

Program Handbook

Ed.S. in Marriage and Family Therapy

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ED.S. PROGRAM IN MARRIAGE AND FAMILY THERAPY

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HOW TO USE THIS HANDBOOK

This Handbook is intended to provide information regarding procedures and requirements for pre-practicum, practicum and internship placements for the Ed.S. program in Marriage and Family Therapy. It includes the forms needed to apply for and document hours of placement. Introductory letters to placements, sample contracts, and evaluation forms for supervision are also provided. The handbook should be used in conjunction with advisement from the clinical coordinator to plan placements. The student should provide a copy of this handbook to their field supervisor and/or training director.

MULTICULTURAL COMMITMENT

The Marriage and Family Therapy (MFT) program is committed to training multiculturally sensitive and multiculturally competent professionals. Creating such sensitivity and competence mandates attention to the cultural diversity of our student body and faculty, the practicum/internship experiences, the composition of course syllabi and lectures, and our professional–seminar content. As Seton Hall University’s (SHU’s) mission statement highlights, “The University is committed to bringing together many people of different races, cultures, and ethnic backgrounds into a community which is tolerant, respectful, and supportive.”

OUTCOMES (PROGRAM, STUDENT, FACULTY)

Self-Study

Outcomes (September 11 2012)

Program Outcomes

1. The program will have a record of graduates from the Ed.S. in Marriage and Family Therapy that have fulfilled all of the academic and clinical requirements for the degree.
2. The program will have active relationships with clinical sites that provide opportunities for learning professional and clinical skills under appropriate supervision.
3. The program will be supported with qualified supervisors, who train and evaluate students, and share feedback about student progress and needs with the program faculty on a regular basis.
4. The program will demonstrate learning environments that support diversity in students enrolled, curriculum, and classroom experiences.
5. The program will be supported by University resources and backing necessary for the fulfillment of all the academic and clinical requirements of the Ed.S degree in Marriage and Family Therapy.

Student Outcomes

1. Students will demonstrate an ability to articulate and apply their modes of systemic change.
2. Students will demonstrate clinical competence and ethical understanding.
3. Students will incorporate processes of diversity in their theoretical framework and clinical practice.

4. Students will apply knowledge of individual, family, and systems development.
5. Students will display and express awareness of self and others in classes and in relationships with peers, clients, faculty, and supervisors.

Faculty Outcomes

1. Program faculty will establish and sustain professional identity as a Marriage and Family Therapist.
2. Program faculty will have comprehensive and up-to-date knowledge of best practices in Marriage and Family Therapy.
3. Program faculty will display competence and social consciousness as a Marriage and Family Therapy professional.

MFT Program Core Competencies

Selected from AAMFT Core Competencies, 2004

Domain 1: Admission to Treatment

Number	Subdomain	Competence
1.1.1	Conceptual	Understand systems concepts, theories, and techniques that are foundational to the practice of marriage and family therapy.
1.1.2	Conceptual	Understand theories and techniques of individual, marital, couple, family, and Group psychotherapy.
1.1.3	Conceptual	Understand the risks and benefits of individual, marital, couple, family, and group psychotherapy.
1.2.2	Perceptual	Consider health status, mental status, other therapy, and other systems involved in the clients' lives (e.g., courts, social services).
1.2.3	Perceptual	Recognize issues that might suggest referral for specialized evaluation, assessment, or care.
1.3.1	Executive	Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.2	Executive	Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extrafamilial resources).
1.3.3	Executive	Facilitate therapeutic involvement of all necessary participants in treatment.
1.3.4	Executive	Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.
1.3.5	Executive	Obtain consent to treatment from all responsible persons.
1.3.6	Executive	Establish and maintain appropriate and productive therapeutic alliances with the clients.
1.3.7	Executive	Solicit and use client feedback throughout the therapeutic process.
1.3.8	Executive	Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients' care, and payers.
1.3.9	Executive	Manage session interactions with individuals, couples, families, and groups.
1.5.1	Professional	Understand the legal requirements and limitations for working with vulnerable

populations (e.g., minors).

Domain 2: Clinical Assessment and Diagnosis

- 2.1.1 Conceptual Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development and processes (e.g., family, relational, and system dynamics).
- 2.1.2 Conceptual Understand the major behavioral health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.
- 2.1.3 Conceptual Understand the clinical needs and implications of persons with comorbid disorders (e.g., substance abuse and mental health; heart disease and depression).
- 2.1.4 Conceptual Comprehend individual, marital, couple and family assessment instruments appropriate to presenting problem, practice setting, and cultural context
- 2.1.5 Conceptual Understand the current models for assessment and diagnosis of mental health disorders, substance use disorders, and relational functioning.
- 2.2.1 Perceptual Assess each clients' engagement in the change process.
- 2.2.2 Perceptual Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.
- 2.2.3 Perceptual Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.
- 2.2.4 Perceptual Consider the influence of treatment on extra-therapeutic relationships.
- 2.2.5 Perceptual Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.
- 2.3.1 Executive Diagnose and assess client behavioral and relational health problems systemically and contextually.
- 2.3.2 Executive Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.
- 2.3.3 Executive Apply effective and systemic interviewing techniques and strategies.
- 2.3.5 Executive Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
- 2.3.6 Executive Assess family history and dynamics using a genogram or other assessment instruments.
- 2.3.7 Executive Elicit a relevant and accurate biopsychosocial history to understand the context of the clients' problems.
- 2.3.8 Executive Identify clients' strengths, resilience, and resources.
- 2.3.9 Executive Elucidate presenting problem from the perspective of each member of the therapeutic system.
- 2.4.2 Evaluative Assess ability to view issues and therapeutic processes systemically.
- 2.4.3 Evaluative Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.
- 2.4.4 Evaluative Assess the therapist-client agreement of therapeutic goals and diagnosis.

2.5.1 Professional Utilize consultation and supervision effectively.

Domain 3: Treatment Planning and Case Management

- 3.1.1 Perceptual Know which models, modalities, and/or techniques are most effective for presenting problems.
- 3.1.2 Perceptual Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.
- 3.1.3 Perceptual Understand the effects that psychotropic and other medications have on clients and the treatment process.
- 3.1.4 Perceptual Understand recovery-oriented behavioral health services (e.g., self-help groups, 12-step)
- 3.2.1 Perceptual Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.
- 3.3.1 Executive Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
- 3.3.2 Executive Prioritize treatment goals.
- 3.3.3 Executive Develop a clear plan of how sessions will be conducted.
- 3.3.4 Executive Structure treatment to meet clients' needs and to facilitate systemic change.
- 3.3.5 Executive Manage progression of therapy toward treatment goals.
- 3.3.6 Executive Manage risks, crises, and emergencies.
- 3.3.7 Executive Work collaboratively with other stakeholders, including family members, other significant persons, and professionals not present.
- 3.3.8 Executive Assist clients in obtaining needed care while navigating complex systems of care.
- 3.3.9 Executive Develop termination and aftercare plans.
- 3.4.1 Evaluative Evaluate progress of sessions toward treatment goals.
- 3.4.3 Evaluative Evaluate level of risks, management of risks, crises, and emergencies.
- 3.4.4 Evaluative Assess session process for compliance with policies and procedures of practice setting.
- 3.4.5 Professional Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
- 3.5.1 Professional Advocate with clients in obtaining quality care, appropriate resources, and services in their community.
- 3.5.3 Professional Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
- 3.5.4 Professional Utilize time management skills in therapy sessions and other professional meetings.

Domain 4: Therapeutic Interventions

- 4.1.1 Conceptual Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies and culturally sensitive approaches.
- 4.2.1 Perceptual Recognize how different techniques may impact the treatment process.
- 4.2.2 Perceptual Distinguish differences between content and process issues, their role in therapy,

- And their potential impact on therapeutic outcomes.
- 4.3.2 Executive Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
 - 4.3.3 Executive Reframe problems and recursive interaction patterns.
 - 4.3.4 Executive Generate relational questions and reflexive comments in the therapy room.
 - 4.3.6 Executive Facilitate clients developing and integrating solutions to problems.
 - 4.3.8 Executive Empower clients and their relational systems to establish effective relationships with each other and larger systems.
 - 4.3.10 Executive Modify interventions that are not working to better fit treatment goals.
 - 4.3.11 Executive Move to constructive termination when treatment goals have been accomplished.
 - 4.3.12 Executive Integrate supervisor/team communications into treatment.
 - 4.4.1 Evaluative Evaluate interventions for consistency, congruency with model of therapy and theory of change, cultural and contextual relevance, and goals of the treatment plan.
 - 4.4.4 Evaluative Evaluate clients' reactions or responses to interventions.
 - 4.4.6 Evaluative Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation, cultural context) and their impact on effective intervention and clinical outcomes.
 - 4.5.1 Professional Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
 - 4.5.2 Professional Set appropriate boundaries, manage issues of triangulation, and develop collaborative working relationships.
 - 4.5.3 Professional Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients' context and dynamics.

Domain 5: Legal Issues, Ethics, and Standards

- 5.1.2 Conceptual Know professional ethics and standards of practice that apply to the practice of Marriage and family therapy.
- 5.1.4 Conceptual Understand the process of making an ethical decision.
- 5.2.1 Perceptual Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
- 5.2.2 Perceptual Recognize ethical dilemmas in practice setting.
- 5.2.4 Perceptual Recognize when clinical supervision or consultation is necessary.
- 5.3.1 Executive Monitor issues related to ethics, laws, regulations, and professional standards.
- 5.3.3 Executive Inform clients and legal guardian of limitations to confidentiality and parameters Of mandatory reporting.
- 5.3.4 Executive Develop safety plans for clients who present with potential self-harm, suicide, abuse, or violence.
- 5.3.5 Executive Take appropriate action when ethical and legal dilemmas emerge.
- 5.3.6 Executive Report information to appropriate authorities as required by law.
- 5.3.7 Executive Practice within defined scope of practice and competence.

- 5.3.8 Executive Obtain knowledge of advances and theory regarding effective clinical practice.
 - 5.4.2 Evaluative Monitor attitudes, personal well-being, personal issues, and personal problems to ensure they do not impact the therapy process adversely or create vulnerability for misconduct.
 - 5.5.1 Professional Maintain client records with timely and accurate notes.
- Domain 6: Research and Program Evaluation
- 6.2.1 Perceptual Recognize opportunities for therapists and clients to participate in clinical research.
 - 6.3.1 Executive Read current MFT and other professional literature.
 - 6.3.2 Executive Use current MFT and other research to inform clinical practice.

Transfer Credits

The department policy on transfer credits is as follows:

- A minimum of 30 graduate credits toward the M.A. degree in Psychological Studies, regardless of the student's concentration area, must be earned at Seton Hall.
- A minimum of 39 graduate credits toward a combined M.A./Ed.S. and MS degrees must be earned at Seton Hall.
- A minimum of 39 graduate credits toward the M.A. degree in Counseling (Seton Worldwide) and M.A. degree in School Counseling must be earned at Seton Hall.
- A minimum of 21 graduate credits toward an Ed.S. degree must be earned at Seton Hall.
- A minimum of 45 graduate credits toward the Ph.D. degree must be earned at Seton Hall.

For transfer credit to be considered, a student must have received a grade of B or better in the particular course, and the course must be equivalent in subject matter, scope, depth, and level to a particular course offered in the degree program at Seton Hall. Only those courses which contribute directly, significantly, and substantially to the sound preparation of mental health professionals can be considered. All courses must have been taken within the last 5 years and students must provide documentation from that course following admission but preceding first enrollment (e.g. course syllabus, course text). If there is a significant update or change in professional standards within those five years, then the student will need to demonstrate competence (e.g., read a current text in ethics or complete a refresher course with the latest revision of a psychological instrument).

The applicability of previously earned graduate credits to a program is determined by the respective program director, whose written signature is required before any credit can be accepted as part of a student's program. If your decision to enroll in a program is based upon a certain number of transfer credits being approved, be sure to have such courses evaluated in advance of enrollment.

The University requires that students complete all requirements for the Ph.D. degree within eight years of the date of admission, six years for the M.A., M.S., and Ed.S. degrees.

Prerequisites (Social Psychology and Biological Bases of behavior) are the only eligible courses to have been completed on the undergraduate level.

Procedure: Students who wish to apply transfer credits should complete the form available in Appendix B that requests the equivalent prerequisite course number and title, the semester and year in which the course was completed, the name of the institution, grade obtained and number of credits. This form must be submitted and approved before completing 48 of the 60 required credits. Catalogue course descriptions, course syllabi, and graduate transcripts are to be attached by the student. Approval of equivalent prerequisite courses are assessed by the Program Director and advisor by reviewing the course descriptions, course syllabi, and graduate transcripts for each course as provided by the student to determine that the relevant content was covered in each SHU course equivalent. If there is uncertainty about course equivalence, then the advisor refers the matter to appropriate departmental faculty who then review the materials and make a final determination. Students who have not completed all prerequisite courses as part of their Master's degree or other previous graduate coursework may take those courses as a part of the program at SHU, or another institution after approval of syllabus by Program Director.

STUDENT READINESS FOR CLINICAL PLACEMENT

Ed.S. students can begin their clinical experience upon meeting one of the following two conditions.

A. Current Clinical Experience

If a student is clinically active at the time of admission, they can fulfill the following criteria to begin clinical work.

- 1) Achieving grades of B and higher in all classes in the first twenty four credits.
- 2) No academic remediation
- 3) One of their recommendations is from their current supervisor or they submit a letter from their supervisor attesting to their basic counseling skills

B. Clinical Experience Was More Than 4 Months Prior To The Date Of Letter Of Acceptance

If the student is not actively clinically at the time of admission but has earlier experiences (more than 4 months prior to date of acceptance letter, he or she can follow the process below.

1. Achieving grades of B and higher in all classes in the first twenty four credits.
2. At the end of the first twenty four credits, submit the self-evaluation
3. Meet with faculty to discuss the student's readiness.

DESCRIPTION OF PRE-PRACTICUM IN MARRIAGE AND FAMILY THERAPY

Students accepted into the Ed.S./MFT program may be required initially to be involved in a pre-practicum that involves a wide range of clinical experiences such as, but are not limited to observing and conducting intakes, observing and providing on-going therapy sessions, running psycho-educational groups and interacting with individual clients of all ages when possible. Supervision for these students would entail having an on-site professional to oversee the student's work and address their

questions/concerns. The supervisor is also required to provide the student with a letter, verifying the type of clinical experience obtained and the total work hours accumulated, at the end of the student's experience at the site. As part of the pre-practicum, students are recommended to work a minimum of 8 hours per week at a training site. Students who enter the program with significant experience and are deemed ready to work with couples and families can enter directly into the practicum level of experience.

Forms and documentation required for the pre-practicum are included in the appendices of this Handbook.

DESCRIPTION OF PRACTICUM/INTERNSHIP IN MARRIAGE AND FAMILY THERAPY

Placement of Ed.S. students is made with attention to AAMFT Criteria for Accreditation of Training Programs in Marriage and Family Therapy, as well as New Jersey Licensing requirements in Marriage and Family Therapy.

The practicum and internship are supervised experiences where the trainee is involved in clinical work with couples and families while under the direction of a professional in marriage and family therapy. Specifically, the supervisor may be a doctoral/master's level clinician with MFT licensure or training (master's level licensed marriage and family therapist). Supervision by AAMFT approved supervisors or a supervisor-in-training is required or the equivalent.

During the practicum and internship the work of the trainee will be reviewed by the supervisor in face-to-face individual meetings throughout the course of the placement. The final responsibility for client welfare rests with the supervisor. Supervisors must verify the dates during which the trainee was under supervision, the work undertaken by the trainee, and the proficiency of the trainee in the placement setting.

Practicum and internship placements may be in a variety of settings including hospitals, clinics, and guidance centers, but must take place at a bona fide community agency as per state law. Faculty in the Marriage and Family Therapy Program is establishing relationships with many settings throughout the area and will provide students with a list of those settings as possible contacts.

Students apply and are placed in practica and internship settings following completion of core coursework in marriage and family therapy. The core series of courses includes Couple and Family Dynamics: A Systemic Approach, Seminar in Systemic Therapies, Couple and Family Systems Techniques 1 & 2, and Foundations of Assessment in MFT. In addition, students will have engaged in coursework in the areas of psychopathology, human development, human sexuality, and ethical and legal issues.

For both practica and internships, the students develop an agreement with their placement site describing the proposed training. Practica and internship supervisors must provide documentation indicating their qualifying degree and adherence to licensure and certification standards. Practica and internship supervisors and students develop a contract stating the proposed training opportunities and responsibilities for the year (see appendix H). Field supervisors are expected to provide evaluations to the university practicum/internship instructor or clinical coordinator at the end of each semester. Students must also keep logs documenting client contact hours and supervision hours completed during the placement (see appendix I).

Practicum and internship students will meet weekly with other students and the practicum/internship instructor on campus. The meetings are intended to monitor progress at the placement site, provide case consultations, further advance the application of theoretical perspectives, and discuss ethical and legal issues. Video/audio recording of clinical work for case consults is required. Internship students will be required at the end of the internship year to submit a written case study and a short video segment that is representative of their work with that case. They will have an oral exam with program faculty on the submitted case study.

Forms and documentation required for the practicum and internship are included in the appendices of this Handbook.

CRITERIA FOR CLINICAL INVOLVEMENT

A. Criteria for Entering into Ed.S. Marriage and Family Program

1. Demonstrate adequate interpersonal skills and willingness to work with persons from a range of developmental levels and diverse backgrounds.
2. Willingness to commit to involvement in therapy setting with families under supervision throughout the course of the program.
3. Must have proof of three years of therapy experience
4. Positive letter of recommendation from a therapy supervisor.

B. Criteria for Entering Pre-Practicum Experience

1. Acceptance into the program.
2. Completion of the remediation contract by signing front page of Policy on the Retention and Remediation of Students in M.S. and Ed.S. Marriage and Family Therapy Programs, which remains in effect throughout the course of pursuing the degree.
3. Pre-practicum contract.

C. Criteria for Entering Practicum Experience

1. Completion of required specialty courses in Marriage and Family Therapy.
2. Demonstration of knowledge and competency in the application of family therapy theory and techniques as demonstrated in the Couple and Family Systems Techniques I and Couple and Family Systems Techniques II.
3. Evaluations, with no less than ratings of 3, from pre-practicum supervisor regarding clinical and interpersonal performance and conduct.

D. Criteria for Entering Internship Experience

1. Successful completion of the Practicum course. This includes the demonstration of competency in presenting cases, developing theoretically-based interventions, appropriate application of marriage and family therapy techniques and evidence of adherence to ethical standards of practice.
2. Favorable evaluation from practicum on-site supervisor.

NOTE: NO TRAINING MAY BEGIN WITHOUT THE CONTRACT BEING SIGNED BY ALL PARTIES AT THE SITE AND BROUGHT TO THE CLINICAL COORDINATOR. CLINICAL READINESS WILL BE ASSESSED BY OBSERVATION, CLASSWORK, AND SUPERVISORY REPORTS THROUGHOUT THE PROGRAM FROM THE INITIAL INTERVIEW THROUGH GRADUATION.

PRACTICE COMPETENCIES TO BE DEVELOPED

The practicum and internship are intended to be supervised experiences that allow for the development and refinement of systems interventions in the treatment of couples and families. They are opportunities to integrate a working knowledge of the major theoretical perspectives in marriage and family therapy with actual treatment of couples and families. Practica and internship placements should also foster the development in trainees of a theoretically, technically, ethically and personally coherent approach to the practice of family therapy.

Specific competencies to be developed by students during the practica and internship include:

- a. **Application of Systemic Perspectives.** Includes applying working knowledge of major theoretical perspectives, developing and refining own theoretical model, and gaining knowledge regarding specific issues in the treatment of couples and families.
- b. **Assessment.** Selecting and applying various assessment methods such as genograms, structural family maps, and assessment of lifecycle stages. Applying an understanding of such factors as social context, culture, and gender to family assessment. Development of appropriate treatment plans using a systemic perspective.
- c. **Interventions.** Selection of appropriate techniques in working with couples and families. Obtaining an understanding of different phases of treatment. Refining and advancing understanding of therapist factors and use of self in clinical work.
- d. **Interpersonal Skills.** Development of interviewing skills, rapport building, appropriate interaction with cross-cultural and gender contexts and across socio-economic levels and life experiences.
- e. **Professional Development.** Develop therapeutic competence, sensitivity to diversity, and appreciation of ethical issues and standards required to proceed to professional clinical practice in marriage and family therapy. Developing affiliations with relevant professional organizations. Conduct oneself in an ethical, appropriate, and respectful manner within the clinical as well as class setting.

DESCRIPTION OF ACTIVITIES AT CLINICAL SITES

ACTIVITIES INCLUDED IN THE 500 HOURS TOWARDS LICENSURE

Students will be involved in several activities within their clinical practicum and internships. Of the 500 hours, students are required to have at least 250 hours with couples or families. Description of the different activities are provided below.

Individual Therapy: This refers to a face-to-face counseling session with one single individual in a therapeutic context. This refers to a diagnostic intake, an ongoing session, or a testing assessment session.

Family Therapy: This refers to working face-to-face with a) any subsystem of the family in a therapeutic context (for example, parent-child dyad, grandparent-grandchild dyad) or the whole family. This could be an intake or an ongoing session; b) working with a teacher and child, addressing therapeutic issue; c) working with a member of a social service agency (e.g., DYFS) and family member(s).

Couples Therapy: This refers to working face-to-face with partners in significant intimate relationships with a therapeutic focus.

Group Therapy: This refers to a) working with individuals around a thematic issue (e.g., trauma); b) working with families within this modality; c) workshops such as parenting groups with a therapeutic focus (for example, this would need to include parents in skills development through role-plays).

Co-therapy: This refers to working conjointly with another therapist/supervisor in session with (a) client(s).

Psychoeducational Workshops/Trainings/Groups: This refers to the therapist giving a psychoeducational presentation to a group of clients.

Video/Audio Recording: this refers to the use of a video/audio recording of sessions for use in supervision. In transporting video/audio files from the clinical site to the supervisor's office or to school, care should be taken that there is no identifying information written on the files. All efforts should be made to maintain confidentiality and security of the files. Files should be erased after use. There may be instances when files need to be kept for a period of time (e.g., Final Case Study presentation). In the event that this occurs, efforts need to be made to keep the files in a secure place at the clinical site.

Supervision: (100 hours) Students will meet one hour for every 5 clients seen, with their supervisors who oversee their clinical work. Supervision cannot be in only one modality. Students must have some group and some individual supervision. This supervision will need to occur face-to-face. Fifty (50) of these supervision hours need to include the use of video/audio files or live observation as a modality of receiving supervision. Twenty-five (25) of the 100 hours should be in either live or video supervision modality.

(AAMFT regulation as of 2001). Students may receive different types of supervision:

- a. Individual supervision—here the supervisor can meet up to 2 students at a time (weekly).
- b. Group supervision—here the supervisor can meet anywhere from 3–6 students at a time (bimonthly).

- c. Live supervision—here the supervisor may either observe the supervisee through a one-way mirror or sit in on a session but not participate.
- d. Audio/video supervision—this refers to supervisees using either an audio or video file in the supervision session. Whether a supervisee uses one or more video/audio files in one supervision session, it is counted as only one hour of audio/video supervision. However, all students present in such a supervision session may count it as audio/video supervision for themselves.

OTHER ACTIVITIES NOT COUNTED IN THE 500 HOURS, BUT COUNTED TOWARDS LICENSURE:

Case management: This refers to interactions (could be face-to-face, telephone, or written) with other support systems relevant to clients. For example, calls or interactions with psychiatrists, other mental health professionals, or social service agencies in the service of advocacy for the client.

Record keeping: This refers to progress notes and other documentations that are kept in the service of client care.

Other activities as assigned by the supervisor: Attendance to staff meetings, trainings, and other learning opportunities.

OTHER ACTIVITIES THAT ARE NOT COUNTED TOWARDS THE 500 HOURS FOR LICENSURE:

Practicum/Internship classes at SHU: Here students present cases and receive case consultation from their SHU instructor.

STEPS IN PRACTICUM PLACEMENT

Satisfactory completion of the following requirements:

1. Students must become AAMFT members and have individual student malpractice insurance.
2. Before any form of clinical training can begin in the program, the retention and remediation contract must be read and signed. (To be signed at acceptance into program.)
3. Complete coursework in marriage and family therapy specialty sequence. This includes Couple and Family Dynamics: A Systemic Approach (6601).
4. Meet with clinical coordinator to look at and discuss the list of possible clinical placements. Obtain approval of placement setting from clinical coordinator. Interview with clinical site supervisor. Obtain placement by the start of the fall semester to continue into the spring semester in coordination with the practicum seminar.
5. Obtain letter of confirmation from field supervisor at the end of placement verifying number of hours completed and evaluation of student performance.

Students must insure that the clinical coordinator receives all documentation of practicum training. This includes: Contract from Field Supervisor, Supervisee Evaluation Form, Site Evaluation Form, and Verification Form (Form C) documenting the number of hours completed at the site.

Practicum at Place of Employment

Practica experiences at place of employment are not usually encouraged because practica placements have a specific purpose of expanding breadth of experience and of providing specialized training in marriage and family therapy under supervision of qualified professionals. Such placements will be considered if appropriate supervision is provided and if the student is considered a trainee for the specific practicum activities.

STEPS IN INTERNSHIP PLACEMENT

Requirements: Satisfactory completion of 500 hours of clinical contact with families or couples at the end of internship. A minimum of 50% of the hours must come from therapy with couples and families treated from a systems perspective.

1. Complete coursework in marriage and family therapy specialty sequence. This includes Couple and Family Dynamics: A Systemic Approach (6601), Advanced Seminar in Systematic Therapies (7620), Couple and Family Systems Techniques I (7621), and Couple and Family Systems Techniques II (7622), and Foundations of Assessment and Interventions in Systems CPSY (8801). **(Verification of clinical hours and a completed Supervisee Evaluation Form to the university internship instructor or the clinical coordinator are requirements for these courses.)**
2. Satisfactory evaluations by site supervisors during practicum as evidenced by ratings of 3 or more on all items and verbal report by supervisor to clinical coordinator.
3. Register for Internship in Marriage and Family Therapy (CPSY 9880, 9881).

4. Ensure that student malpractice insurance is current.
6. Maintain record documenting number of hours of client contact and supervision obtained during the internship.
7. Obtain letter of confirmation from field supervisor at the end of placement verifying number of hours completed and evaluation of student performance. The letter should be a total of all hours completed during the program from pre-practicum through graduation on the same letterhead submitted each semester.
8. Students must insure that the internship coordinator receives all documentation of internship training. This includes: Internship Contract, Supervisee Evaluation Form, Site Evaluation Form, and Verification Form (Form C) documenting the number of hours completed at the site.

*****Internship at Place of Employment*****

Internship experiences at place of employment are not normally permitted because internship placements have a specific purpose of expanding breadth of experience and of providing specialized training in marriage and family therapy under supervision of qualified professionals. In an exceptional case, a work setting may be approved. Approval must be obtained prior to placement and is at the discretion of program faculty. Such placements will only be considered if the proposed placement is in a different department or facility, if appropriate supervision is provided, and if the student is considered a trainee for the specific practicum activities.

Request for a Second Site

Typically each student will be placed at one clinical site for his/her practicum/internship. Students will need to meet with the clinical coordinator for an initial meeting to explore appropriateness of a clinical site. Through this meeting, students will be provided information on 1-2 sites. Students will be interviewed by the supervisors before being selected for a particular site. Practicum and internship students will have the option of a second site. In extenuating circumstances, a student may make a request for a second site. **This request has to go through the Clinical Coordinator of the Marriage and Family Program.** For example, the request for a second site may occur in the event that students feel they are not getting sufficient hours at a particular site. In order to request a second site, sufficient evidence needs to be provided by the student regarding this deficiency. This includes providing information related to but is not limited to the following: number of hours student has spent on a weekly basis at the site, the times that the student is available at the site, efforts student has made in initiating his/her difficulties with the supervisor, the efforts that the supervisor has made in assisting student with meeting the requirements of the program.

At times the student may be aware of a site not in the current network. In these cases, the students will first discuss with the clinical coordinator both the desire for a second site, and the possibility of discovering a new one. During the entire process, the student will coordinate any search or decision making with the clinical coordinator. **Until the site is approved, students may not initiate the internship/practicum at this site.**

In the event that the student identifies a secondary site, it is imperative that the student provides the clinical coordinator with information about the “prospective site” in the form of brochures and phone number of potential supervisors. In addition, the student will be required to find out the availability of a Licensed Marriage and Family Therapist (LMFT) to supervise students. Additionally, if the LMFT is not an AAMFT-Approved Supervisor, the student will need to assess the interest of the supervisor in obtaining such training and provide the clinical coordinator with the phone number of the “prospective supervisor.” Furthermore, if an AAMFT-Approved Supervisor unaffiliated to an agency wishes to supervise a student at this agency, the agency will need to provide a statement in writing that “the agency is providing the said supervisor an official standing in the agency as the student’s supervisor.” Until this paperwork is finalized, the student may not start the practicum/internship. **The clinical coordinator will make final approval of all sites after making sure that the site meets the university requirements previously stated in the handbook.**

Steps for Internship After Completion of CPSY 9880 & 9881

Student must receive a favorable evaluation from their AAMFT-Approved Supervisor and must not be involved in any retention and remediation procedures.

A request for an extension of the internship experience must be presented by the AAMFT-Approved Supervisor on behalf of the student. The supervisor must indicate the reason for the student needing an extension (e.g., agency experienced a lack of cases, student competency, and student’s time constraints). A letter of request for an extension needs to be prepared each semester after the initial completion of CPSY 9881.

Once university faculty grants the student the extension, the student must register for either a 1 or 3 credit internship course in the fall based on the supervisor’s evaluation and letter. Students that register for a 1 credit course will need to complete their clinical hours by the end of the fall semester. In the event that the required hours have not been completed, the student will register for a 3 credit internship course in the spring. The same applies for the students who register for a 3 credit internship course in the fall. This policy will apply to students enrolling in the above courses.

UNIVERSITY FACULTY RESPONSIBILITIES

1. Assure that student is academically prepared and meets the requirements for practicum/internship placement.
2. Assure that placement is appropriate for program goals and student needs.
3. Maintain contact with field supervisor through telephone contact or visits to monitor student progress and receive evaluations.
4. Conduct weekly course seminars with students.
5. The ultimate responsibility for judging the suitability of the placement and the student's performance rests with the university faculty.
6. Ensure that all clinical paperwork and forms are completed as needed.

THE STUDENT'S RESPONSIBILITIES

1. Become an AAMFT member prior to starting practicum.
2. Obtain student liability insurance.
3. Obtain contract from placement setting and follow terms of the contract.
4. Complete all appropriate paperwork and forms.
5. Attend all student meetings required by the program.
6. Ensure that Clinical Hours (Form C) and Supervisee Evaluation Form are submitted to the clinical coordinator at the end of each semester.
7. At the end of the placement, provide Verification Form to the clinical coordinator.
8. Participate in actively evaluating the placement site. At the end of the placement, fill out a Practicum/Internship Site Evaluation Form.
9. Conduct him/herself in a professional and ethical manner with supervisors, staff, and clients as was committed to in initially signing the Policy on the Retention and Remediation of Students in M.S. and Ed.S. Marriage and Family Therapy Programs.

ETHICAL CONSIDERATIONS

Ethical consideration and aspects related to confidentiality are potentially applicable to professional and scientific activities of all Marriage and Family Therapy trainee and professionals.

Ethical Considerations:

- a. As part of informed consent, trainees will represent themselves accurately and inform all clients of their student trainee status.

- b. Students are expected to discuss any questions that they have about possible ethical conflicts with both the on-site supervisor and the on-campus practicum/internship instructor prior to engaging in any activity that might be construed as a compromise of ethics.
- c. In the event that services are interrupted (illness, leave of absence, vacations), trainees will take reasonable precautions in considering client welfare and facilitate client care in their absence.
- d. In terminating professional relationships, trainees will take appropriate steps by providing pre-termination counseling, facilitating transfer to another provider, offer alternative services, and terminating when it becomes reasonably clear that the client(s) no longer needs services.
- e. Trainees will not engage in sexual relations with their client(s).
- f. According to licensing laws, unlicensed persons/trainees may not set or collect fees for services rendered.

Confidentiality Considerations:

- a. Discussion of confidentiality occurs at the onset of the relationship and thereafter as new circumstances may warrant it.
- b. Relevant limitations of confidentiality, including limitations where applicable in group, marital, and family therapy or organizational consultation need to be discussed with persons and organizations with whom a professional relationship is established.
- c. Reasonable precautions related to respecting the confidentiality rights of those with whom one works or consults need to be undertaken.
- d. Written permission for electronic recording of interviews should be secured from all client(s) and from client's parent/guardian if the client is under 18 at the onset of the relationship.
- e. In case of use of audio/video files for supervision, the client(s) must be informed that the file will be reviewed for purposes of supervision by other people in the school and onsite, and consent must be secured.
- f. Disclosure of confidential information to other sources may not occur without consent of the client(s).
- g. In order to minimize intrusions on privacy, written and oral reports should only contain information germane to the purpose for which communication is made.
- h. Appropriate confidentiality should be maintained in creating, storing, accessing, transferring, and disposing of records under the control of a clinician.
- i. Records may not be withheld for nonpayment of fees.

CONFIDENTIALITY AND TRANSPORTING OF DIGITAL FILES

The internship site provides appropriate facilities for the intern, insuring that the intern has requisite office space and file storage space to meet the client needs and fulfill ethical responsibilities regarding confidentiality issues, including transportation and storage of video. Since our students are at multiple sites, we defer to the sites' policies on confidentiality. We expect all sites to have policies regarding such issues.

All audio/video files will be transported to the location of group or individual supervision in a way that the client's identity will not be revealed, e.g., name of client will not appear on the face of the digital file. Files will be stored in an enclosed container (e.g., briefcase, purse) and will always remain in the possession of the supervisee(s) who appear on the recording. Files will be erased upon completion of supervision.

THE FIELD SUPERVISOR'S RESPONSIBILITIES

1. Provide documentation of appropriate supervisory credentials (Meet AAMFT as well as NJ State Licensing Requirements).
2. Orientation: Orient student to agency philosophy, policy, procedures, administration, and other relevant aspects of the practicum placement.
3. Learning Environment: Provide student trainees with a diverse set of learning experiences (e.g., assignment of specific cases, training opportunities, attending staff meetings and other relevant clinical experiences).
4. Clinical Skills: Develop the student's skill in clinical areas related to assessment, therapy, and relevant record keeping.
5. Audio/Video Recording Supervision: Facilitate video recording of sessions to be used in supervision.
6. Supervision:
 - a. 100 hours of supervision are required per AAMFT regulations for a total of 500 hours of client contact.
 - b. Supervision should occur on a weekly basis.
 - c. Supervision may be conducted within the realm of several modalities:
 - i. Individual Supervision: According to AAMFT regulations this may involve 1-2 students in face-to-face supervision at least once every other week.
 - ii. Individual supervision should involve a 5(clients): 1(supervision) ratio.
 - iii. Emergency Supervision: Establish procedure for student to obtain additional or emergency supervision if needed.
 - iv. Coverage in the absence of supervisor: If supervisor will not be available, provide for supervisory coverage.
 - v. Telephone supervision: May be provided only in the event of crises or emergencies on an as needed basis. Telephone supervision should not be a regular practice.
 - vi. Group supervision: According to AAMFT regulations this involves 3-6 students in face-to-face supervision. This may occur every other week. Some hours are required.
 - vii. Fifty (50) of the 100 hours should be allotted to video or live supervision.
 - viii. Video recording or live supervision: According to AAMFT regulations, supervisors are required to either observe video recording or conduct live supervision 25 percent of the 100 hours of supervision.
 - ix. Counting hours of video recorded supervision: Irrespective of the number of audio/video recordings viewed within a supervision session, it is considered as one hour of audio/video recorded supervision. Irrespective of which student brings an audio/video recording, all students present during supervision can count it as audio/video supervision.
7. Evaluate students' progress through observation, supervision, and evaluation reports to the university.
8. Document number of hours student has completed in direct service, supervision, and other related activities. This should be provided on letterhead and should include a breakdown of hours based on

modality of treatment (e.g., individual, family) and modality of supervision (e.g., live, audio, case report). Please refer to the sample letter in Appendix J.

9. Maintain contact with university clinical coordinator and advise clinical coordinator of any problems or concerns as they arise.
10. Provide professional role modeling as a marriage and family therapist and encourage the professional development of the student.

ADMINISTRATOR'S RESPONSIBILITY

In the event that an AAMFT Approved Supervisor has obtained official standing at a clinical site and supervision is held off-site, administrators must clarify the roles of both the on and off-site supervisors. Clarity will be addressed regarding who the on-site supervisor is, who will address administrative questions, who signs off on progress notes and letters, and the contact person(s) in crisis situations. The concerns will be addressed clearly in writing and will be distributed to all the parties involved (e.g., administrator, AAMFT-Approved Supervisor, student, clinical coordinator). Administrators will make sure that there is a supervisor or senior staff member on site during the hours that the student is clinically involved.

TIME OFF DURING PRE-PRACTICUM/PRACTICUM/INTERNSHIP

For their pre-practicum, students are required to work at their clinical placements during the regular academic calendar (fall and spring semesters). Their pre-practicum ends at the end of the spring semester in May.

For their Practicum/Internship, students are required to work at their clinical placements during the agency's calendar year. This may include working during Christmas, spring and summer breaks.

Students are required to be at the agency even on days when school may be closed.

During winter/spring/summer breaks, you may negotiate time off with your site supervisor while keeping client welfare in mind. In the event you request time off during these periods, you will need to discuss this with your supervisor well ahead of time. You must give enough notice and discuss client care (e.g., handling of client emergencies, clients who may be at risk and need continued care) during this period with your supervisor. In the event that you take more than a reasonable time off (e.g., 1-2 weeks), you will need to discuss this with your site supervisor as well as the clinical coordinator of the Marriage and Family Program at Seton Hall University.

Sick days: If you are unable to be present at your site due to sickness, you need to notify your supervisor immediately.

Any misuse of time will be handled based on agency policy. Misuse may include but is not limited to the following issues: taking too many sick days, not reporting to your clinical site on time, not seeing your clients on time, or running late in sessions. In the event that you miss a lot of time from work, you may be required to make up these hours by putting in additional hours toward your practicum/internship. If these issues are recurring, a meeting with yourself, the clinical coordinator and site supervisor may be called for. Under all circumstances you need to successfully fulfill all clinical training requirements of the program.

Leave of absence from Clinical Training

Students in the Marriage and Family Therapy program are required to be engaged in clinical training each semester. However, if you are unable to do so at a particular time in your program, you may request a leave of absence. In order to take a leave of absence from your clinical training, it is important that you follow the necessary protocol delineated below:

1. Discuss your intention with your clinical site supervisor as well as the clinical coordinator at SHU. This needs to be done immediately upon making this decision since it has significant implications for all parties concerned (e.g., the site, the supervisor, the clinical coordinator and other students being placed at the site).
2. Provide a letter requesting a leave of absence, indicating the reason for this request and length of the leave of absence. This letter needs to be provided to both the site supervisor and the clinical coordinator.
3. A month before your intent to return to clinical training, you will need to contact the clinical coordinator to address your return to training.
4. At this time, the clinical coordinator will check with the site supervisor about the possibility of your return to the site. **PLEASE KEEP IN MIND THAT THE LEAVE OF ABSENCE DOES NOT GUARANTEE YOUR RETURN TO YOUR ORIGINAL SITE.**
5. If your site supervisor is able to accommodate you and will have you back in the site, you will return to the original site. This may involve a new contract being signed. Please be aware that you need to also be current on your malpractice insurance at this time.
6. If you are unable to go back to the original site, you will be placed in a new site. **PLEASE BE AWARE THAT PLACEMENT AT A NEW SITE WILL DEPEND ON AVAILABILITY OF A SITE. THIS MAY MEAN DELAYS IN GETTING A NEW SITE, OR GETTING A SITE THAT MAY NOT NECESSARILY BE CONVENIENT IN TERMS OF TRANSPORTATION.**

CHECKLIST FOR DOCUMENTATION

PRE-PRACTICUM

- ___ 1. The pre-practicum contract is due prior to the beginning of placement.
- ___ 2. Student Retention and Remediation contract must be completed prior to beginning of placement.
- ___ 3. The Evaluation of Practicum/Internship Student Competencies form due at the end of each semester.
- ___ 4. Documentation of Clinical and Supervision Hours - Form C due at the end of each semester.
- ___ 5. Documentation of Clinical and Supervision Hours form printed on the site letterhead, dated and signed by the supervisor signature at the end of each semester.
- ___ 6. Site evaluation due at the end of each spring semester.

PRACTICUM

- ___ 1. AAMFT membership and student malpractice insurance must be in place or renewed prior to beginning placement. See end of handbook for contact information.
- ___ 2. Clinical hours (Forms C and letterhead) and Supervisee Evaluation Form are due at the end of the spring and fall semesters. (**Verification of clinical hours is a requirement for certain courses.**)
- ___ 3. Site Evaluation Form is due at the end of the fall semester each year.

INTERNSHIP

- ___ 1. AAMFT membership and Student Malpractice Insurance must be current prior to beginning placement.
- ___ 2. Internship contract is due prior to beginning internship.
- ___ 3. Clinical hours and Supervisee Evaluation Form are due at the end of the spring and fall semesters. (**Verification of clinical hours is a requirement for certain courses.**)
- ___ 4. Evaluation of placement is due at the end of the fall semester once each year.
- ___ 5. Letter of Verification of Completion of Placement. Must be provided by field supervisor.
- ___ 6. Case Study due upon completion of Internship and verification of hours or as specified by university faculty.

PREPARATION FOR GRADUATION

In preparation for graduation, students must complete the following:

1. Complete all required courses (no incompletes).
2. Complete all required clinical and supervision hours.
3. All required clinical forms for each semester including form C, supervisor evaluations, student evaluations of the site, and final verification form. Final verification form consists of total hours completed during the program on letterhead of the site and signed by supervisor.
4. Case study and passed defense successfully.

For students graduating in August, the university requires students to maintain continuous enrollment during the semester of graduation. August graduation requires registration in RGCN 8000 'Registration Continuation' for the summer. RGCN 8000 'Registration Continuation' is a 0 credit course and requires only the payment of university fees.

PROCEDURE FOR ORAL CASE STUDY PRESENTATION FOR INTERNSHIP STUDENTS

Students will conduct their oral presentation of their case study after they have fulfilled all requirements of their clinical placement and academic program. Specifically, they will be able to present only after completion of their 500 clinical hours (documentation needed) and after their written case study presentation has been approved by the supervising faculty in the internship course. In order to prepare for the presentation they will have to follow the following protocol:

1. Case study write-up should be written based on the guidelines (see appendix N) provided by the program.
2. Case Study write up will typically occur in the final year of the student's training, but preparation will begin in CPSY8801.
3. The case study write up will need to be provided to the supervising faculty by the end of the semester during the internship course, CPSY 9880. The supervising faculty will review the write up and provide feedback to the student within a month. The student will incorporate any requested changes or additions by the faculty member nine-month. This process will continue until the faculty member approves it for the next step.
4. Once the write up is approved, it will be forwarded to one other faculty in the MFT program for feedback. Thus, in all two faculty members will be involved in the process. The student and internship instructor will discuss who will be the other faculty.
5. The other faculty will provide feedback within two weeks, so that the student has a week to make the necessary changes. Student will return the case study to the second faculty member with requested changes incorporated. Once the second faculty member approves, an oral defense can be scheduled.
6. Before the oral defense is scheduled, the students should incorporate all of the changes in the write-up. The process of working with program faculty to prepare the case study for defense can be lengthy. If the student takes longer than outlined to submit the initial case study or

- revisions could result in a student graduating later than anticipated, even if all other requirements for graduations are complete.
7. Upon receipt of all the forms and a complete clinical file, the student may inform the internship instructor that he or she is ready to set up a date.
 8. Upon final approval of the case study, a date will be scheduled at appointed times for the defense of the case study. These will typically be during working hours and students are required to make the necessary accommodations with regard to work and other schedules to be available during the day for the defense.
 9. The defense will last approximately one hour and be conducted with 2 faculty.
 10. The student will be required to bring a hard copy of their revised case presentation, genogram, as well as a video clip of a session of the client that they are presenting. The video must be a clip of a couple or family session. Individual sessions will not be accepted. Please make sure that the needed equipment is working, the media file is of good quality and made available on the day of the defense. The media center may be contacted to assist you with this. Please consult with the secretary of the department well ahead of time. In the event that this does not occur, you may be required to reschedule the defense date.
 11. For those students that complete their hours after the end of the 3rd year (Spring semester), upon approval of the case study, a date will be scheduled with an appointed time. They will need to follow the same protocol as above from item 3 to 13.
 12. There are three possible outcomes of the oral defense:
 - a. Passed with no changes.
 - b. Passed with minor changes.
 - c. Passed with major changes.
 - d. Unsatisfactory
 13. The student is required to incorporate the changes suggested at defense and hand in a revised copy of the case study for the student's file in the program. This copy may be handed to the assigned committee member of the defense. The final case study will also be evaluated utilizing the evaluation in Appendix O of this handbook.
 14. The student can receive their diploma only after the oral defense has been completed, passed, and a copy of the revised case study has been handed in to the program.

Appendix A
Curriculum Sequence for Ed.S (MFT)

First Semester

Second Semester

1 st Year	<p>[6601 Couple and Family Dynamics: A Systemic Approach]</p> <p>8011 Seminar on Ethical and Legal Issues: A Systemic Approach AND/OR</p> <p>8517 Seminar on Psychopathology and Systemic Diagnoses (if 6103 completed) AND/OR</p> <p>7610 Human Sexuality</p>	<p>7620 Seminar in Systemic Therapies</p> <p>[6103 Abnormal Psychology]</p> <p>6102 Psychology of Human Development</p>
2 nd Year	<p>7621 Couples and Family Systems Techniques I</p> <p>7622 Couples and Family Systems Techniques II</p> <p style="text-align: center;">AND</p> <p>8011, 8517 if not already taken</p>	<p>8801 Foundations of Assessment and Treatment in Systems</p> <p>7101 Research Methods</p> <p>7615 Gender and Ethnicity OR</p> <p>8800 Seminar: Contemporary Issues in Marriage and Family Therapy</p>
3 rd Year	<p>9880 Internship in Couple and Family Therapy I</p> <p>7610 Human Sexuality if not already Taken</p>	<p>9881 Internship in Couple and Family Therapy II</p> <p>7615 Gender and Ethnicity OR</p> <p>8800 Seminar: Contemporary Issues in Marriage and Family Therapy</p>

Prerequisites:

6601 Couple and Family Dynamics: A Systemic Approach
6103 Abnormal Psychology

Appendix B

PPFT Transfer Credit Policy

A minimum of 30 graduate credits toward the M.A. degree in Psychological Studies, regardless of the student's concentration area, must be earned at Seton Hall. A minimum of 39 graduate credits toward a combined M.A./Ed.S. degree must be earned at Seton Hall. A minimum of 39 graduate credits toward the MS in MFT, M.A. degree in Counseling (Seton Worldwide) and M.A. degree in School Counseling must be earned at Seton Hall. A minimum of 21 graduate credits toward an Ed.S. degree must be earned at Seton Hall. A minimum of 45 graduate credits toward the Ph.D. degree must be earned at Seton Hall.

For transfer credit to be considered, a student must have received a grade of B or better in the particular course, and the course must be equivalent in subject matter, scope, depth, and level to a particular course offered in the degree program at Seton Hall. Only those courses which contribute directly, significantly, and substantially to the sound preparation of mental health professionals can be considered. All courses must have been taken within the last 5 years and students must provide documentation from that course following admission but preceding first enrollment (e.g. course syllabus, course text). If there is a significant update or change in professional standards within those five years, then the student will need to demonstrate competence (e.g., read a current text in ethics or complete a refresher course with the latest revision of a psychological instrument). The applicability of previously earned graduate credits to a program is determined by the respective program director, whose written signature is required before any credit can be accepted as part of a student's program. If your decision to enroll in a program is based upon a certain number of transfer credits being approved, be sure to have such courses evaluated in advance of enrollment. The University requires that students complete all requirements for the Ph.D. degree within eight years of the date of admission, six years for the M.A. and Ed.S. degrees"

Appendix C

Transfer Credit Form

This form should be used for those MFT students who wish to apply for consideration of classes to fulfill the prerequisites. This form can also be used for consideration of graduate courses taken at another university and covering the same content as a course in the curriculum.

Students Name: _____

ID: _____ Phone: _____

Email: _____

Institution/School from which transfer credits are requested:

Name: _____

Degree: _____ Program: _____

Minimum Credits Earned at SHU

Master of Science in Marriage and Family Therapy: 39

Eds In Marriage and Family Therapy: 21

Transfer Course Number	Transfer Course Name	Credit Hours	Term Completed	Grade	Course Level (Grad/Undergrad?)

Student Signature: _____ Date: _____

Appendix D: Clinical Guidelines

	Pre-practicum <i>Year 1</i>	Pre-practicum <i>Year 1</i>	Practicum <i>Year</i> <i>2</i>	Practicum <i>Year</i> <i>2</i>	Internship <i>Year 3</i>
Semester	Fall	Spring	Fall	Spring	Fall & Spring
Time at Site	SHU requirement: 8-10 hrs. per week Site requirement may vary	SHU requirement: 8-10 hrs. per week Site requirement may vary	SHU requirement: 10-15 hrs. on-site 2-3 days per week (~5 cases a wk) Site requirement may vary	SHU requirement: 10-15 hrs. per week 2-3 days per week (~5 cases a wk) Site requirement may vary	SHU requirement: Min. 20 hrs. on-site per week, 2-3 days per week (~11 cases per wk) Site requirement may vary
Core classes	CPSY 6601 (Couple & Family Dynamics)	CPSY 7620 (Seminar in Systemic Therapies)	CPSY 7621 and 7622 (Technique Courses)	CPSY 8801 Foundations of Assessment	CPSY 9880 CPSY 9881 (Internship)
Client contact and supervision Hours per Semester	· Normally minimum of 50 hours spent learning site requirements, training, and supervision	· Normally minimum of 50 hours in learning experiences such as sitting in intakes, groups or sessions with supervisor or another licensed clinician. If a supervisor and student feel ready, a student may begin seeing clients.	· Normally minimum 50 hours with couples and families · 1 hr. supervision for every 5 hours of client contact · ½ supervision with video-recorded /live sessions	· Normally minimum 100 (absolute minimum 50) hours with couples and families · 1 hr. supervision for every 5 hours of client contact · ½ supervision with video-recorded /live sessions	· Normally completion of total 500 hours with couples and families · 1 hr. supervision for every 5 hours of client contact · ½ supervision with video-recorded /live sessions · Some group supervision hours

A minimum of 100 supervision hours is required in addition to the 500 hrs. of client contact.

LICENSING INFORMATION FOR ED.S. STUDENTS

1 yr general counseling
1,000 client contact hrs

2 years working with families=
2,000 client contact hrs.
(1,000 of these must be post-degree)

Total of 3 yrs exp. for
license for Ed.S. students
=3,000 client contact hrs.

* This chart is only a guideline. Students may complete clinical requirements according to their particular schedules with permission from Clinical Coordinator.

Appendix E

Seton Hall University Marriage and Family Therapy Programs

DESCRIPTION OF ACTIVITIES AT CLINICAL SITES

Client Contact: (500 hours) Over the course of the program, students will be involved in several activities within their clinical practicum and internships. This includes, but is not limited to, running groups, conducting intakes, working with individuals, couples, and families, and prevention work. Students are required to complete 500 hours of client contact. Of the 500 hours, students are required to complete at least 250 hours with couples or families.

Supervision: (100 hours) Students will meet one hour with their supervisors for every 5 clients seen. Supervision cannot be in only one modality. Students must have some group and some individual supervision, and not more group than individual. This supervision will need to occur face-to-face. Fifty (50) of these 100 supervision hours need to include the use of video/audio recordings or live observation as a modality of receiving supervision. Twenty-five (25) of the 100 hours should be in either live or video recording supervision modality.

All supervisors must be approved by the clinical coordinator. Supervision must be under a licensed professional with one of the following credentials:

- a. An AAMFT Approved Supervisor
- b. An LMFT with 5 years experience post license and supervision experience or training
- c. An LCSW, LPC, or similar, with multiple family therapy courses or formalized training (e.g, training at Multicultural Family Institute, Ackerman Institute, Philadelphia Child Guidance) and supervision experience or training.

Students typically begin their clinical work in their first semester though some do wait to become more settled into the program. The longer one waits, the longer it takes and there is always risk one might not complete them on time if waiting too long to begin. We recommend one day a week to begin and then build upon that with guidance from a supervisor and faculty. Many sites require students to be there on certain days for staff meetings and supervision.

Please see the clinical coordinator, with any questions.

Appendix F

University Policies

Seton Hall University has policies and procedures that faculty and students are expected to observe. The following are links to those policies and procedures:

Plagiarism Policy:

<http://www.shu.edu/offices/upload/plagerism.pdf>

Academic Grievance Procedure:

<http://www.shu.edu/offices/upload/grievance.pdf>

Discrimination Policy:

<http://www.shu.edu/offices/policies-procedures/compliance-racial-ethnic-discrimination.cfm>

Accommodations for Students with a Disability:

<http://www.shu.edu/offices/policies-procedures/disability-support-services-statement-on-students-with-disabilities.cfm>

Appendix G

Grievance Procedure

Appendix G Grievance Process for Academic Issues Related to Grades and Other Disputes Student Grievances

The first step in handling any grievance is to discuss the matter with the concerned individual. If this step is unproductive or, in your judgment, inappropriate, then you should contact the following people:

- If the grievance is with an instructor concerning a class matter, the chair of the department should be contacted.
- If the grievance is with your supervisor, the MFT Clinical Coordinator should be contacted.
- If your supervisor is the MFT Program Director, you should contact the chair of the department.
- If the grievance is with another student in the MFT Program, you should contact the MFT Program Director.

If these steps do not resolve the problem, then you should proceed to the next level of authority. For example, if the MFT Program Director is unable to resolve the grievance satisfactorily, you should take your grievance to the Department Chair. The next step would be the Dean of the College of Education and Human Services. The next step would be the Office of the Provost in President's Hall. The two procedures listed below are available if the above steps do not address the issue to your satisfaction. Each procedure is for a specific type of grievance.

I. Academic Grievance Procedure Concerning a Grade

The marriage and family therapy programs follow the grievance procedure of the department of professional psychology and family therapy. The following concerns itself only with a departmental process for student grievances over grades. It is not intended to address the issue of grade disputes unless the student files a formal grievance through the department chair located in Jubilee 309.

Students should be aware that, with very rare exception, the final decision on all grades rests with the professor. Insofar as grievances are concerned, the Seton Hall University Student Handbook states that a student may file a grievance through the department only if the student believes the grade attained is capricious and arbitrary. Simple disagreement with the grade assigned does not constitute a basis for a grievance. Moreover, it is unlikely that a grade of B or better would be considered arbitrary and capricious.

Departmental Procedure

1. The student's first step in the event of a grade dispute is to confer directly with the professor in question.

2. If the student feels step 1 is unproductive or inappropriate and believes he or she has a grievance, that student must seek out the department chairperson who will initiate the departmental grievance procedures.
3. The matter will then be referred to the departmental grievance committee. The student will submit in writing to the committee the rationale for the grievance explaining in detail why the grade is arbitrary and capricious. The student will submit any supporting evidence to the claim being made within one year of the grade being given.
4. The departmental committee will review carefully the argument and data provided by the student and will proceed with any or all of the following steps:
 - a. Based on the material submitted by the student, the committee may conclude there is insufficient evidence that an arbitrary and capricious evaluation has taken place. In this case, the student will be so notified by the committee chairperson in writing.
 - b. The committee may confer with the professor in writing or verbally to attain that individual's views on the matter and an interpretation of the basis for the grade.
 - c. The committee may also select to meet with the student directly and afford the student an opportunity to present his or her case in the matter.
5. Ultimate departmental committee outcomes:
 - a. In the event the committee concludes that there is no compelling evidence to support a claim of arbitrary and capricious grading it will so inform the student. This action might occur at any point in the process at the committee level.
 - b. In the event the committee believes there is some evidence but not particularly compelling, it will request that the professor in question re-evaluate the student's work and ultimate grade. In this situation, the decision on the grade will rest entirely with the professor.
 - c. In the event the committee concludes that compelling evidence does exist that a grade was arbitrary and capricious, it will request that the professor adjust the grade accordingly.

It is the department's position that a professor cannot be forced at the departmental level to change a grade. The strongest action that could be taken at the departmental level is a recommendation to a professor that a grade be changed.

Should the student be dissatisfied with the departmental actions and the professor's ultimate decision, the aggrieved party must then present a written complaint to the Dean of the College of Education and Human Services, Jubilee 4th Floor, who then will initiate subsequent grievance procedures as specified in the most recent edition of the Seton Hall University Student Handbook.

It is strongly recommended that any student who is considering filing a grievance attain a current copy of the Seton Hall University Student Handbook and follow steps as prescribed for the grievance process. The handbook may be obtained through the Division of Student Affairs located in the Student Center or at www.shu.edu/offices/upload/Student_Handbook.pdf

II. Academic Grievance Procedure for Disputes Other Than Grades

The procedure for resolving academic conflicts can be found in the most recent edition of the Seton Hall University Student Handbook, which is available from the Division of Student Affairs located in the Student Center. What follows extends the Academic Grievance Procedure Statement to the Program level. This modification is not intended to limit a student's ability or right to pursue resolution of an academic conflict.

Program process. Any individual student in the Program who feels that he/she has cause for a grievance against another member of the Program must confer directly with that individual in an attempt to resolve the dispute to the satisfaction of both parties. Should this action fail to resolve the dispute, the aggrieved student is advised to consult with his or her student and/or faculty mentor in order to generate and evaluate additional approaches to resolving the dispute. If, after conferring with the student and/or faculty mentor, the student is still unable to bring the dispute to resolution, the aggrieved student should consult with the Director of Training. If the dispute involves the Director of Training, the Director of Training will refer the student to the Department Chair. At this point in the process, the Academic Grievance Procedure Statement in the Seton Hall University Student Handbook should be followed. It is listed below.

Face-to-Face Mediation Hearing

1. The dean/director will assign a mediator acceptable to both parties from a standing list of college/division mediators.
2. The mediator will arrange a meeting of the parties to the dispute at a neutral site for discussion, and definition and clarification of the issues involved in the dispute. The role of the mediator is to moderate the discussion and assist in resolving the dispute short of more formal hearings. The mediator is concerned with protecting the rights of each party and ensuring that any resolution reached is understood and freely accepted by both parties.
3. In the event of an agreement on the terms of resolution, the parties will draw up a memorandum of understanding that will be signed and dated by the mediator and the parties. Although neither party may bring an adviser to the face-to-face hearing, each party may consult with such an adviser before the terms of the resolution are finalized and signed.
4. In the event that an agreement cannot be reached and either party wishes to pursue the grievance procedure, a memorandum stating failure to resolve and intent to pursue the grievance will be drawn up, dated and signed by the mediator and both parties. This memorandum will be filed with the appropriate dean/director.

Formal Grievance Hearing

1. Constitution of the College/Division Grievance Board The grievance board shall be constituted of six persons: three members of the college/division faculty; three students of the college/division; and four alternates, two members of the college faculty and two students of the college.

2. Preliminaries a.) Within seven business days of the filing of the failure to resolve and intent to pursue the grievance memorandum, the aggrieved party must file a statement of the grievance, a copy of each document that is to be presented in support of the grievance and a list of witnesses to be called with the chairperson of the college/division grievance board. b.) The chairperson will proceed, within two business days, to distribute copies of submitted materials and establish a hearing date, no less than 14 and no more than 21 business days following the distribution of the materials. c.) Within seven business days of the distribution, the second party in the dispute must submit a copy of each document to be presented in support of his or her position and a list of witnesses to be called. d.) The chairperson will distribute copies of the above.

3. Hearing Procedure a.) Parties, accompanied by witnesses and an adviser if desired, should present themselves before the college/division grievance board on the date and time established. b.) Should either party allege that the documents or witnesses proposed by the other require submission of additional documents or witnesses, the board may grant a stay of hearing for up to seven business days. c.) The hearing will proceed under the following format:

1. opening statements;
2. presentation of grievance, including witnesses and documents;
3. cross-examination of presenting party;
4. questions from hearing committee;
5. presentation of second party to dispute;
6. cross-examination of second party;
7. question from hearing committee;
8. review of evidence;
9. closing statements; and
10. closed deliberation by hearing committee.

4. Resolution of the Hearing Committee a.) The hearing committee must first determine if there is substance to the grievance and the nature of appropriate redress. b.) If such a compromise is inappropriate to the nature of the dispute or unacceptable to either party, the committee will, by two-thirds vote, recommend a final resolution to the dean/director in writing. c.) This resolution will be communicated to the dean/director and the parties by letter from the chairperson of the committee within two business days of the hearing.

5. Action of the Hearing Committee Within seven business days of the hearing, the dean/director will inform the parties and the members of the hearing committee of the action taken on the resolution and the implications of this action.

6. Appeals Within 14 business days of the mailing of the action, either party to the dispute may appeal to the provost. This appeal must be based on one or more of the following:

a.) Manifest injustice of the action: Burden of proof of such injustice shall rest with the appealing party and must be included in the appeal.

b.) Procedural irregularities: A violation of the rights of the appealing party under the "Student Rights and Responsibilities, Seton Hall University" or the procedures therein must be stated and commented on in the appeal.

c.) Additional evidence: The appealing party must demonstrate that substantial additional evidence bearing on the case could not have been properly introduced at the college/division hearing or has been discovered or developed since the time of the hearing, and is crucial to the resolution of the grievance.

It is the sole responsibility of the provost to determine whether an appeal is to be submitted to a University Grievance Appeals Board Hearing or whether the decision of the dean/director of the college/division should be upheld. For the purpose of making this decision, the provost may appoint an ad hoc committee to investigate the matter.

Record of Hearing A record of the hearing includes:

1. one copy of all documentary evidence introduced during the preliminaries and course of the hearing;
2. a verbatim transcript or tape recording of the hearing, excluding the closed deliberation of the grievance board; and
3. one copy of all correspondence concerning the hearing, including the letters informing the parties of the results of the grievance board and the determination of the dean/director, to be kept on file for as long as all parties to the dispute remain members of the University community, or for three years. The dean/director is responsible for the maintenance and confidentiality of these records.

Access to Hearing Records Access to the record files of grievance hearings is limited to:84

1. the dean/director;
2. the parties to the dispute;
3. appeals boards and ad hoc appeals investigation committees;
4. other parties with consent, in writing, of the dean/director and the principals in the dispute;
5. disciplinary boards in the course of hearings on the activities of either party, who may be advised of the final recommendations of the grievance board and determination by the dean/director; and
6. copying of materials in hearing records files, according to the following guidelines:

- a.) At the departure of one party from the University community or passage of three years, the dean/director will obtain permission from the parties to destroy the records;
- b.) Copies of the letters informing parties of the results of the deliberations of the grievance board and the determination of the University on students, alumni, faculty and administrators on the written request of the party in whose files the materials are to be placed; and
- c.) For statistical purposes, a record of the procedure may be kept on permanent file. Such records will not contain names or other specific information that would compromise or identify any party to the procedure.

Academic Grievance Procedure Appeals Level In an effort to provide for a uniform appeals procedure for resolution of disputes that fall under the jurisdiction of the provost, the following procedures are required for the constitution of the University Academic Grievance Appeals Board, the conditions of its operation and the standards for submission of appeals to the board.

Constitution of the University Academic Grievance Appeals Board

1. The University Academic Grievance Appeals Board is composed of four members selected by the provost from a list of presidents or other executive officers of the student body and professional college associations. Two members of the board are members of the faculty and two are students. The faculty members serve two-year terms beginning in alternate years; the student members serve a one-year term. Members of the board elect one of their members to chair the board and coordinate its activities.
2. In the hearing of specific grievances, the board augments itself by selecting four additional members, so as to constitute an eight-member ad hoc hearing board. The ad hoc hearing board must be composed of:
 - a.) Two members of the faculty of the college, school or division from which the appeal is taken;
 - b.) Two students matriculated in that college;
 - c.) Two faculty members who are not members of the faculty of the college from which the appeal is taken; and
 - d.) Two students not matriculated in that college.
3. In the event that a permanent member of the board should be disqualified from hearing an appeal case, the remaining members of the board will replace that member on the ad hoc hearing board, subject to the veto of the board's nomination by the provost.

Grounds for Acceptance of an Appeal by the Provost

1. Manifest Injustice of Grievance Resolution at the College or School Level: In such cases, the burden of proof of such injustice rests with the appealing party.
2. Procedural irregularities: A violation of the grievance procedures contained herein.
3. Additional evidence: The appealing party must demonstrate that substantial additional evidence bearing on the case could not have been properly introduced at the college or school/division level hearing or has been discovered or developed since the time of the hearing, and is crucial to the resolution of the grievance.
4. Investigation of an Appeal Request: Before determining whether to remand an appeal request for a University Academic Grievance Appeals Board hearing, the provost may appoint an individual or an ad hoc committee of his or her choice to determine the validity of an appeal request.

Procedures of a University Grievance Appeals Board Hearing

1. Preliminaries
 - a.) Within 14 business days of the filing of an appeal from the decision made the college or school level, the provost will determine whether an appeals board hearing is justified. This determination is conveyed to the parties within two business days. In the event a decision for a hearing is made, the provost will advise the chairperson of the board, deliver the evidence on which the decision was based and advise on the basic issues to be resolved.
 - b.) The chairperson of the board will:
 - i. set a date and time for the hearing, no earlier than 14 and no later than 21 business days from the date of notification;
2. set in motion the machinery for selecting the ad hoc members of the board for the case; and

3. prepare and distribute, no later than seven business days before the hearing, such records and supporting documents from the earlier stages of the grievance process as have been determined necessary to the deliberation of the board, and additional documents submitted by the parties in the dispute in support of their positions.

c.) No later than seven business days or 10 calendar days prior to the date of hearing, both parties to the dispute must submit to the chairperson of the board:

- i.. one copy of each document to be presented in support of the position; and
- ii. a list of witnesses to be called.

2. Hearing Procedure a.) On the date and at the time and place established for the hearing, the to the dispute will present themselves before the hearing board, accompanied by witnesses and an adviser if desired. b.) The hearing must proceed under the following format: 1. opening statements; 2. presentation of appeal cases, including witnesses and 3. cross-examination of presenting party; 4. posing of questions from board members by moderator; 5. 5.presentation of second party to the dispute; 6. cross-examination of second party; 7. posing of questions of board members by moderator; 8. review of evidence; 9. closing statements; and 10. closed deliberations of the board.

3. Judgment of the Hearing Board a.) The initial task of the board is to determine the validity of the appeal. Should it recommend that the provost uphold the determination reached at the college or school/division level, it may still consider the question of the severity of the action taken and recommend modification of the final action. In the event the board votes to validate the appeal, it will recommend appropriate actions for final resolution of the dispute to the provost. b.) All decisions and recommendations of the board require the assent of a majority of the board. c.) The decisions of the board are communicated to the provost by the chairperson, in writing, and to the parties to the dispute within two business days after the hearing. d.) Within seven business days of the hearing, the provost will inform the and the hearing board members of the action being taken in the case. The decision of the provost may be appealed to University president only on the following grounds: 1. manifest injustice; and 2. procedural irregularities.

Rights to be Protected During an Academic Grievance Resolution Process The Academic Grievance Resolution Process must provide all parties:

1. the right to notice and clear formulation of the grievance issues in dispute;
2. the right to access to documents and knowledge of witnesses to be presented in the dispute to ensure an opportunity to prepare for each hearing, and the right of discovery;
3. the right to the assistance of an adviser from within the University community to assist in the preparation and presentation of the dispute;
4. the right to hear and cross-examine adverse witnesses and rebut adverse testimony;
5. the right to present a defense;
6. the right against self-incrimination, including the right to answer any questions posed without prejudice; and
7. the right of appellate review.

Records of Hearing

A record of the hearing is kept on file for as long as all parties to the dispute remain members of the University community or for three years. The provost is responsible for the maintenance and confidentiality of this record. The record must contain:

1. one copy of all documentary evidence introduced during the preliminaries and course of the hearing;
2. a verbatim transcript or tape recording of the hearing, excluding the closed deliberations of the grievance board; and
3. one copy of all correspondence concerning the hearing, including letters informing the parties of the results of the deliberation of the grievance board and the determination of the provost.

Access to Hearing Records Access to the record files of grievance hearings are limited as follows:

1. Disciplinary boards in the course of hearings on the activities of either party may be advised of the final recommendations of the grievance board and determination by the provost.
2. The copying or reproduction in any form or removal of any material from the grievance hearing record files is forbidden, except with written permission of the provost and the principals in the dispute.

Disposal of Hearing Records

1. At the time of expiration of the conditions for maintenance of the file, the records will be destroyed, unless one or both of the parties refuse permission for such destruction. This refusal must be in writing and must be for just cause, such as the need for documents contained in the file of the intent to pursue the grievances beyond the limits of the University.
2. Copies of letters informing the parties of the results of the deliberations of the grievance board and the determination of the provost may be placed in permanent files maintained by the University on students, alumni, faculty, and administrators, on the written request of the party into whose file the material is to be placed.
3. For statistical purposes, a record of the procedure, including the year, the nature of the grievance, and the final result, may be kept on permanent file. Such records will not include names or other specific information that would compromise or identify any party to the dispute.

Appendix H

Policy on the Retention and Remediation of Students in M.S. and Ed.S. Marriage and Family Therapy Programs

I have read and fully comprehend the student dismissal policy.

Signature of Student: _____ Date: _____

Please photocopy this page and return the signed copy to the Director of Training/Clinical Coordinator by the first day of classes for the _____ semester.

Student Remediation/Dismissal Policy

Objective

The purpose of this policy is to clarify the areas of competence and professional behavior expected of each student and the procedures for identifying and addressing impairment, incompetence, and/or ethical violations that occur during the course of their graduate education.

Introduction

As described in the Graduate Bulletin, the overarching goal of the Marriage and Family Therapy M.S. and Ed.S. Programs is to prepare marriage and family therapists as scientist-practitioners to assume roles as responsible, competent members of the professional mental-health care community. In addition to technical competence, students are expected to maintain high standards of professional and ethical behavior in their interactions with clients, students, peers, supervisors, and faculty, including confidentiality, honesty, and academic integrity. Specific goals and expected competencies cover the following three areas:

- A. Knowledge of Human Science of Marriage and Family Therapy as a Profession;
- B. Knowledge of the Integration of Research and Practice; and
- C. Commitment to an Ongoing Contribution to the Profession of Marriage and Family Therapy.

Students are expected to be familiar with the Program goals and to ensure that their academic and professional development plans are consistent with the achievement of these goals. This policy describes the procedures used to monitor progress, to identify deficiencies and to assist the student in remediation where possible, or to dismiss the student from the Program when remediation is not possible.

Definitions

Impairment is defined as an interference in professional functioning that is reflected in one or more of the following ways:

- Inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior;
- Inability to acquire professional skills and reach an accepted level of competency; or

- Inability to control personal stress, psychological dysfunction, or emotional reactions that may affect professional functioning.

Incompetence is defined as a lack of ability, which may include either professional or interpersonal skill, or academic deficiency. When students continue to provide therapeutic services beyond their current level of competence, this is an ethical violation

Ethical Misconduct is when the Ethical Principles of the AAMFT Code of Conduct produced by the AAMFT are not followed. This code is intended to provide both the general principles and the decision rules to cover most situations encountered by marriage and family therapists in their professional activities. It has as its primary goal the welfare and protection of the individuals and groups with whom marriage and family therapists work. It is the individual responsibility of each marriage and family therapists to aspire to the highest possible standards of conduct. Marriage and family therapists respect and protect human and civil rights, and do not knowingly participate in or condone unfair discriminatory practices. It is assumed that unethical behavior and impairment are overlapping concepts that all unethical behaviors are reflective of impairment, whereas impairment may involve other aspects of professional behavior that may or may not result in unethical behavior.

Problematic Behaviors refer to a student's behaviors, attitudes, or characteristics that may require remediation, but are perceived as not excessive or unexpected for professionals in training. Performance anxiety, discomfort with client's diverse life-styles and ethnic backgrounds, and lack of appreciation of agency norms are examples of problematic behaviors that are usually remedied and not likely to progress into impairment status (Lamb, Cochran, & Jackson, 1991, p. 292).

Identification and Verification of Problems Requiring Remediation or Dismissal

Impairment, incompetence, ethical violations, or problematic behaviors can be identified in a variety of ways. Formal evaluation of each student's progress takes place annually during the portfolio review. Further, possible problems can be identified at any point in the student's academic career by a faculty member, supervisor, or fellow student. The following sections describe the annual portfolio review process, the procedures for informal identification of problems, and the review process once a potential problem is identified.

Annual Portfolio Review

Each April, students meet with the Program faculty to discuss their progress toward Program goals. At minimum, the following areas will be addressed in a student's annual review:

- Goal A: Knowledge of a Profession. Areas assessed under Goal A include GPA and grades in individual courses.
- Goal B: Integration of Research and Practice. Areas assessed under Goal B include clinical skills, evaluations of practicum faculty and on-site supervisors, quality of work samples and professional behavior and interpersonal skills (e.g., conscientiousness, independence, cooperation, ethical responsibility, social responsibility, respect for diversity, and personal responsibility)
- Goal C: Commitment to an Ongoing Contribution of the Profession of Counseling Psychology. In general, this goal is assessed through self-reports of alumni. However, throughout the program, advisors and other faculty assess the students' progress in developing their professional identities

and will encourage socialization into the profession through participation in conferences and other professional activities.

Two weeks prior to the scheduled review meeting, each student will prepare and submit to his or her advisor a brief (2 - 3 page) self-assessment addressing each of the areas specified above. If desired, students may attach relevant documentation (e.g, evaluations by clinical supervisors, research team coordinators). The student may wish to consult faculty while preparing the self-assessment (e.g, practicum supervisors, instructors, research supervisors, advisor). Students may also include in their self-assessment particular areas in which they would like to receive feedback. The student's self-assessment will be presented by the student's advisor at a meeting of the Marriage and Family Therapy program faculty, and the faculty will note areas of agreement/ disagreement and particular issues to be raised in meeting with the student.

The Director of Training will be responsible for summarizing the Portfolio Review discussion in writing, noting particular strengths and needed areas of development as well as the source of the of the feedback. This will be reviewed with the student in a scheduled meeting with the student's advisor and at least one other Program faculty members. The written summary of the feedback will be kept in the student's file. In addition, students will receive a copy of the evaluation of their records. If a potential problem is noted, a formal review will take place as described below under "Review Procedures for Possible Problems."

Informal Identification of Problems

In addition to problems identified during the annual Portfolio Review, any faculty member, supervisor, or student may raise an issue at any time. Practicum supervisors should initially discuss their concerns with the Practicum Coordinator, who will gather additional information and raise the issue at the next scheduled Program faculty meeting. Students who have a concern about a fellow student should first discuss the issue with their own advisor, who will then raise the issue with the other Program faculty. Advisors and faculty members will protect the confidentiality of the student reporting the potential problem, but they may request that the student meet with them to provide additional information. The Program faculty will briefly discuss the potential problem during the meeting in which it is raised, and if necessary the advisor of the student concerned will gather additional data and will report to the Program faculty within one week. If the concern appears valid, a formal review will take place as described below.

Review Procedures for Possible Problems

When a possible impairment or problematic behavior has been identified, the faculty of the counseling program meets with the student to review the evaluation, and to determine whether a problem actually exists. If a portfolio review has been scheduled, this discussion can take place in the context of the annual review process. In addition to the original report of the problem, information will be gathered from formal written and/or verbal evaluations of the student and from informal sources, including observations of students outside the training environment or reports from other interested parties.

Areas to be reviewed and discussed include the nature, severity, and consequences of the reported impairment or problem behavior. The following questions will be posed at this stage (adapted from Lamb, Cochran, & Jackson, 1991):

- What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the Program?
- How and in what settings have these behaviors been manifested?
- What were the negative consequences for the training agency or others (e.g., clients, other students) of the problematic behaviors?
- Who observed the behaviors in question?
- Who or what was affected by the behavior (clients, agency, atmosphere, training program, etc.)?
- What was the frequency of this behavior?
- Has the student been made aware of this behavior before the meeting, and, if so, how did he or she respond?
- Has the feedback regarding the behavior been documented in any way?
- How serious is this behavior on the continuum of ethical and professional behavior?
- What are the student's ideas about how the problem may be remediated?

While each case is different and requires individual assessment, the following factors may indicate that the problem is more serious and may represent a more serious impairment rather than a problematic behavior that is easier to remediate:

- The student does not acknowledge, understand or address the problematic behavior when it is identified.
- The problematic behavior is not merely a reflection of a skill deficit that can be rectified by training.
- The quality of service delivered by the person suffers.
- The problematic behavior is not restricted to one area of professional functioning.
- The behavior has the potential for ethical or legal ramifications if not addressed.
- A disproportionate amount of attention by training personnel is required.
- Behavior that does change as a function of feedback.
- Behavior negatively affects public image of agency of the university or training site.

After the initial meeting with the student, the faculty will meet to determine whether impairment or problematic behavior exists. If the faculty determines that there is a problem, they will develop a written plan for remediation or a recommendation for dismissal and will schedule a meeting to discuss this plan with the student within three weeks of their initial meeting with the student. Students are encouraged to submit their own ideas for remediation to the faculty, through their advisors. The faculty will consider the student's recommendations in developing their own recommendations. The plan will be documented by the student's advisor or mentor, using the Student Performance Remediation Plan form (attached).

After the faculty members have presented their recommendations to the student and answered his or her questions, the student must sign the Performance Review Cover Sheet (attached) indicating that the recommendations have been presented and explained. The student will be given the opportunity to accept the recommendations, to provide a written rebuttal, and/or to appeal. If the student chooses to provide a rebuttal, the Program faculty will meet again to consider any new evidence presented by the student, and will provide written documentation of their decision within three weeks of the date the rebuttal was received. If the student wishes to appeal the faculty's decision, he or she may follow the appeal procedures outlined in the Seton Hall University Student Handbook.

Regardless of the outcome of the feedback meeting, the student's advisor or mentor will schedule a follow-up meeting evaluate the student's adjustment to the review process, and recommend potential sources of guidance and assistance when necessary.

Remediation Procedures

The remediation process will follow the written plan, which must include scheduled review dates and target dates for each issue identified. Examples of actions that may be included in the remediation plan are an increase in didactic instruction, a decrease in course load, a decrease in or temporary suspension of clinical responsibilities, increased supervision and/or faculty advisement, leave of absence, and individual psychotherapy. Progress must be reviewed at least once every semester for the Fall and Spring semesters, at least two weeks before registration. Additional reviews may be scheduled as necessary. After each review, a copy of the current Remediation Plan including student comments and faculty signatures must be filed in the student’s portfolio. If progress toward targets is viewed by the faculty as insufficient, they may recommend either a change in the remediation plan or dismissal. The student will have an opportunity for rebuttal or appeal, as described above.

Student Performance Review Cover Sheet

Date of Initial Meeting with Student: _____

Faculty Members Present (Must include Director of Training and Student’s Advisor or Mentor):

Summary of Problem (include specific behaviors, setting, and who first identified the problem):

Date of Faculty Review Meeting _____

Faculty Recommendation:

- No action required
- Remediation required (attach copy of plan)
- Dismissal recommended (must be reviewed and approved by Department Chair and Dean)

RECOMMENDATION APPROVED:

Student’s Advisor or Mentor _____ Date _____

Director of Training _____ Date _____

Date of Student Feedback Meeting _____

Student Comments:

Signature of Student: _____ Date:
(Does not indicate agreement)

Student Performance Remediation Plan

(check one) ___ Initial Plan Review ___ Followup ___ Final Review

Student: _____ Date:

Identified Areas of Concern:

- A.
- B.
- C.
- D.

Remediation Plan and Schedule:

Area

Specific Behavioral Objectives and Target Dates	Method of Remediation	Met? Y/N	
A			
B			
C			
D			

Progress Since Last Review (if applicable): ___ Sufficient ___ Insufficient
Comments and Recommendations:

Date of Next Review (if applicable):

Student Reactions:

Signatures:

Student Signature: _____

Advisor/Mentor: _____

Training Director: _____

Appendix I

Plagiarism/Academic Integrity Policy

Academic Integrity

Academic Integrity is an important basic responsibility that is taken by all students in higher education. An integral part of academic integrity is honesty and the freedom to express oneself without using the work of someone else and calling it one's own. Within the American Psychological Association (APA) a breach of academic integrity constitutes a serious offense and members of the University community are obliged to report all cases to the appropriate faculty including the Department Chair and the Dean.

A copy of this policy is available to all students by visiting the Seton Hall University website at <http://education.shu.edu/academicprograms/profpsych/index.html>. A reference to this policy is provided on every course syllabus within the department.

All faculty members are aware of and have provided input to the Academic Integrity Policy. As mentioned above, information pertaining to academic integrity is provided on all course syllabi for both on-line and on-campus courses. Faculty are encouraged express both orally and in written form the importance of academic integrity and to give the students clear guidelines and expectations of what is acceptable behavior regarding the use of someone else's work. Such violations include, but are not limited to, cheating and plagiarism of academic assignments (i.e., research papers, critiques, presentations, and book/journal reviews). Cheating on exams is also a serious violation and is in violation of this policy. Faculty members that suspect academic dishonesty are expected to report violations to the department chair within 5 calendar days of the occurrence.

Students must also take on the responsibility of academic integrity by promoting work that is original in content and properly referenced. The latest edition of the American Psychological Association's Manual of Style is used within the department to properly cite another author's work and to reference sources that do not come from the student directly.

This policy in hand provides the student with a fair procedure for due process if a charge is brought to a student's attention from a faculty member.

I. Professional Standards

All of the professional organizations represented in our department include statements on plagiarism. In the American Psychological Association's, *Ethical Principles of Psychologists and Code of Conduct* (June 2003), p.11, states that: "Psychologists do not represent portions of another's work or data as their own, even if the other work or data source is cited occasionally." Plagiarism in this document is defined as the use of someone else's work and claiming it as your own. In the American Association for Marriage and Family Therapists, *AAMFT Code of Ethics*, Principle VI, Responsibility to the Profession, item 6.4 states, "Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due." In the American Counseling Association, Code of Ethics (2005), item G.5.b states, "Counselors do not plagiarize; that is, they do not present another person's work as their own work." In the National Association of School Psychologists, Principles for Professional Ethics (1997), item C states "Plagiarism of ideas or product is a violation of professional ethics."

I. Breach of Academic Integrity

Listed below are typical violations of academic integrity. The examples used are provided as illustrations. These violations are merely examples and do not cover the entire spectrum of offenses.

1-A - Cheating – Cheating is defined as use of inappropriate and unacknowledged use of materials, information, study aids, or any written or verbal material that has not been authorized by the author or faculty member for use. This includes students using another person’s work (or part of their work) and claiming it as their own. Cheating can take the form of use of cell phones or other electronic devices to convey information via text messaging, picture taking, or conversing electronically while taking tests or exams. These acts are prohibited and are considered in violation of this document. Students must also have written permission to use another person’s work, or provide proper reference notation citing the original author(s).

1-B – Fabrication – Fabrication is the falsification of information. Fabrication also involves the invention of information without the permission of the author. This may take on the form of creating information without the use of an author’s work. For example, if a student uses a quotation from a book or journal, all relevant reference information should be made available to the reader at the end of the work.

1-C - Facilitating Academic Dishonesty – Students who allow their work to be used by other students either knowingly or out of negligence are also in violation of the academic integrity policy. Students should make every attempt to keep their work secure so as not to allow others to use their work in any fashion or form.

1-D - Plagiarism – As a graduate student, soon to be entering the field of psychology, plagiarism is a serious offense. In order to prevent plagiarism every direct quotation must be properly identified and cited in the paper with full reference to the author. The use of footnotes can be used to properly cite another person’s work. Paraphrasing should have a reference to the original author in the text and be referenced at the end of the student’s paper. With the use of Internet sources, see the proper referencing of electronic media in the APA Manual of Style. A reference page or bibliography section of cited authors should be used in all written manuscripts.

1-E - Denying access to information – Denying any student access to information is another violation of the academic integrity policy. This violation occurs when a student gives misinformation about the sources of a reference or destroys written or electronic information that would hamper another student’s progress within a class.

Any violation of academic honesty is a serious offense and is therefore subject to an appropriate penalty. Violations at Seton Hall University are classified by severity according to the nature of the offense. For each level of offense a corresponding set of sanctions is recommended. Sanctioning bodies are not bound by these illustrations, which are intended as general guidelines. Examples are cited below for each level of offense. These examples, too, are illustrations and are not to be considered all-inclusive.

Low Level - These offenses happen because of inexperience or lack of knowledge of academic standards by the persons committing the offense. These infringements are likely to involve a small fraction of the total course work, are not extensive, and/or occur on a minor assignment. The following are some examples:

- Working with another student on an assignment unless the instructor explicitly authorizes such work.
- Failure to footnote or give proper acknowledgment in an extremely limited section of an assignment.

Recommended sanctions for low level offenses are listed below; one or more of these may be chosen in each case:

- Required attendance in a non-credit workshop or seminar on ethics or related subjects.
- An assigned paper or research project on a relevant topic.
- A make-up assignment at a more difficult level than the original assignment.
- A recommendation to the instructor that no credit be given for the original assignment.

Records of students who commit low level offenses will be maintained in the respective Chair's Offices until graduation. One year after the student graduates, all paper/electronic low level offenses will be destroyed.

Medium Level – These violations are those characterized by dishonesty of a more serious nature or which affect a more significant aspect or portion of the course work.

The following are some examples:

- Quoting directly or paraphrasing, to a moderate extent, without acknowledging the source.
- Submitting the same work or major portions thereof to satisfy the requirements of more than one course without permission from the instructor.
- Using data or interpretative material for a laboratory report without acknowledging the sources or the collaborators. All contributors to preparation of data and/or to writing the report must be acknowledged.
- Receiving assistance from others, such as research, statistical, computer programming, or field data collection help that constitutes an essential element in the undertaking, without acknowledging such assistance in a paper, examination, or project.

The recommended sanction for medium level offenses is one year of academic probation. The student will receive an F on the work and be graded normally for the rest of the course.

Notation of academic probation will be placed on the student's transcript and will remain for the period in which the sanction is in force. Records of students who commit Medium level offenses will be maintained in the respective Chair's Office until graduation.

High Level Offense – High level offenses include dishonesty that affects a major or essential portion of work done to meet course requirements and/or involves premeditation, or is preceded by one or more violations at low and medium levels. Examples include:

- Copying on examinations.
- Acting to facilitate copying during an exam.
- Using prohibited materials, e.g., books, notes, or calculators during an examination without permission from the instructor.
- Collaborating before an exam to develop methods of exchanging information and implementation thereof.
- Altering examinations for the purposes of regrading.
- Acquiring or distributing an examination from unauthorized sources prior to the examination.
- Plagiarizing major portions of a written assignment.
- Presenting the work of another as one's own.
- Using a purchased term paper or other materials.

- Removing posted or reserved material, or preventing other students from having access to it.
- Fabricating data or inventing or deliberately altering material (for example, citing sources that do not exist).
- Using unethical or improper means of acquiring data.

The normal sanction to be sought for all high level offenses or repeated violations of low or medium offenses is a minimum of a one semester suspension from the University and a failing grade for the course. The Academic Standard Committee may also consider expulsion from the program.

Severe Level Offenses – These offenses represent the most serious breaches of intellectual honesty.

Examples of serious level offenses include:

- All academic integrity infractions committed after return from suspension for a previous academic integrity violation.
- Infractions of academic integrity resembling to criminal activity (such as forging a grade form, stealing an examination from a professor or from a university office; buying an examination; or falsifying a transcript).
- Having a substitute take an examination or taking an examination for someone else.
- Fabrication of evidence, falsification of data, quoting directly or paraphrasing without acknowledging the source, and/or presenting the ideas of another as one's own within a master's thesis or doctoral dissertation, in scholarly articles submitted to refereed journals, or in other work represented as one's own as a graduate student.
- Sabotaging another student's work through actions designed to prevent the student from successfully completing an assignment.
- Willful violation of a canon of the ethical code of the profession (APA, AAMFT, ACA, NASP, etc.) for which a graduate student is preparing.

The normal sanction for all severe level offenses and a repeat infraction at high level offenses is permanent expulsion from the University. Notation of expulsion will be placed on a student's transcript and remain permanently.

II. Consequences of Violating the Academic Integrity Policy

Students committing acts of academic dishonesty not only face university censure but run a serious risk of harming their future educational and employment opportunities. In addition to the notation for a specific sanction placed on the student's transcript and which remains for the term of the sanction, prospective employers and other educational institutions frequently use recommendation forms that ask for judgment and comment on an individual's moral or ethical behavior. Since such forms are sent with the permission of the student, University faculty and administrators who know of academic dishonesty infractions are ethically bound to report such incidents. In all cases in which a grade of "F" is assigned for disciplinary reasons, the "F" will remain on the student's transcript, even if the course is retaken and a passing grade is achieved.

III. Administration of the Academic Integrity Policy

If the instructor suspects evidence of a violation of a low level offense, the instructor will meet with the student and the instructor will determine the appropriate sanction. The instructor will report the incident to the Chairperson, who will keep a record until one year following the student's graduation. If the instructor suspects evidence of a violation of a medium level offense or higher, the student will be

notified and the case and all supporting documents will be sent to the Department Chair and Academic Standards Committee. The instructor will write a report documenting the nature of the violation and provide supporting documentation. The committee will meet within 10 days to review the allegations. The Committee reserves the right to call in the student and instructor for follow up information. The decision of the Committee will be final and the student reserves the right to appeal, the process of which is described in the Student Handbook. Responsibility for administering the Policy on Academic Integrity rests with the Chairperson and the Academic Standards Committee of the Department. The above sanctions are general recommendations. The Academic Standards committee will consider each case in context looking at all factors. The committee reserves the right to suspend or expel a student at any level of offense if the committee deems that consequence appropriate.

Evidence of academic dishonesty should initially be brought to the attention of the instructor. Any member of the academic community may present evidence of academic dishonesty to the instructor. If a student reports a breach of the policy, the instructor of the course is expected to cooperate in the investigation. If a student reports a violation by another student, the student making the allegation is expected to cooperate fully and submit any evidence or written report to the committee. The identity of the student making the allegation will remain anonymous throughout the process except to the faculty on the Academic Standards Committee.

Students may continue to participate in a course or research activities until the case has been adjudicated. Under no circumstances should a student be offered a choice of either dropping a course or facing disciplinary action. A grade of I (Incomplete) should be assigned, pending resolution of this matter, and no penalties should be imposed until this complaint is resolved.

All disciplinary proceedings are confidential. Faculty members and students are cautioned not to discuss cases of academic dishonesty outside of the proceedings prescribed by the policy.

IV. Amendments to the Integrity Code

Suggested changes to this policy may be recommended by the Faculty Senate, the College of Education and Human Services - Dean's Office, and the Provost. Changes shall be approved by Department vote upon review.

(Portions of this policy adapted from Rutgers University Policy on Academic Integrity for Undergraduate and Graduate Students, 2004. <http://www.camden.rutgers.edu/RUCAM/info/Academic-Integrity-Policy.html>)

References

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American Counseling Association. (2005). Code of Ethics. Alexandria, VA: Author. Retrieved June 5, 2006 from <http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>.

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American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: Author.

National Association of School Psychologists. (2000). *Professional conduct manual/principals for professional ethics*. Bethesda, MD: Author. Retrieved June 5, 2006 from <http://www.nasponline.org/pdf/ProfessionalCond.pdf>

Appendix J
PRE-PRACTICUM CONTRACT
Marriage and Family Therapy Program
Department of Professional Psychology and Family Therapy
Seton Hall University

This document verifies that _____ (student name) and _____ (supervisor name) have reviewed the attached pre-practicum letter and agreed on the responsibilities listed below.

1. Student Responsibilities

- Spend at least 10 hours of clinical training on site;
- Evaluate the site at the end of the year;
- Follow agency policies regarding sick time, time off and other related issues;
- Conduct themselves in a professional and ethical manner;
- Attend other meetings as indicated by the site supervisor;
- Complete documentation of client contact in a timely manner;
- Maintain a record of their clinical hours at the site.

2. Site Responsibilities:

- Provide a comprehensive orientation to the site including but not limited to policies, philosophy, procedures, protocols, rules and expectations.
- Provide the student with the opportunity to complete a minimum of 3 hours of direct client contact per week (e.g, observe and conduct intake with experienced therapist, co-therapy with experienced therapists, co-lead groups or psychoeducational workshops)
- Provide one hour of supervision for every 5 hours of direct service provided by the student.
- Evaluate the student and assess their readiness for a practicum placement.
- Verify the student’s documentation of clinical and supervision hours.

Student (print name & sign)

Date

Site Supervisor (print name & sign)

Date

SHU Clinical Coordinator (Print name & sign)

Date

Appendix K
PRACTICUM CONTRACT

Marriage and Family Therapy Program
Department of Professional Psychology and Family Therapy
Seton Hall University

Site information

Site name: _____

Site supervisor's name: _____

Address: _____

Phone: _____ Fax: _____

Student information

Student name: _____

Phone: _____ Email: _____

Address: _____

1. Please indicate which semesters and years the student will be at the site. (Check all that apply at the time of this agreement.)

FALL Year(s): _____

SPRING Year(s): _____

SUMMER Year(s): _____

2. Please indicate how many hours per week the student will be at the site. _____

3. Please indicate which days and times the student will be at the site. (Check all that apply)

Mondays from _____ to _____

Tuesdays from _____ to _____

Wednesdays from _____ to _____

Thursdays from _____ to _____

Fridays from _____ to _____

Saturdays from _____ to _____

Sundays from _____ to _____

4. The student will provide the following services at the site. (Check all that apply and indicate the approximate number of hours.)

Individual therapy (_____ hr/wk)

Couple therapy (_____ hr/wk)

Family therapy (_____ hr/wk)

Group therapy (_____ hr/wk)

Outreach (_____ hr/wk)

5. The student will participate in the following supervision activities. (Check all that apply and indicate the approximate number of hours.)

Individual supervision (_____ hr/wk)

Group supervision (_____ hr/wk)

Peer supervision (_____ hr/wk)

6. Please list below all other learning activities the student is expected to participate in, including days and times if applicable:

7. Please list below the administrative responsibilities of the practicum student (e.g., paperwork), if applicable:

8. Please indicate any other expectations the student will have to meet during their clinical training at the site (please list below):

Seton Hall University Training. The trainee will be free to attend practicum classes and meetings held at Seton Hall University or any other place that is the site of an officially sanctioned University or Program event at which the student/trainee's attendance is required.

Evaluations. The trainee will evaluate the site and the supervisor, and the site supervisor will complete written evaluations of the trainee's clinical work at the site. IT IS IMPORTANT THAT EACH WRITTEN EVALUATION OF THE STUDENT'S CLINICAL WORK BE DISCUSSED IN PERSON WITH THE STUDENT, PRIOR TO BEING SIGNED AND FORWARDED TO THE CLINICAL COORDINATOR OF THE MFT PROGRAM.

REQUIRED SIGNATURES

Practicum student _____ Date: _____

Site Supervisor/credentials _____ Date: _____

SHU Clinical Coordinator _____ Date: _____

Appendix L
INTERNSHIP CONTRACT

Marriage and Family Therapy Program
Department of Professional Psychology and Family Therapy
Seton Hall University

Site information

Site name: _____

Site supervisor's name: _____

Address: _____

Phone: _____ Fax: _____

Student information

Student name: _____

Phone: _____ Email: _____

Address: _____

1. Please indicate which semesters and years the student will be at the site. (Check all that apply at the time of this agreement.)

FALL Year(s): _____

SPRING Year(s): _____

SUMMER Year(s): _____

2. Please indicate how many hours per week the student will be at the site. _____

3. Please indicate which days and times the student will be at the site. (Check all that apply)

Mondays from _____ to _____ Tuesdays from _____ to _____

Wednesdays from _____ to _____ Thursdays from _____ to _____

Fridays from _____ to _____ Saturdays from _____ to _____

Sundays from _____ to _____

4. The student will provide the following services at the site. (Check all that apply and indicate the approximate number of hours.)

Individual therapy (_____ hr/wk)

Couple therapy (_____ hr/wk)

Family therapy (_____ hr/wk)

Group therapy (_____ hr/wk)

Outreach (_____ hr/wk)

5. The student will participate in the following supervision activities. (Check all that apply and indicate the approximate number of hours.)

Individual supervision (_____ hr/wk)

Group supervision (_____ hr/wk)

Peer supervision (_____ hr/wk)

6. Please list below all other learning activities the student is expected to participate in, including days and times if applicable:

7. Please list below the administrative responsibilities of the student during their internship (e.g., paperwork):

8. Please indicate any other expectations the student will have to meet during their clinical training at the site:

Seton Hall University Training. The trainee will be free to attend practicum/internship classes and meetings held at Seton Hall University or any other place that is the site of an officially sanctioned University or Program event at which the student/trainee's attendance is required.

Evaluations. The trainee will evaluate the site and the supervisor, and the site supervisor will complete written evaluations of the trainee's clinical work at the site. IT IS IMPORTANT THAT EVALUATIONS OF THE STUDENT'S CLINICAL WORK BE DISCUSSED IN PERSON WITH THE STUDENT PRIOR TO BEING SIGNED AND FORWARDED TO THE CLINICAL COORDINATOR OF THE MFT PROGRAM.

REQUIRED SIGNATURES

SHU MFT Intern _____ Date: _____

Site Supervisor/credentials _____ Date: _____

SHU Clinical Coordinator _____ Date: _____

APPENDIX M
Supervisor Verification of Clinical and Supervision Hours
 Marriage and Family Therapy Program

Student name: _____

Time period: _____ to _____

Site: _____

Supervisor name and credentials: _____

During the aforementioned period, the student has completed the following hours:

1. Clinical Hours:

Individual	
Family	
Couples	
Group	
Psycho-educational workshops	
Other	

2. Supervision Hours:

Individual	
Group	
Case Report	
Live	
Audio	
Video	
Other	

 Supervisor Signature

 Date

Completed 7621 _____ Completed 7622 _____

d) Individual and family life cycles:

Completed 6601 _____ Completed 6102 _____

2. Display clinical capacities of multidimensional assessment (including, but not limited to the cognitive, affective, behavioral, personality, gender, interpersonal, cultural, social-structural, and systemic dimensions):

Completed 7615 _____ Completed 7621* _____

Completed 7622* _____ Completed 8517 _____

Completed 8801 _____ Completed 9880 _____

Completed 7610 _____ Completed 8800 _____

3. Demonstrate clinical skills:

Completed 9880 _____ Completed 9881 _____

4. Show integration of theoretical knowledge and applied clinical skills:

Completed 8801 _____ Completed 9880 _____

Completed 9881 _____

5. Develop research skills:

Completed 7101 _____

6. Commitment to and understanding of ethic and legal dimension of practice:

Completed 8011 _____

On remediation for ethical/legal issues: yes no

7. Dedication to and involvement in the profession:

Member of AAMFT yes no

Participated in conference: yes no

If yes, which _____

Participated in SHU Student Association: yes no

8. Use quality communication skills verbally and in writing:

Concerns regarding verbal communication skills: yes no

Specify: _____

Concerns regarding written communication skills: yes no

Specify: _____

Strengths:

Concerns:

Signatures:

_____ (Advisor) Date: _____

_____ (Student) Date: _____

Student Goals/Comments:

Student: _____ **Date:** _____

Appendix O

Guidelines for Preparation of Written Case Study and Procedures for Oral Exam.

SETON HALL UNIVERSITY
DEPARTMENT OF PROFESSIONAL PSYCHOLOGY
AND FAMILY THERAPY

Format for Written Case Study
M.S., Ed.S. Programs in Marriage and Family Therapy

Submit an 18 to 20 page paper up which follows this outline and includes a genogram. Use these or similar section headings. Provide a 10 minute video or audio segment that is representative of your work with this family.

A. MY THEORETICAL ORIENTATION (CITE REFERENCES)

1. The theory upon which I base my work.
2. Reasons for holding this theory.
3. The pathological process(es) (e.g., issues, challenges from your perspective).
4. Etiology (e.g., the developmental origins and progression according to your orientation).
5. Treatment approach/interventions--in general terms.

B. MY UNDERSTANDING OF HOW YOUR CONCEPTUAL FRAMEWORK COMPARES AND CONTRASTS WITH OTHER MAJOR PSYCHOLOGICAL AND SYSTEMIC THEORIES

1. Compare your approach to individual approaches (at least one in some detail).
2. Choose two (2) different systemic schools and briefly address the differences between your approach and the other two in the following areas. If you integrate more than one explain that. a. View of human functioning--including pathology and growth. b. Etiology of problems. c. Treatment.

C. MY ASSESSMENT OF FAMILY SYSTEM DYSFUNCTIONS (in general)

You probably engage in several different ways of assessing your clients' needs. Why do you use these procedures?

1. Qualitative Assessment Methods

- a. Your clinical interview--what information do you need to formulate a treatment plan?
- b. How do you explore the presenting problem?
- c. What specific conditions do you look for (e.g., drug or alcohol use, psychotic thinking, suicide potential)?
- d. What other sources might you contact? (e.g., school records, previous therapist, charts, psychiatrist, medical doctor)?
- e. How do you use a genogram or other schematic map of systemic functioning? If so, how do you construct such a map? (give description and purpose)
- f. How do you determine style of communication and characteristic interaction patterns of the family?

2. Quantitative assessment Methods

- a. What standardized quantitative measures are you likely to employ? How and when would you use them?
- b. When would you refer out for testing or evaluation?

D. BACKGROUND INFORMATION ON MY CASE (DISGUISED IDENTITY)

1. Demographic data and referring information. (e.g., gender, age, culture, race, other family members, larger systems).
2. Presenting complaint.
3. Brief history (pertinent to case conceptualization and treatment).

E. ASSESSMENT OF SPECIFIC DYSFUNCTION IN THIS FAMILY
(Be sure that data presented here matches your general assessment plan)

DSM-IV Differential Diagnosis:

1. AXIS I
2. AXIS II
3. AXIS III
4. AXIS IV
5. AXIS V

6. Consider other possible diagnoses to the one chosen, including relational diagnoses.
7. Why does this specific one fit for IP (or both partners if treating a couple)?
8. How is DSM-IV diagnosis relevant or not relevant to your treatment?
9. Give a GARF diagnosis. State how this adds to assessment information.

F. HOW I DEVELOPED MY HYPOTHESES AND FORMULATED MY TREATMENT PLAN

G. TREATMENT INTERVENTIONS (ISSUE BY ISSUE OR CHRONOLOGICAL ORDER)

1. Significant interventions which I made, along with theoretical and/or practical reasons. Cite references.
This section must consistently integrate theory and practice.

E.g.: Intervention #1: Basis; Intervention #2: Basis.

H. SIGNIFICANT DECISIONS

Decisions made during the course of contact with clients which particularly altered or advanced the course of my work, along with theoretical and/or practical reasons. Cite references of relevant research or theory that supports these decisions.

I. THERAPIST FACTORS

1. Was there a “good fit” between therapist and family?
2. How do you describe the therapeutic alliance?
3. What modifications were necessary in the course of treatment?
4. Were there therapist factors that impeded implementation of the treatment plan?
5. How were these addressed?

J. PRESENT FUNCTIONING AND TREATMENT FOCUS

1. Current client functioning and status of case. Method of termination, planned or unplanned?
2. Additional interventions needed.
3. Referral if needed.

K. EVALUATION OF TREATMENT

(Must be coordinated with above assessment, so progress can be shown in terms of same issues and dynamics reported as problems in the assessment)

L. ETHICAL ISSUES (related to this particular case, e.g., limits to confidentiality, duty to warn).

M. DIVERSITY

APPENDIX P

Seton Hall University

Department of Professional Psychology and Family Therapy
M.S., Ed.S. Programs in Marriage and Family Therapy

CASE STUDY:

Evaluation

The evaluation of your case study will focus on your ability to describe your theoretical orientation in a way that is coherent, your ability to demonstrate accurate knowledge and understanding of the theories of marriage and family therapy, your ability to use these theories to guide your conceptualization and treatment of a client, and the quality of your writing. This evaluation will also consider your capacity to integrate considerations of developmental and multisystemic issues (i.e., the role of human differences) as well as your capacity to recognize ethical and professional issues such as risk of harm to self and others and boundaries of competence.

This evaluation includes 4 areas of assessment. Each area contains 5 to 10 items. Each item must receive a rating of 3 or higher in order to successfully defend your case study. Below is the scale used to rate each item.

1 = Deficient/The student does not demonstrate mastery of the skill or knowledge.

2 = Below Average/The student shows limited understanding and limited capacity to translate knowledge and skill into practice.

3 = Satisfactory/The student's knowledge and skill is consistent with his/her level of training and the student is adequately equipped to enter into the profession of marriage and family therapy under supervision.

4 = Exceeds expectations/The student demonstrates advanced knowledge and skills, beyond what is expected at their level of training.

A. Quality of Writing

1	_____	The writing is organized (within paragraphs, between paragraphs, and between sections), clear, and logical.
.	_	
2	_____	The student clearly articulates ideas in a way that is grammatically correct.

B. Admission/Treatment Planning and Case Management (Domains 1 & 4)

3	_____	The theory or theories integrated are described clearly and consistently with specification and definitions of the constructs and techniques used.
.	_	
4	_____	The student explains how the theoretical orientation was developed including values shared by the student and implicit in the theory or theories.
.	_	
5	_____	The student describes how problems develop and family processes that maintain the problems according to the theory (i.e., etiology of problems, pathological processes).
6	_____	The student describes the strategies or techniques (e.g., reframing, teaching communication skills, questioning) used to activate mechanisms of change according to the theory.
.	_	
7	_____	The student compares and contrasts the theoretical approach to one individual approach to treatment, focusing on the main constructs, techniques, and processes of etiology, maintenance of a problem, and treatment approaches/interventions.
.	_	
8	_____	The student compares and contrasts the theoretical approach to two other family therapy approaches, focusing on the main constructs, techniques, and processes of etiology, maintenance of a problem, and treatment approaches/interventions.
.	_	
9	_____	The student clearly describes how to use the principles of the theory to conceptualize the case being discussed.
.	_	

--	--	--

C. Clinical Assessment and Diagnosis (Domains 2 & 3)

10 .	____ _	The student clearly explains what assessment strategies (e.g., self-report, interview questions, genograms, structural diagrams, strategic maps, and questionnaires) are used and applies them appropriately to the case presented.
11 .	____ _	The student explains how to evaluate risk of harm to self and others, substance abuse, domestic violence, child abuse.
12 .	____ _	The student has a good understanding of differential diagnosis (DSM, GARF), applies them consistently in the case, and describes how to rule out other diagnoses.
13 .	____ _	The student identifies the relational/interactional processes associated with the client distress in the case study.
14 .	____ _	The student provides a genogram and possibly other diagrams and explains how these may inform understanding of client distress.
15 .	____ _	The student discusses how the theoretical approach informs the assessment of the client (i.e., what specific information is gathered and focused on in order to conceptualize the case).

D. Treatment Interventions & Ethics (Domains 4 & 5)

16 .	____ _	The student clearly describes the treatment goals with the family of the case study, and the goals are consistent with the student's conceptualization of client distress and are grounded in the theoretical approach to treatment.
17 .	____ _	The student selects appropriate interventions/activities/strategies to accomplish the treatment goals; these interventions are grounded in the theoretical approach.
18 .	____	The student evaluates the impact of their activities/interventions on the client and discusses which changes, if any, were made in the course of treatment.
19 .	____ _	The student identifies issues to consider at termination (e.g., relapse), how treatment ended or will end, referrals considered, and aftercare plans developed with the client(s).
20	____	The student identifies ethical issues related to treatment.
21 .	____ _	The student discusses personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.
22 .	____ _	The student demonstrates awareness, knowledge, and skills related to client diversity, (e.g., culture, gender, immigration status), impacts of group membership (e.g., privilege, discrimination, racism), and spiritual/religious beliefs and values, in each of these four areas.

Reviewed By: _____

Date: _____

Appendix Q
EVALUATION OF PRACTICUM STUDENT COMPETENCIES
Marriage and Family Therapy Programs
Department of Professional Psychology and Family Therapy
Seton Hall University

Name of Supervisee/Student: _____

Name of Supervisor: _____

Semester of Supervision/Clinical Experience: _____

Name of Agency: _____

Inclusive Dates of Evaluation _____ to _____

Introduction: The *Evaluation of Practicum Student Competencies* form is designed to provide feedback on psychotherapy related skills and behaviors from both practicum site supervisors. Please rate the student trainee on each item using the following scale:

1	Performance, behaviors and attitude, show that the student does not have the knowledge and/or skills associated with the item being rated. The student needs significantly more training and effort to develop knowledge and/or skills. Remediation may be required.
2	The student lacks the basic knowledge and/or skills associated with the item being rated. The student may show poor motivation and/or errors in clinical judgment that have the potential to cause concerns. It is anticipated that the rating will improve with some further training, supervision, and student effort but intensive supervision is required.
3	The student has developed <u>basic mastery</u> of the knowledge and/or skills associated with the item being rated. For example, the student is able to identify ethical dilemmas, yet needs consultation and guidance in making ethically appropriate decisions. The student selects appropriate interventions that match the clients' needs, yet experiences some difficulty with their implementation.
4	The student has exceeded basic mastery of the knowledge and/or skills associated with the item being rated and is performing at an <u>advanced level</u> . For example, the student selects appropriate interventions that match

	the client's needs and takes into consideration multisystemic factors; in addition, the student implements the interventions with little guidance from their supervisor.
5	The student performs at the same level as a professional therapist and is ready for post-graduate experience.
N/A	The student did not have the opportunity to demonstrate competency for the item being rated and/or the evaluator did not have the opportunity to observe this skill.

The supervisee/student and the supervisor should both receive copies of this form after it has been signed by both parties. The original should be turned in to the SHU clinical coordinator for placement in their clinical file.

I. Assessment & diagnosis (MFT competency domain 2, 3, 4)

1. _____ Demonstrates knowledge of individual psychopathology, differential diagnosis, and DSM multiaxial assessment. (2.1.1; 2.1.2; 2.1.5; 2.2.5)
2. _____ Integrates developmental and multicultural information into understanding of clients' problems and treatment planning (2.1.1; 2.2.3; 2.3.1;)
3. _____ Demonstrates the ability to appropriately select and use individual and relational assessment questions to obtain relevant information from client to complete intake paperwork and conduct effective assessment (2.1.4; 2.3.2; 2.3.6; 2.4.1; 2.3.3)
4. _____ Uses assessment procedures that involve multiple sources of information (e.g., self-reports, test results, observations) and multiple perspectives (e.g., IP, family members, other professionals) (2.2.2; 2.3.9)
5. _____ Understands the ongoing nature of assessment and monitors clients' response to interventions, engagement in treatment, and progress towards therapeutic goals (3.3.1; 3.3.1; 3.3.5; 3.4.1; 4.2.1; 4.4.3; 4.4.4; 4.4.5; 4.4.6).

Score for assessment and diagnosis: _____

Additional comments:

II. Treatment Planning and Interventions (Competency Domains 1, 2, 3, 4, 5)

a. Knowledge of Interventions

1. _____ Demonstrates knowledge of the foundational concepts and theories of MFT practice (1.1.1 & 1.1.2).
2. _____ Demonstrates knowledge of the differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes. (4.3.6; 4.3.8)

3. _____ Knows which models and techniques are most effective for presenting problems (3.1.1).
4. _____ Demonstrates knowledge and awareness of agency policies and procedures (5.1.3).
5. _____ Stays current with new scientific advances in MFT practice through professional development workshops, readings, or supervision (6.1.1; 5.5.3)

Score for knowledge of interventions: _____

Additional comments:

b. **Intervention Planning**

1. _____ Determines who should attend therapy and in what configuration (1.3.2).
2. _____ Articulates reasons for interventions related to treatment goals and plan, assessment information, and demonstrates a systemic understanding of clients' context and dynamics (4.5.3).
3. _____ Matches treatment modalities and techniques to clients' needs, goals, and values (4.3.1).
4. _____ Develops a clear plan of how sessions will be conducted (3.3.3).
5. _____ Demonstrates the ability to coordinate treatment with other therapists, schools, or other systems involved in the client's life (3.3.7).

Score for intervention planning: _____

Additional comments:

c. **Intervention Implementation**

1. _____ Develops and maintains a working alliance with clients (1.3.6)
2. _____ Uses basic therapeutic skills (e.g., questioning and reflecting) effectively (1.1.1).
3. _____ Uses reframing as a strategy to highlight the relational nature of clients' problems (4.3.3).
4. _____ Manages session interactions with individuals, couples, families, and groups (1.3.9).
5. _____ Demonstrates the ability to manage and reduce clients' emotional negativity in session (4.3.7).
6. _____ Assists clients in identifying and accessing community-based resources and services (3.5.1).

Score for intervention implementation: _____

Additional comments:

d. **Progress Evaluation**

1. _____ Evaluates clients' reactions or responses to interventions and makes adjustments accordingly (4.4.4).
2. _____ Evaluates clients' outcomes for the need to continue, refer, or terminate therapy. (2.4.4).
3. _____ Develops appropriate and timely termination and aftercare plans (3.3.9).
4. _____ Utilizes time management skills in therapy sessions and other professional meetings (3.5.4).
5. _____ Assesses whether interventions are consistent with model of therapy, theory of change and goals of the treatment plan, and whether they are a good match to cultural and other contextual factors (4.4.1).

Score for progress evaluation: _____

Additional comments:

III. **Professionalism and self-awareness (MFT competency domain 3, 4, 5)**

1. _____ Adheres to the core values of the profession, such as honesty and professional responsibility in interactions with clinicians, staff and clients (4.5.1).
2. _____ Monitors attitudes, personal well-being, personal issues, and personal problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct (5.4.2).
3. _____ Is aware of and monitors personal reactions to clients and therapeutic process (3.4.5).
4. _____ Sets appropriate boundaries and manages issues of triangulation (4.5.2).
5. _____ Examines the impact of the therapist's role and interventions on clients and therapeutic process (4.4.4).

Score for professionalism and self-awareness: _____

Additional comments:

IV. **Ethical, legal and professional issues (MFT competency domain 1, 3, 5)**

1. _____ Understands and adheres to the ethical and professional standards of the profession, regarding informed consent, confidentiality, record keeping, maintenance of appropriate boundaries and work with vulnerable populations (1.3.4, 1.3.5, 1.3.6, 1.5.3., 3.1.2; 5.1.2; 5.3.3).
2. _____ Recognizes the limits of own competence and makes appropriate referrals (1.4.1, 1.2.3; 5.3.7).
3. _____ Writes treatment plans and completes other case documentation in accordance with agency policies, professional standards, and state laws.(1.5.1;1.5.2, 1.5.1; 3.4.4; 3.5.3; 5.1.1; 5.1.3)
4. _____ Recognizes ethical or legal dilemmas when they occur, and monitors the outcome of planned efforts to resolve these dilemmas (5.2.1; 5.3.1).

5. _____ Screens and develops adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.

Score for ethical, legal, and professional issues: _____

Additional comments:

V. **Supervision & consultation (MFT competency domain 2, 4 & 5)**

1. _____ Recognizes when clinical supervision or consultation is necessary (5.2.4).
2. _____ Uses consultation and supervision to resolve ethical and legal dilemmas (2.5.1; 5.2.3; 5.2.2; 5.5.2).
3. _____ Consults with peers and/or supervisors if personal issues, attitudes, or beliefs threaten to adversely impact clinical work. (5.5.2).
4. _____ Is receptive to feedback from supervisor and other professionals (4.5.1).
5. _____ Integrates supervisor's feedback into treatment (4.3.12).

Score for supervision & consultation: _____

Additional comments:

VI. **Socio-cultural diversity in clinical practice (MFT competency domains 1-5)**

1. _____ Demonstrates sensitivity to human differences in assessment and conceptualization of clients' problems (1.3.1; 2.4.1).
2. _____ Demonstrates awareness of own cultural identity and personal attitudes toward diverse others (5.4.2).
3. _____ Understands the strengths and limitations of the models of assessment and diagnosis as they relate to different cultural, economic, and ethnic groups (2.1.6).
4. _____ Examines how cultural differences between the clients and the therapist may impact the therapeutic process and addresses this issue with the clients in a way that is consistent with the goals of therapy (3.4.5; 4.4.4).
5. _____ Selects interventions and delivers treatment services in ways that take into consideration the socio-cultural background of the client (4.3.2).

Score for socio-cultural diversity in clinical practice: _____

Additional comments:

VII. **Summary evaluation**

a. **Total score:** _____

b. **Please describe the student's progress towards the goals of supervision as well as areas of training where further growth is needed.**

Signatures:

Student: _____ **Date:** _____

Supervisor: _____ **Date:** _____

APPENDIX R

Important Professional Resources

Professional Organizations

American Association for Marriage and Family Therapy

AAMFT: (703) 838-9808

www.aamft.org

New Jersey Association for Marriage and Family Therapy

NJ-AAMFT: (973) 361-7146

www.aamftnj.org

American Psychological Association

APA: 1-800-374-2721

www.apa.org

Family Psychology Division of the American Psychological Association

APA (Division 43):

www.apa.org/divisions/div43

New Jersey Psychological Association

NJ-APA: (973) 535-9888

www.psychologynj.org

Eastern Psychological Association

Eastern-APA (609) 895-5437

www.easternpsychological.org

State Licensing Boards

Licensing Board for Marriage and Family Therapists in New Jersey

(973) 504-6415

Student Malpractice Insurance

CPH and Associates

1-800-875-1911

www.cphins.com