

# MFT ESSENTIAL GUIDE for CLASS 2022

## San Diego State University

To prioritize the health, training, and resource needs of our students through the COVID-19 pandemic, the MFT program may have to make adjustments when appropriate to the policies and regulations stipulated in the manual.

## **PHILOSOPHY, ADMINISTRATION AND CURRICULUM**

### **I. INTRODUCTION**

The purpose of this handbook is to provide pertinent information to guide students through the COAMFTE<sup>1</sup> Accredited Master of Science in Counseling with a concentration in Marriage and Family Therapy. 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 issues, stressful events, and sociocultural, economic, geographical, physiological and political factors that constrain achieving successful social participation and connections. Family therapists as service providers of our local communities, need specialized training and approaches for addressing relational problems that emerge from these factors.

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, and age etc. Thus, all therapeutic approaches are "maps" of human interactions,

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<sup>1</sup> COAMFTE is the Commission on Accreditation for Marriage and Family Therapy Education.

contexts and change rather than the “actual territory” (Korzybski, 1921) of knowable, objective facts. This program introduces students to a range of approaches to practice reflecting the individual (linear) and relational (systemic) ways of knowing and centralizes a relational perspective for theory and clinical skill development. A new addition to our program includes the study of 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 practices, neuro-biological stress responses, and other experiences that reside beyond linguistic domains.

The program 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, contextual, and emerging from social interaction and meaning-making.
- Intercultural/cross-cultural development that invites an examination of understandings of difference in relation to systems of power and its effects in people’s lives and their relationships. It also invites critical examination of the paradigms of family therapy within their geo political and cultural 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 the exploration of 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 of Spanish-English and Spanglish speaking therapists so they receive training in their languages and advance their knowledge and skills bilingually (through class instruction, supervision and practice).

**Program Goals and Student Learning Outcomes:**

PG 1. Graduates demonstrate ethics, knowledge and practice of the MFT discipline fulfilling requirements for MFT California State licensure required by the Board of Behavioral Sciences (BBS).

- SLO 1. Graduates will pass the California Law and Ethics Exam
- SLO 2. Graduates will be employed in the MFT profession

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

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

PG 3. Students demonstrate understanding, knowledge and application of MFT research and scholarship into practice

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

### **III. REQUIREMENTS FOR DEGREE COMPLETION**

#### **General degree requirements:**

To graduate from the MFT master's program, you are required to satisfy the following 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 a 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. The clinical experience component of the program requires that students complete a minimum of 500 direct clinical hours plus 100 hours of supervision (50 of which should

be of direct observation). Supervision must be received from an AAMFT supervisor or AAMFT supervisor candidate for at least one hour each week in which they are seeing clients (see below additional hour supervision requirements following California's Board of Behavioral Sciences [BBS] regulations). Of the 500 client contact hours, a minimum of 200 must be relational hours (i.e. therapy with couples and families). Another 100 hours of the 500 total may be alternative hours, which are case-related or clinically relevant work that is not direct therapy. More information on practicum requirements and clinical hours completion following COAMFTE and BBS regulations is included below.

**PLEASE NOTE, AN ADDENDUM TO THE HOUR REQUIREMENTS MAY BE CREATED AT A LATER DATE IN RESPONSE TO THE COVID-19 PANDEMIC**

### **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, 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.

**IV. CURRICULUM AND PROGRAM OF STUDY (Note: additional information is currently found on the MFT Blackboard Homeroom. During the 2020-2021 academic year, this information will migrate to SDSU's new learning platform, Canvas <https://its.sdsu.edu/canvas/>. You will be notified when the change takes place)**

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. A relational/systemic and social constructionist approaches to therapy organize the themes of the curriculum. The

traditional heart of the field of MFT lies in a systemic and relational framework where human interactions are shaped by the relational dynamics occurring in familial as well as social, historical and political contexts. Families function within systems where every member of the family system 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 and history of the society in which they live. Our bodies/brains, behavior, cognition and affect are all at play in relational work and all of those dimensions 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.

What this means for our curriculum is that we invite students to consider the knowledge and learning experiences for their effects on ourselves, our 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 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 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 692 Couples Therapy and Evidence-Based Relational Practices (3)
- CSP 694 Psychopharmacology for Marriage and Family Therapists (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 experience in year 2 students must complete:**

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

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- Lab
CSP 606 A	Law and Ethics

CSP 609	Family Life Cycle Development
CSP 625	MFT Theories I

<b>Y1: Fall</b>	
CSP 615	Multicultural Counseling
CSP 626	Theories of MFT II
CSP 687	Substance Abuse Treatment & Motivational Interviewing
CSP 662A	Interventions with Children & Adolescents
CSP 755	Beg Practicum

<b>Y1: Spring</b>	
CSP 618	Mental Health Recovery & DSM
CSP 765	Adv Practicum
CSP 650	Crisis and Trauma
CSP 670	Group Process and Counseling

<b>Y2: Summer</b>	
ED 690	Methods of Inquiry
CSP 785 (2 units)	Optional: Traineeship/Adv Practicum

<b>Y2: Fall</b>	
CSP 710 A	Master's Project: Research
CSP 785 (3)	Traineeship/Adv Practicum
CSP 692	Couples Therapy

Y2: Spring	
CSP 635	Sex & Intimacy
CSP 694	Psychopharmacology
CSP 710 B	Clinical Presentation of chosen Theory of Therapy
CSP 785 (3)	Traineeship/Adv Practicum

Y3: Summer	
CSP 785 (2 units)	Traineeship/Adv Practicum (required if 2 units of 785 was not completed during summer of YR2. Also required if 500 clinical hours are not yet completed)

**In order to complete the 500 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 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 sequence in their second year of study and then complete their summer CSP 785 advanced practicum/traineeship in their third summer and graduate in August.

In part these sequences will depend on the kind of advanced practicum/traineeship available to students. In many cases if students cannot complete their 500 hours they may have to enroll in four semesters of CSP 785 to complete graduation requirements. When completing traineeship/advanced practicum requirements, students must always

be enrolled in a CSP 785 class.

**B. Espanglish Family Therapy Training Certificado**

Students who have an intermediate-advanced oral linguistic proficiency in the Spanish language can participate in a Spanish/Spanglish speaking training certificate in the MFT program. This certificate seeks to prepare MFT’s with the theoretical, cultural and linguistic skills and knowledge to conduct therapy in Spanish/Spanglish. Students who complete all requirements will be awarded a Certificate of Completion by the Department of Counseling & School Psychology.

***Certificate requirements***

Students will be required to complete a brief oral and written initial application to determine their linguistic proficiency. Students accepted to commence the training certificate will participate in course work and clinical delivery in Spanish/Spanglish. They will be supervised by a native or heritage Spanish speaking supervisor. Students must successfully complete 13 units of coursework in Spanish speaking clinical work to receive the *Espanglish Family Therapy Certificado*. Additionally, students will be required to prepare and submit a final project that demonstrates their cultural and linguistic proficiency gained throughout the certificate. This project will be submitted during the Spring semester of their second year in the program. When there are sufficient numbers of *Spanish/Spanglish* speaking students in the cohort to enable the class experience to be delivered in *Spanish/Spanglish*, the following courses should be available for *Spanish/Spanglish* tutelage:

CSP 600 L (1)	Cross-Cultural Counseling Prepracticum
CSP 730 Fieldwork Practice	Espanglish and Decoloniality of Language
CSP 755 (3)	Practicum I: Marriage and Family Therapy (fall)
CSP 765 (3)	Practicum II: Marriage and Family Therapy (spring)
CSP 785 (3)	Marriage and Family Therapy Traineeship ( fall)
CSP 785 (3)	Marriage and Family Therapy Traineeship (spring)

**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 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.

**V. 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**

As stated above, all students in the MFT program must complete 500 direct clinical hours (100 of which may be alternative hours) of experience and an additional

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 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 relational/systemic understanding of problem situations. Students must spend a minimum of 12 consecutive months in clinical training and complete 3 semesters of CSP 785.

Students must receive a minimum of 100 hours of supervision, consisting of both individual and group supervision. Supervision must be received from an AAMFT supervisor (or candidate) for at least one hour each week in which they are seeing clients. As per BBS’s requirements, one additional hour of supervision is required if a student provides more than five hours of direct client therapy in a single week. A student must receive one additional hour of supervision for every five hours of direct clinical therapy provided in a single week. Fifty (50) of the 100 hours of supervision 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. Please review the ***SDSU MFT Clinical and Supervision Definitions*** sheet (located on the MFT BlackBoard homepage--and upcoming Canvas homepage) for information about how to define clinical and supervision hours according to BBS and COAMFTE.

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.

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.

## **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 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.

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 begins. The practicum meets once a week for a four-hour block of time during which time students will provide systemic therapy, in English or Spanish/Spanglish, 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. Supervisors are AAMFT Approved Supervisors, or Approved Supervisors Candidates, as required by COAMFTE accreditation standards.

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 CREDIT GRADE before enrolling in *Traineeship*. Students may enroll in a *Traineeship* as early as the summer of their first year if they have met 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 all hours are of 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. Furthermore, a formal signed SDSU Service Learning Agreement between the site and the program must be

in place prior to 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 500 hours**

Trainees working in camps to accrue hours toward their 500 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 who is 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 (p.32) 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.

d] No more than 100 hours (relational, individual, or alternative) earned in camps can be counted towards the 500 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 OR 785 Practicum Experience evaluation (see Appendix A). 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. For *Traineeship*, the agency-based supervisor completes the evaluation, and the University supervisor provides the grade for the course.

#### **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) 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 "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 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 Associate may not practice independently.

#### **E. 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 either the professional organization of 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 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).**

### **Professional Development Hours**

In addition to the 500 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 relevant community service and MFT program activities (these activities must be outside of your own classroom experience and assignments [e.g., lab peer consultation, CCCE admin. volunteer]). 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.

## **VI. 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. The Executive Director of Clinical Training, in close collaboration with the Program Director, 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 members of the student-led Administration Team. 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 Fair and ensures that all CSP 785 instructors are addressing the needs of the trainees completing their CSP 785 traineeship sequence. 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 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 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.

The student MFTA club also contributes on an ongoing basis to the student government structure. The MFTA Faculty advisor for the student club 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.

**VII. 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 own self-disclosure and are encouraged to respect their own privacy.

Being a part of a cohort model can be incredibly rewarding. The experience fosters peer-collaborations, strong social bonds, and provides networking opportunities. 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 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. Advisors oversee the evaluation of their advisees four aspects of professional development. Moreover, annually, all MFT core faculty members review the progress of students that they advise. The purpose of this progress review is to form an integrative and overall picture of the student's development throughout the course of the curriculum. The faculty aims to support successful development and prevent academic and professional failure. Each student is assigned an Advisor at the beginning of the program and a small group of advisees is formed. The advisor monitors student progress periodically on an as needed basis throughout the year. In the beginning of the Fall and Spring semester the advisor meets the YR 1 and YR 2 advisee groups. On occasion, individual advisees meets on an as needed basis with their advisors 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 professional during the program. Students must complete a total of 12 sessions 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 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 email: [ombuds@mail.sdsu.edu](mailto: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](http://www.bbs.ca.gov)  
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, 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.

**E. Data collection.**

For ongoing program improvement , we will send you surveys throughout the course of your training in the program. 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. 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.

**APPENDIX A**

**CSP 755, 765 or 785 Practicum Experience**

**Mid Term Evaluation** \_\_\_\_\_ **Full semester Evaluation** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Practicum (circle one) 755, 765, 785 Semester/year** \_\_\_\_\_

**755- Beginner: first 40 hours of client contact experience.**

**765- Intermediate student: 40-100 hours of client contact**

**785- Advanced student: More than 100 hours of client contact experience**

**Supervisor:** \_\_\_\_\_

**DIRECTIONS:** This evaluation is to be used by taking into account the student level of experience. Please indicate his/her level of skill in each area. A "1" indicates minimal skill; a "5" indicates highly competent. An "X" indicates that the item is not applicable (NA) or there is insufficient information to evaluate the student. Please circle your responses.

Also check if this is a Mid-term Evaluation or a Final evaluation.

Credit is granted for the practicum class ONLY if the student scores a 3 or higher in any category.

Low Competency    High Competency    Ins./NA

**CASE MANAGEMENT SKILLS**

Adapts to this setting	1	2	3	4	5	X
<b>Comments</b> _____						
Conducts initial interviews	1	2	3	4	5	X
Appropriately						
<b>Comments</b> _____						
Cooperates with admin staff	1	2	3	4	5	X

**Comments** \_\_\_\_\_

Follows policies & protocols	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Maintains client contact	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Maintains client return rate	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Manages client records	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Understands legal issues	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Works efficiently	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Additional Comments re: Case Management \_\_\_\_\_

**SUPERVISION**

Discusses feedback from

Supervisor from a collaborative stance	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Discusses feedback from peers	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						
Incorporates suggestions	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						
Informs supervisor regularly						
Of clinical hours	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						
Formulates questions about case	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						
Student attempts to discuss case						
from their understanding	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						
Additional Comments re: Supervision _____						
_____						

**DOCUMENTATION**

Keeps Case notes current	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						
Keeps contact log current	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						
Discusses fees appropriately	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
<b>Comments</b> _____						

Keeps financial balance	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Prepares treatment plans	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Additional comments re: documentation \_\_\_\_\_

**RELATIONAL SKILLS**

Conveys confidence w/clients <b>X</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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**Comments** \_\_\_\_\_

Demonstrates empathy	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Demonstrates attending skills (eye contact, clarifying)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Speaks respectfully of clients	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Acts respectfully with clients	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Does not jump to premature Clinical conclusions	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Works with client(s) to

Define what is problematic                    1       2       3       4       5                    X

**Comments** \_\_\_\_\_

Additional Comments re: Relating \_\_\_\_\_

**OBSERVATIONAL AND ASSESSMENT SKILLS**

Gathers info to understand

CONTEXT    1       2       3       4       5                    X

**Comments** \_\_\_\_\_

Clarifies presenting concerns

With client                                        1       2       3       4       5                    X

**Comments** \_\_\_\_\_

Discusses nonverbal

Expressions w/ client(s)                    1       2       3       4       5                    X

**Comments** \_\_\_\_\_

Assesses verbal content

With client(s)                                    1       2       3       4       5                    X

**Comments** \_\_\_\_\_

Discusses ethnic/racial influence           1       2       3       4       5                    X

**Comments** \_\_\_\_\_

Discusses gender influence                   1       2       3       4       5                    X

**Comments** \_\_\_\_\_

Relates to non-traditional relationships openly	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Uses clients religious orientation When appropriate	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Considers age related issues	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Discusses relational Interactions						
Content	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
Process	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>

**Comments** \_\_\_\_\_

Assesses Risk factors	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Acknowledges relevant History	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Assess health related concerns	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Utilizes DSM appropriately	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Comments on Assessing \_\_\_\_\_

**CONCEPTUALIZING CHANGE AND THEORY**

Articulates an understanding of problem development	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Is Reflexive about what Informs their therapy ideas	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Connects this understanding To theoretical ideas	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Communicates an understanding between problem development, intervention, change and desired goals	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Is aware of the interventions he/she is using	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**Comments** \_\_\_\_\_

Discussions termination & options	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>X</b>
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**BUILDS COMMUNITY AND SUPPORT**

Encourages community and

Support for sustained change                    **1**    **2**    **3**    **4**    **5**                    **X**

**Comments** \_\_\_\_\_

Invites Clients to bring others                    **1**    **2**    **3**    **4**    **5**                    **X**

**Comments** \_\_\_\_\_

Interacts with related agencies                    **1**    **2**    **3**    **4**    **5**                    **X**

**Comments** \_\_\_\_\_

(Please check one)    Credit \_\_\_\_\_                    No-Credit \_\_\_\_\_

Student signature \_\_\_\_\_                    Date \_\_\_\_\_

Student comments: \_\_\_\_\_

Supervisor's signature \_\_\_\_\_                    Date \_\_\_\_\_

Summary comments: \_\_\_\_\_

\_\_\_\_\_

**APPENDIX B**

## CSP Professional Performance Review Process

(Adapted by the 2008-2010 CSP Professional Performance Committee<sup>2</sup> from the William and Mary Counseling Program<sup>3</sup> and the SDSU/UCSD Psychology Doctoral Program<sup>4</sup>)

### 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.

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<sup>2</sup> These policies and procedures were developed by the 2008-2010 CSP Professional Performance Committee and were adopted by the Department of Counseling and School Psychology at San Diego State University on April 8, 2010. The CSP Professional Performance Committee members were: Jan Ewing, Juan Camarena, Colette Ingraham, Beverly Booker, Maria Senour, and Cindy Corey.

<sup>3</sup> The William & Mary program materials were obtained from McAdams III, C., Foster, V., & Ward, T. (2007). Remediation and Dismissal Policies in Counselor Education: Lessons Learned From a Challenge in Federal Court. *Counselor Education & Supervision*, 46(3), 212-229.

<sup>4</sup> 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.  
[http://www.psychology.sdsu.edu/doctoral/2007\\_Student\\_Handbook.pdf](http://www.psychology.sdsu.edu/doctoral/2007_Student_Handbook.pdf)

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 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.

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, they 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.

### **Professional Performance Standards<sup>5</sup>**

#### **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 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 \_\_\_\_\_

<sup>5</sup> Adapted from McAdams III, C., Foster, V., & Ward, T. (2007). Remediation and Dismissal Policies in Counselor Education: Lessons Learned From a Challenge in Federal Court. *Counselor Education & Supervision*, 46(3), 212-229.

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.

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])

1.....2.....3.....4.....5

<ul style="list-style-type: none"> <li>▪ Dogmatic about own perspective and ideas.</li> <li>▪ Ignored or was defensive about constructive feedback.</li> <li>▪ Showed little or no evidence of incorporating constructive feedback received to change own behavior.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Was amenable to discussion of perspectives other than own.</li> <li>▪ Accepts constructive feedback without defensiveness.</li> <li>▪ Some evidence of effort to incorporate relevant feedback received to change own behavior.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Solicited others' opinions and perspectives about own work.</li> <li>▪ Invited constructive feedback, and demonstrated interest in others' perspectives.</li> <li>▪ Showed strong evidence of incorporation of feedback received to change own behavior.</li> </ul>
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Comments: \_\_\_\_\_  
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**2. Flexibility**  
(Rated from Inflexible [1] to Flexible [5])

1.....2.....3.....4.....5

<ul style="list-style-type: none"> <li>▪ Showed little or no effort to recognize changing demands in the professional &amp; interpersonal environment.</li> <li>▪ Showed little or no effort to flex own response to changing environmental demands.</li> <li>▪ Refused to flex own response to changing environmental demands despite knowledge of the need for change.</li> <li>▪ Was intolerant of unforeseeable or necessary changes in established schedule or protocol.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Effort to recognize changing demands in the professional &amp; interpersonal environment was evident but sometimes inaccurate.</li> <li>▪ Efforts to flex own response to new environmental demands was evident but sometimes inaccurate.</li> <li>▪ Flexed own response to changing environmental demands when directed to do so.</li> <li>▪ Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Showed effort to recognize changing demands in the professional &amp; interpersonal environment.</li> <li>▪ Showed accurate effort to flex own response to changing environmental demands, as needed.</li> <li>▪ Independently monitored the environment for changing demands and flexed own response accordingly.</li> <li>▪ Attempts to understand needs for change in established schedule or protocol to avoid resentment.</li> <li>▪ Accepted necessary changes in established schedule and attempted to discover the reasons for them.</li> </ul>
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Comments: \_\_\_\_\_

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**3. Cooperativeness with others**

(Rated from Uncooperative [1] to Cooperative [5])

1.....2.....3.....4.....5

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

(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"> <li>▪ Discouraged feedback from others through defensiveness and anger.</li> <li>▪ Showed little or no evidence of incorporation of feedback of supervisory feedback received.</li> <li>▪ Took feedback contrary to own position as a personal affront.</li> <li>▪ Demonstrated greater willingness to give feedback rather than receive it.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Was generally receptive to supervisory feedback.</li> <li>▪ Showed some evidence of incorporating supervisory feedback into own views and behaviors.</li> <li>▪ Showed some defensiveness to critique through over-explanation of own actions-but without anger.</li> <li>▪ Demonstrated greater willingness to receive feedback than to give it.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Invited feedback by direct request and positive acknowledgement when received.</li> <li>▪ Showed evidence of active incorporation of supervisory feedback received into own views and behaviors.</li> <li>▪ Demonstrated a balanced willingness to give and receive supervisory feedback.</li> </ul>
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Comments: \_\_\_\_\_  
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**5. Awareness of Own Impact on Others**

(Rated from Unaware [1] to Aware [5])

1.....2.....3.....4.....5

<ul style="list-style-type: none"> <li>▪ Words and actions reflected little or no concern for how others were impacted by them.</li> <li>▪ Ignored supervisory feedback about how words and actions were negatively impacting others.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Effort to determine how own words and actions impacted others was evident but sometimes inaccurate.</li> <li>▪ Respond as necessary to feedback regarding negative impact of own words and actions of others, but at times, with resentment.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Effort toward recognition of how own words and actions impacted others.</li> <li>▪ Initiates feedback from others regarding impact of own words and behaviors.</li> <li>▪ Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change.</li> </ul>
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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])

1.....2.....3.....4.....5

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

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**7. Accepting personal responsibility**

(Rated from Undemonstrated [1] to Demonstrated [5])

1.....2.....3.....4.....5

<ul style="list-style-type: none"> <li>▪ Refused to admit mistakes or examine own contribution to problems.</li> <li>▪ Lied, minimized, or embellished the truth to extricate self from problems.</li> <li>▪ Consistently blamed others for problems without self-examination.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Was willing to examine own role in problems when informed of the need to do so.</li> <li>▪ Was accurate and honest in describing own and others' roles in problems.</li> <li>▪ Might blame initially, but was open to self-examination about own role in problems.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Monitored own level of responsibility in professional performance.</li> <li>▪ Invited constructive critique from others and applied it toward professional growth.</li> <li>▪ Accepted own mistakes and responded to them as opportunity for self-improvement.</li> <li>▪ Avoided blame in favor of self-examination.</li> </ul>
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Comments: \_\_\_\_\_  
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**8. Awareness of feelings and effective and appropriate expression of feelings**

(Rated from Undemonstrated [1] to Demonstrated [5])

1.....2.....3.....4.....5

<ul style="list-style-type: none"> <li>▪ Showed no evidence of willingness and ability to articulate own feelings.</li> <li>▪ Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others.</li> <li>▪ Acted out negative feelings (through negative behaviors) rather than articulating them.</li> <li>▪ Expressions of feeling were inappropriate to the setting.</li> <li>▪ Was resistant to discussion of feelings in supervision.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Showed some evidence of willingness and ability to articulate own feelings, but with limited range.</li> <li>▪ Showed some evidence of willingness and ability to acknowledge others' feelings-sometimes inaccurate.</li> <li>▪ Expressions of feeling usually appropriate to the setting-responsive to supervision when not.</li> <li>▪ Willing to discuss own feelings in supervision when directed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Was consistently willing and able to articulate the full range of own feelings.</li> <li>▪ Showed evidence of willingness and accurate ability to acknowledge others' feelings.</li> <li>▪ Expression of own feelings was consistently appropriate to the setting.</li> <li>▪ Initiated discussion of own feelings in supervision.</li> </ul>
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Comments: \_\_\_\_\_  
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**9. Attention to Ethical and Legal Considerations**  
 (Rated from Inattentive [1] to Attentive [5])

1.....2.....3.....4.....5

<ul style="list-style-type: none"> <li>▪ Engaged in dual relationships with clients.</li> <li>▪ Acted with prejudice toward those of different race, culture, gender, ability, or sexual orientation.</li> <li>▪ Endangered the safety and the well being of clients, cohort members or supervisors.</li> <li>▪ Breached established rules for protecting client confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Was responsive to supervision for occasional personal-professional boundary confusion in verbal interactions with clients.</li> <li>▪ Was responsive to supervision for occasional insensitivity to diversity in professional interactions.</li> <li>▪ Used judgment that could have put client safety and well being at risk.</li> <li>▪ Used judgment that could have put client confidentiality at risk.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maintained clear personal-professional boundaries with clients, cohort members, and supervisors.</li> <li>▪ Demonstrated consistent sensitivity to diversity.</li> <li>▪ Satisfactorily ensured client safety and well-being.</li> <li>▪ Appropriately safeguarded the confidentiality of clients.</li> </ul>
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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])

1.....2.....3.....4.....5

<ul style="list-style-type: none"><li>▪ Often missed deadlines and classes.</li><li>▪ Rarely participated in class activities.</li><li>▪ Often failed to meet minimal expectations in assignments.</li><li>▪ Displayed little or no initiative and creativity in assignments.</li></ul>	<ul style="list-style-type: none"><li>▪ Missed the maximum allowable classes and deadlines.</li><li>▪ Usually participated in class activities.</li><li>▪ Met only the minimal expectations in assigned work.</li><li>▪ Showed some initiative and creativity in assignments.</li></ul>	<ul style="list-style-type: none"><li>▪ Met attendance requirements and deadlines.</li><li>▪ Regularly participated in class activities.</li><li>▪ Met or exceeded expectations in assigned work.</li><li>▪ Consistently displayed initiative and creativity in assigned work.</li></ul>
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Comments: \_\_\_\_\_  
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**11. Commitment to Human Diversity**

(Rated from Undemonstrated Commitment [1] to Demonstrated Commitment [5])

1.....2.....3.....4.....5

<ul style="list-style-type: none"> <li>▪ No awareness of cultural, gender, ethnic, sexual orientation, ability/disability (etc.) differences that exist.</li> <li>▪ Denial of the concept of privilege, institutional racism, and no desire to integrate diversity into clinical practice.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Minimal awareness of diversity issues and nominal interest in addressing difference in clinical practice.</li> <li>▪ Addresses cross cultural differences and discusses them with some apparent discomfort or defensiveness.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Discusses cross cultural differences in depth, with little or no defensiveness.</li> <li>▪ Verbalizes a comprehensive understanding of diversity and demonstrate advocacy for underrepresented groups in the counseling profession and in clinical/educational settings</li> </ul>
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Comments: \_\_\_\_\_  
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Additional comments, strengths, concerns.  
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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. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

**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. \_\_\_\_\_

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2. \_\_\_\_\_

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3. \_\_\_\_\_

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4. \_\_\_\_\_

\_\_\_\_\_

Student signature \_\_\_\_\_

date \_\_\_\_\_

Faculty member

signature \_\_\_\_\_ date \_\_\_\_\_

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**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 2022, 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.

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Signature

Date