrated [5])

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<tbody>
<tr>
<td>▪ Refused to admit mistakes or examine own contribution to problems.</td>
<td>▪ Was willing to examine own role in problems when informed of the need to do so.</td>
<td>▪ Monitored own level of responsibility in professional performance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Lied, minimized, or embellished the truth to extricate self from problems.</td>
<td>▪ Was accurate and honest in describing own and others’ roles in problems.</td>
<td>▪ Invited constructive critique from others and applied it toward professional growth.</td>
<td></td>
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<tr>
<td>▪ Consistently blamed others for problems without self-examination.</td>
<td>▪ Might blame initially, but was open to self-examination about own role in problems.</td>
<td>▪ Accepted own mistakes and responded to them as opportunity for self-improvement.</td>
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<tr>
<td>▪ Was willing to examine own role in problems when informed of the need to do so.</td>
<td>▪ Was accurate and honest in describing own and others’ roles in problems.</td>
<td>▪ Avoided blame in favor of self-examination.</td>
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### 8. Awareness of feelings and effective and appropriate expression of feelings
(Rated from Undemonstrated [1] to Demonstrated [5])

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<tbody>
<tr>
<td>▪ Showed no evidence of willingness and ability to articulate own feelings.</td>
<td>▪ Showed some evidence of willingness and ability to articulate own feelings, but with limited range.</td>
<td>▪ Was consistently willing and able to articulate the full range of own feelings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Showed no evidence of willingness and ability to recognized and acknowledge the feelings of others.</td>
<td>▪ Showed some evidence of willingness and ability to acknowledge others’ feelings—sometimes inaccurate.</td>
<td>▪ Showed evidence of willingness and accurate ability to acknowledge others’ feelings.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Acted out negative feelings (through negative behaviors) rather than articulating them.</td>
<td>▪ Expressions of feeling usually appropriate to the setting—responsive to supervision when not.</td>
<td>▪ Expression of own feelings was consistently appropriate to the setting.</td>
<td></td>
<td></td>
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<tr>
<td>▪ Expressions of feeling were inappropriate to the setting.</td>
<td>▪ Willing to discuss own feelings in supervision when directed.</td>
<td>▪ Initiated discussion of own feelings in supervision.</td>
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<tr>
<td>▪ Was resistant to discussion of feelings in supervision.</td>
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Comments:
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9. **Attention to Ethical and Legal Considerations**
(Rated from Inattentive [1] to Attentive [5])

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<tbody>
<tr>
<td>ENGAGED IN DUAL RELATIONSHIPS WITH CLIENTS.</td>
<td>WAS RESPONSIVE TO SUPERVISION FOR OCCASIONAL PERSONAL-PROFESSIONAL BOUNDARY CONFUSION IN VERBAL INTERACTIONS WITH CLIENTS.</td>
<td>MAINTAINED CLEAR PERSONAL-PROFESSIONAL BOUNDARIES WITH CLIENTS, COHORT MEMBERS, AND SUPERVISORS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACTED WITH PREJUDICE TOWARD THOSE OF DIFFERENT RACE, CULTURE, GENDER, ABILITY, OR SEXUAL ORIENTATION.</td>
<td>WAS RESPONSIVE TO SUPERVISION FOR OCCASIONAL INSENSITIVITY TO DIVERSITY IN PROFESSIONAL INTERACTIONS.</td>
<td>DEMONSTRATED CONSISTENT SENSITIVITY TO DIVERSITY.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENDEDANGERED THE SAFETY AND THE WELLBEING OF CLIENTS, COHORT MEMBERS OR SUPERVISORS.</td>
<td>USED JUDGMENT THAT COULD HAVE PUT CLIENT SAFETY AND WELLBEING AT RISK.</td>
<td>SATISFACTORYLY ENSURED CLIENT SAFETY AND WELL-BEING.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREACHED ESTABLISHED RULES FOR PROTECTING CLIENT CONFIDENTIALITY.</td>
<td>USED JUDGMENT THAT COULD HAVE PUT CLIENT CONFIDENTIALITY AT RISK.</td>
<td>APPROPRIATELY SAFEGUARDED THE CONFIDENTIALITY OF CLIENTS.</td>
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**Comments:**

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10. **Initiative and Motivation**
(Rated from Poor Initiative and Motivation [1] to Good Initiative and Motivation [5])

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<tbody>
<tr>
<td>OFTEN MISSED DEADLINES AND CLASSES.</td>
<td>MISSED THE MAXIMUM ALLOWABLE CLASSES AND DEADLINES.</td>
<td>MET ATTENDANCE REQUIREMENTS AND DEADLINES.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RARELY PARTICIPATED IN CLASS ACTIVITIES.</td>
<td>USUALLY PARTICIPATED IN CLASS ACTIVITIES.</td>
<td>REGULARLY PARTICIPATED IN CLASS ACTIVITIES.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OFTEN FAILED TO MEET MINIMAL EXPECTATIONS IN ASSIGNMENTS.</td>
<td>MET ONLY THE MINIMAL EXPECTATIONS IN ASSIGNED WORK.</td>
<td>MET OR EXCEEDED EXPECTATIONS IN ASSIGNED WORK.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISPLAYED LITTLE OR NO INITIATIVE AND CREATIVITY IN ASSIGNMENTS.</td>
<td>SHOWED SOME INITIATIVE AND CREATIVITY IN ASSIGNMENTS.</td>
<td>CONSISTENTLY DISPLAYED INITIATIVE AND CREATIVITY IN ASSIGNED WORK.</td>
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**Comments:**

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11. Commitment to Human Diversity
(Rated from Undemonstrated Commitment [1] to Demonstrated Commitment [5])

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<tbody>
<tr>
<td>▪ No awareness of cultural, gender, ethnic, sexual orientation, ability/disability (etc.) differences that exist.</td>
<td>▪ Minimal awareness of diversity issues and nominal interest in addressing difference in clinical practice.</td>
<td>▪ Discusses cross cultural differences in depth, with little or no defensiveness.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Denial of the concept of privilege, institutional racism, and no desire to integrate diversity into clinical practice.</td>
<td>▪ Addresses cross cultural differences and discusses them with some apparent discomfort or defensiveness.</td>
<td>▪ Verbalizes a comprehensive understanding of diversity and demonstrate advocacy for underrepresented groups in the counseling profession and in clinical/educational settings</td>
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Comments:
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Additional comments, strengths, concerns.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Faculty member signature _____________________________________________________________
Date_________________________

Student signature_____________________________________

Notification of Concern for Professional Performance Form

Name of issuing faculty member ________________________________________________
Date_________________________
Name of student____________________________________________
List of deficient criteria from the Professional Performance Standards and explanation (specific occurrence).
1.____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Suggested plans for each item along with time frame and resources. (E.g., education, project, therapy or counseling, health evaluation, within a week, a month, attend a class, projects).

1.____________________________________________________________________________

2.____________________________________________________________________________

3.____________________________________________________________________________

4.____________________________________________________________________________

Student signature___________________________________________________
date_____________

Faculty member signature__________________________________
date_____________

Completion of Remediation

date_______

Faculty member signature_________________________________________

Student signature_________________________________________

cc: Program Director

cc: Student file with notice
I, ____________________________, have read and understand the Essential Guide for the class of 2019, 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