



# **M.S. in Marriage and Family Therapy Program Handbook**

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**M.S. Marriage and Family Therapy Program**  
**Table of Contents**

<b>Overview .....</b>	<b>4</b>
<b>How to Use this Handbook.....</b>	<b>4</b>
<b>Accreditation/Certification .....</b>	<b>4</b>
<b>Multicultural Commitment .....</b>	<b>5</b>
<b>Program Policy on Anti-Discrimination.....</b>	<b>5</b>
<b>Seton Hall University Mission .....</b>	<b>5</b>
<b>College of Education and Human Services Mission .....</b>	<b>5</b>
<b>MFT Program Mission .....</b>	<b>6</b>
<b>MFT Program Goals and Student Learning Outcomes .....</b>	<b>6</b>
<b>MFT Program Core Competencies (Selected from AAMFT Core Competencies, 2004) ..</b>	<b>7</b>
<b>MFT Program Policy on Student Recruitment.....</b>	<b>11</b>
<b>MS in MFT Degree Portability.....</b>	<b>12</b>
<b>Transfer Credit Policy .....</b>	<b>12</b>
<b>Student Readiness for Clinical Placement .....</b>	<b>13</b>
<b>Description of Pre-Practicum in Marriage and Family Therapy.....</b>	<b>15</b>
<b>Description of Practicum and Internship in Marriage and Family Therapy .....</b>	<b>16</b>
<b>Criteria for Clinical Involvement.....</b>	<b>16</b>
<b>Student's Need for Clinical Remediation .....</b>	<b>17</b>
<b>Practice Competencies to be Developed .....</b>	<b>17</b>
<b>Description of Activities at Clinical Site.....</b>	<b>18</b>
<b>Steps Toward Completion of Clinical Training .....</b>	<b>19</b>
<b>Practicum/Internship at Place of Employment.....</b>	<b>20</b>
<b>Request for a Second Site .....</b>	<b>21</b>
<b>Extending Internship Placement after Completion of CPSY 9880 &amp; 9881 .....</b>	<b>21</b>
<b>Field Supervisor's Responsibilities .....</b>	<b>23</b>
<b>Administrator's Responsibilities.....</b>	<b>24</b>
<b>Program Right to Withdraw Student from Site.....</b>	<b>25</b>
<b>Teaching, Supervision, and Therapy .....</b>	<b>25</b>
<b>Time Off/Personal Time during Pre Practicum/Practicum/Internship.....</b>	<b>25</b>
<b>Leave of Absence During Clinical Training .....</b>	<b>26</b>
<b>Program Right to Withdraw Student from Program .....</b>	<b>26</b>
<b>Policy on Technology Requirements.....</b>	<b>27</b>

<b>Graduation Requirements .....</b>	<b>28</b>
<b>Procedure for Oral Case Study Presentation for Internship Students.....</b>	<b>28</b>
<b>Appendix A: Curriculum .....</b>	<b>30</b>
<b>Appendix B: PPFT Transfer Credit Policy .....</b>	<b>31</b>
<b>Appendix C: Transfer Credit Form .....</b>	<b>32</b>
<b>Appendix D: Clinical Guidelines .....</b>	<b>33</b>
<b>Appendix E: University Policies .....</b>	<b>34</b>
<b>Appendix F: Grievance Process for Academic Issues Related to Grades and Other Disputed Student Grievances .....</b>	<b>35</b>
<b>Appendix G: Remediation Policy in Clinical Training .....</b>	<b>44</b>
<b>Appendix H: Policy on the Retention and Remediation of Students.....</b>	<b>45</b>
<b>Appendix I: Plagiarism/Academic Integrity Policy .....</b>	<b>50</b>
<b>Appendix J: Pre-Practicum Contract.....</b>	<b>55</b>
<b>Appendix K: Practicum Contract .....</b>	<b>56</b>
<b>Appendix L: Internship Contract.....</b>	<b>58</b>
<b>Appendix M: Documentation of Clinical and Supervision Hours .....</b>	<b>60</b>
<b>Appendix N: Clinical Hour Documentation Terms &amp; Definitions .....</b>	<b>62</b>
<b>Appendix O: Clinical Readiness Scale.....</b>	<b>64</b>
<b>Appendix P: Self-Assessment Questionnaire/Evaluation Form .....</b>	<b>65</b>
<b>Appendix Q: Guidelines for Preparation of Case Study and Procedure for Oral Exam.....</b>	<b>67</b>
<b>Appendix R: Case Study Evaluation.....</b>	<b>70</b>
<b>Appendix S: Evaluation of Practicum/Internship Student Competencies .....</b>	<b>72</b>
<b>Appendix T: Important Professional Resources .....</b>	<b>77</b>

## **M.S. in Marriage and Family Therapy Program**

### **Overview**

The Marriage and Family Therapy (MFT) Program at Seton Hall University is based on an integrative, multicultural, and ethically informed model of training and practice. The program emphasizes MFT as a discipline that is based in the tradition of studying individuals in the context of the systems and cultural contexts that make up their lives. Students enroll in 24 semester hours of core MFT courses, covering theories and techniques of MFT, family development, ethics and law, psychopathology through a systemic lens, assessment in MFT, contemporary issues in MFT, and human sexuality. They also complete 24 hours in the psychological foundation courses, exposing them to theories of personality, abnormal psychology, human development, statistics, research methods, tests and measurements, group counseling and counseling skills, and 12 semester credits in practicum and internship classes. To complete the master's, students must demonstrate understanding of theories and techniques, not only through competent performance in each course but also through successful completion of clinical work. At the completion of the required courses and clinical hours, students complete a case study that represents a culmination of their learning.

### **How to Use this Handbook**

This handbook contains the essential information for students in the M.S. in Marriage and Family Therapy M.S. Program. The information is updated annually and designed to provide students with all the information necessary to successfully enroll in, and complete, a course of study in this program. The handbook is not intended to substitute for, replace, or supersede the Seton Hall University Graduate Catalog, but rather to supplement it. It is imperative that students are familiar with both sources of information.

Like the Seton Hall University Graduate Catalog, this handbook becomes effective at the time a student is officially admitted into the Program and is the final authoritative document outlining the Program's requirements and policies. Students are bound to the requirements delineated in the edition of the handbook for the year in which they were officially admitted to the program. This means that changes made to this year's handbook do not retroactively apply to students who are admitted under a previous edition. It is the student's responsibility to know and understand the contents within this handbook and to meet all requirements and deadlines.

### **Accreditation/Certification**

The M.S. in MFT program is fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) through the American Association for Marriage and Family Therapy. COAMFTE is located at 112 South Alfred Street, Alexandria, VA, 22314 and can be contacted at (703) 838-9808. The M.S. program in MFT at SHU received Candidacy status in 2007 and was granted accreditation by the COAMFTE in 2014. The most recent renewal of accreditation was granted in 2014 for a period of seven years.

The program is also approved by the New Jersey Certification Board as a provider of the education requirements for the license in Clinical Alcohol and Drug Counseling. In order to fulfill the state requirements, students have to take CPSY 6310 Etiology of Addiction. This is a course that is outside the MFT curriculum because the faculty are still in the process of making it a part of the regular curriculum while fulfilling the requirements of accreditation. If a student plans to apply for the license

in alcohol and drug counseling, then he or she should take this course but it will be an additional 3 credits outside of the 60 credits currently in the Master's curriculum. The course is optional and a graduate is still eligible for the license in MFT without the Addictions course.

## **Multicultural Commitment**

The Marriage and Family Therapy (MFT) program is committed to training multiculturally aware, sensitive, and competent professionals. Creating such awareness, 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 highlights, "A direct heir to the Catholic Christian tradition in the genesis of universities, Seton Hall fulfills its mission by encouraging the intellectual pursuit of all that is good and right and true. It does so within a democratic society immersed in the evolving global culture as it serves all students, undergraduate and graduate, regardless of gender, age, race, sexual orientation, ethnic background, culture, or religious creed."

## **MFT Program Policy on Anti-Discrimination**

The Marriage and Family Therapy Program anti-discrimination policy is in accord with the [Seton Hall University Policy Against Discrimination, Harassment and Retaliation](#); the Americans with Disabilities Act; Title IX and the Violence Against Women Act; and New Jersey Laws against Discrimination. These policies can be located from the [Seton Hall University Office of EEO and Title IX Compliance](#) webpage.

Diversity includes but is not limited to age, race, color, ethnicity, gender, gender identity, cultural background, national origin, religion, veteran status, spiritual belief and/or affiliation, sexual orientation, relationship status, socio-economic status, academic and professional background, health status, belief systems, learning disability, or physical limitations, and that equal access to opportunity and facilities is available to all.

The MFT program is committed to understanding and appreciating the diversity among people and to the principle that in no aspect shall there be discrimination in the treatment of any person, including but not limited to prospective and enrolled students, clients, faculty, staff, or supervisors. Non-discrimination applies also to activities, including but not limited to recruitment, admission, codes of conduct, hiring, retention, or dismissal of students, faculty, and supervisors or other relevant educators and/or staff.

## **Seton Hall University Mission**

Seton Hall is a major Catholic university. In a diverse and collaborative environment it focuses on academic and ethical development. Seton Hall students are prepared to be leaders in their professional and community lives in a global society and are challenged by outstanding faculty, an evolving technologically enhanced setting and values-centered curricula.

## **College of Education and Human Services Mission**

The College of Education and Human Services fulfills the mission of Seton Hall by preparing candidates for careers in the helping professions. The spirit of St. Elizabeth Ann Seton, noted for her work with children and education, is manifest in each department.

The various curricula develop the knowledge, skills, competencies and moral and ethical values necessary for outstanding performance in teaching, educational leadership, professional psychology and family therapy.

Students are prepared to serve a diverse range of clients of varying ages, ethnic, racial, cultural, religious and social backgrounds, lifestyles, and abilities. The College enables its candidates to work with individuals, families, and groups in a variety of settings including public and private schools from kindergarten to higher education, hospitals, clinics, mental health agencies, social agencies, counseling centers, correctional facilities and the private practice of psychology and marriage and family therapy.

The College is dedicated to ensuring that its professional preparation programs are based on essential knowledge, evolving technology, research findings, and reflective practice. Each program is committed to developing collaborative relationships and cooperative efforts with schools, agencies, and institutions so that its efforts remain linked to the world of practice and research, and meet the needs of communities.

## **MFT Program Mission**

The mission of the program is to prepare students to work with individuals, couples, families and groups using systemic, relational, and ethical frameworks that integrate modern, postmodern and evidence-based models. The program emphasizes awareness, sensitivity, and responsiveness to human diversity in practice and research. The program prepares students to serve diverse communities and support the mental, emotional, and relational well-being of all individuals.

The missions of the university, college, and program intertwine and overlap. Emphasis on educating professionals and affirming diversity constitute central themes on all the levels with the program focused specifically on providing quality therapy for children and families from a systemic/relational perspective. Within the contexts of the academic department and school, the university, state statutes and regulations and the professional standards of COAMFTE and AAMFT the following educational outcomes serve as the goals of training in marriage and family therapy in our M.S./MFT program.

## **MFT Program Goals**

Program Goal 1. The program will graduate future professionals who understand and apply systemic models of therapy.

Student Learning Outcome 1. Students will demonstrate a personal model of relational and systemic model of therapy.

Student Learning Outcome 2. Students will demonstrate competency in their ability to systemically assess, diagnose, and treat clients with a wide variety of presenting clinical problems.

Program Goal 2. The program will graduate future professionals who demonstrate sensitivity and responsiveness to clients' multicultural issues.

Student Learning Outcome 3. Students will discuss incorporate client diversity factors into

their model of change and how socio-cultural factors affects their colleagues, supervision, and clients' lives.

Program Goal 3. The program will graduate future professionals who demonstrate competence in their clinical work.

Student Learning Outcome 4. Students will demonstrate their ability to assess and apply their personal models of change to treatment.

Program Goal 4. The program will graduate future professionals who identify as marriage and family therapists.

Student Learning Outcome 5. Students will demonstrate a professional identity based in relational, systemic frameworks.

Program Goal 5. The program will graduate future professionals who practice from an ethically informed framework.

Student Learning Outcome 6. Students will demonstrate competency in applying the AAMFT ethics code and legal standards to clinical assessment and treatment.

#### ❖ Faculty Outcomes

1. Program faculty establish and sustain professional identity as a Marriage and Family Therapist.
2. Program faculty has comprehensive and up-to-date knowledge of best practices in Marriage and Family Therapy and educational strategies that support instruction and advising of students to fulfill the requirements of the M.S. degree.
3. Program faculty 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

- |       |            |   |
|-------|------------|---|
| 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 client's' 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 client's 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.

## **MFT Program Policy on Student Recruitment**

The MFT Program policy on student recruitment is in accordance with the Seton Hall University mission, the university Policy Against Discrimination, Harassment and Retaliation, the MFT Program mission, and the MFT Program Goals to provide an educational experience that does not discriminate against prospective applicants, current students, alumni, faculty, employees, or clients based on, but

not limited to race, color, national origin, religion, sex, gender identity and expression, political affiliation, veteran status, genetic information, age, disability, or sexual orientation.

Further, it is the policy of the MFT program to actively and systematically recruit students representing a diversity of backgrounds. Strategies for recruiting are varied and include presentations in undergraduate and graduate programs in a range of university settings and regional and national conferences to connect with a diverse group of potential applicants.

## **MS in MFT Degree Portability**

The Seton Hall MFT curriculum, taken in its entirety, meets State of New Jersey educational requirements for licensure as a Marriage and Family Therapist. Deviations from the established MFT program curriculum may not meet requirements for clinical licensure in the State of New Jersey, even though such deviations may meet program graduation requirements.

State licensure laws are governed by individual states and can change. Students can graduate from an MFT program in one state and discover that they do not meet the educational requirements you need for licensure in another state.

Some state regulatory/licensing boards have unique course/credit or practice requirements that exceed a standard degree plan. For example, an MFT degree earned in New Jersey meets the requirements for licensure in California with the addition of specific training.

It is incumbent upon all students to study the educational requirements of the state where they intend to seek licensure. It is the responsibility of the student to ensure that he or she has met all requirements for any state from which he or she seeks licensure. Students are encouraged to talk to their advisor about this matter.

## **Transfer Credit Policy**

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 University policy also states that students may not transfer to their Seton Hall graduate degree any course which has been applied to a degree at another institution. A course completed and applied to a degree at another university may be waived and a substitute course at Seton Hall University may be completed in place of it.

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, and ultimate approval must come from the University Registrar. 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 or a waiver of courses 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 the MFT Program Director.

## **Student Readiness for Clinical Placement**

Students apply for clinical placement in the second semester of their first year of study, after they have completed the requirements listed below. MS students select their clinical sites, the setting in which they would like to train, based on their clinical interests and career goals. The MFT Clinical Coordinator reviews and approves the students' selection before the student is able to contact clinical training sites in the community.

### **❖ Criteria for Student Readiness for Clinical Placement**

Consistent with AAMFT core competencies and the desired program outcomes, student readiness for clinical placement is measured against the following standards:

- Effective interpersonal skills including openness to feedback, ability to form collaborative relationships with peers and instructors, and ability to provide constructive criticism
- Mastery of foundational knowledge in ethical and professional issues in MFT, family therapy theories, normal family processes, counseling and case conceptualization skills
- Awareness of self and values as relates to cultural, racial, gender, and sexual differences, and willingness to work with diverse clients in diverse settings.

#### ❖ Methods of Evaluation

Evaluation of students' readiness for clinical placement occurs in the classroom, during the first and second semester of their first year of study. In addition, students must complete a self-evaluation.

Evaluations of students' interpersonal skills and awareness of self and values include:

- Instructors' observations of students' behaviors in the following courses: 6003-counseling skills, 6316-group counseling, 8011-Seminar on ethical and legal issues. If students' classroom behaviors (e.g., frequent absences, unprepared for class discussions) are a concern, the clinical coordinator and the program director will meet to discuss the student's placement on remediation.
- Basic skills evaluation: Beginning in the Fall of 2013, students will be evaluated by their instructor at the end of Counseling Skills and Group Counseling using the Clinical Readiness Scale (See next section).
- A self-assessment questionnaire completed by students (See appendix P). This will include 10 questions that ask for a self-evaluation of readiness for clinical work. This form must be submitted to the Program Director by the last day of finals in the first semester of the first academic year.
- Evaluations of students' foundational knowledge is performed with the following measures: (1) Students' final grades (B or above) in 6601-Couple and family dynamics, 6003-counseling skills, 6316-group counseling, 8011-Seminar on ethical and legal issues, and 7620-Seminar in systemic therapies. Students are required to pass all five courses prior to clinical placement.

The Clinical Coordinator will review the student's basic skills evaluation, self-assessment, and final grades and determine if the student is ready for field placement. Students must receive a 2 or above on all items of the Clinical Readiness Scale (see Appendix O) to begin pre-practicum. A rating of "1" will result in a meeting with the Program Director and Clinical Coordinator to determine if remediation is needed.

#### ❖ Evaluation Procedures

Students are evaluated at two different times during their first year of study: (1) in the summer or fall by the instructor of 6003-counseling skills, (2) in the fall by the instructor of 6316 -Group counseling. At the end of each semester, the clinical coordinator reviews the student's evaluation and identifies any potential concerns about the student's performance. If there are any concerns, the clinical coordinator meets with the student to inform the student and develop a plan of action that will help the students meet expectations for clinical placement.

If a student receives any ratings of 1 on the clinical readiness scale, a meeting may be scheduled with the Program Director and Clinical Coordinator at the discretion of the program faculty. At this meeting, the student's performance in all classes will be reviewed. A student can also appeal any rating at this meeting. If a student wishes to appeal, they must submit a one-page explanation to the Clinical Coordinator at a minimum of seven days before the meeting. The explanation should describe the student's experience of the skill(s) that are being appealed and the justification for appeal. The possible outcomes of the meeting are:

- **No Action:** The student demonstrated their competence in the skill through documentation such as course assignments from Counseling Skills and/or other courses as well as demonstration for the program faculty. Student is clear to move onto pre-practicum.
- **Minor Action:** This is generally the outcome when the student has a sufficient level of understanding of the skill but has difficulty applying. This will be the outcome when no more than 2 skills have been identified as deficient. Faculty determine that the student needs some basic supports to achieve competency and will provide the student with a plan that outlines the steps to take to improve in the deficient skill(s) (e.g., work with instructor of course to practice skill, readings, videos).
- **Remediation:** This is generally the outcome when the student has or cannot demonstrate a basic understanding of the skill and has major difficulty applying it. Remediation can also occur if a student is not demonstrating ethical or professional conduct. This will automatically be the outcome when more than 3 or more skills have been identified as deficient. The program faculty will determine whether the student is significantly below competency level and needs significant action to remain in the program (e.g., repeat Counseling Skills, work with Clinical Coordinator on multiple skills)
- **Dismissal:** This will be the outcome in rare cases. Some examples are if a student is disrespectful, is not demonstrating consistent progress in academic or clinical performance, or crosses boundaries with any faculty and the faculty sees no area for remediation; if the student acts unethically or is severely inappropriate in any setting). The student is immediately dismissed from the program and would follow the grievance process if an appeal was asked.

## **Description of Pre-Practicum in Marriage and Family Therapy**

MS/MFT students are required to be enrolled in 8516-Pre-Practicum Seminar in Marriage and Family Therapy when they begin their clinical training in the field. The pre-practicum involves a wide range of clinical experiences such as, but not limited to, observing and conducting intakes, observing and providing ongoing therapy sessions, running psycho-educational groups and interacting with individual/couple/family clients of all ages when possible. Students must be supervised by an on-site licensed clinician who oversees the student's work and addresses their questions/concerns in weekly individual and group meetings. The supervisor may be a doctoral/master's level clinician with MFT licensure (LMFT) or a licensed clinician with post-graduate MFT training. If the supervisor is a licensed clinician other than LMFT, the MFT program reviews the credentials of the supervisor to establish equivalence. It is recommended that pre-practicum students be at their training site a minimum of 15 hours per week. At the end of the pre-practicum, the on-site supervisor is required to provide the student with a letter verifying the type of clinical experience obtained and the total work

hours accumulated. Forms and documentation required for the pre-practicum are included in the appendices of this handbook and available on Blackboard.

## **Description of Practicum and Internship in Marriage and Family Therapy**

Students advance to the practicum and internship levels of training after successful completion of the pre-practicum and core coursework in marriage and family therapy. These core courses include Couple and Family Dynamics: A Systemic Approach, Seminar in Systemic Therapies, Couple and Family Systems Techniques 1 & 2, Advanced Group Techniques in Marriage and Family Therapy, and Ethical and Legal Issues. Students must be enrolled in 8517-Seminar on Psychopathology and Systemic Diagnoses and 8801-Foundations of Assessment and Interventions in Systems, as they begin their practicum in the field.

The practicum and internship are experiences where the trainee is involved in clinical work with individuals, couples, and families while under the supervision of a professional clinician with training in marriage and family therapy. (See information about supervisor in pre-practicum section above.)

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. For both practicum and internship, the students develop an agreement with their placement site describing the proposed training. Practicum and internship supervisors must provide documentation indicating their qualifying degree and adherence to licensure and certification standards. Practicum and internship supervisors and students develop a contract stating the proposed training opportunities and responsibilities for the year (see appendix K & L). 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 M).

Practicum and internship students will meet weekly with other students and the practicum/internship instructor on the SHU 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. Recording clinical work for on-campus case consultation is required. Internship students will be required at the end of the internship year to submit a written case study and a short video recording that is representative of their work with the 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**

- ❖ Criteria for Progressing to the Pre-Practicum Stage



- Full admission in the program (does not include conditional admission)
- Demonstrate adequate interpersonal skills and willingness to work with persons from a range of developmental levels and diverse backgrounds.
- Willingness to commit to involvement in a therapy setting with individuals, couples and families under supervision throughout the course of the program.
- 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.
- Student achieves a B or above in 6601-Couple and family dynamics, 6003-counseling skills, 6316-group counseling, 8011-Seminar on ethical and legal issues, and 7620-Seminar in systemic therapies. Students are required to pass all five courses prior to clinical placement.
- Student achieves a 2 or higher on clinical readiness scale items.

❖ Criteria for Progressing to the Practicum Stage

- Completion with a B or above of required specialty courses in Marriage and Family Therapy.
- 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. One of the Techniques courses may be taken concurrently with the Practicum with approval by the Program Director.
- Evaluations, with no less than ratings of “3” from the pre-practicum supervisor’s evaluation of clinical and interpersonal performance and conduct.

❖ Criteria for progressing to the internship stage

- Successful completion of 8801-Foundations of Assessment and Treatment course with a grade of “B” and above. 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.
- Favorable clinical evaluations completed by on-site supervisors, with no less than ratings of 3.

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.

## **Student’s Need for Clinical Remediation**

Supervisor evaluations of students are a significant source of feedback to the program about development of a student. If less than a 3 is obtained on any evaluation, a meeting will occur immediately with the student and clinical coordinator. The meeting will be a chance for the student to express their views of their evaluation and training. The clinical coordinator and student, in consultation with the site supervisor, will develop an action plan to address the deficiencies. If this plan is not completed within the defined timeline, a student would meet with all program faculty to develop a remediation agreement or be dismissed from the program.

## **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. Practicum 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 practicum and internship include:

- **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.
- **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.
- **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.
- **Interpersonal Skills.** Development of interviewing skills, rapport building, appropriate interaction with cross-cultural and gender contexts and across socio-economic levels and life experiences.
- **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 Site

### ❖ Activities Included in the 500 Hours Toward Graduation

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. Descriptions 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, a session as part of a course of treatment, or an 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 a psychoeducational presentation given to a group of clients.

❖ Supervision Requirements

- *Supervision*: (100 hours) Students will meet one hour for every 5 clients seen, with their supervisors who oversee their clinical work. Supervision by an AAMFT Approved Supervisor will be provided as a part of or in addition to on site supervision. 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/ clips 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. Twenty-five (25) of the 100 hours may be obtained during CPSY9880 and CPSY9881. The twenty-five (25) may not come solely from CPSY9880 or CPSY9881 but must be broken up over both.
- *Video recording/recording*: this refers to the use of a video/ device to record a session for use in supervision. In transporting digital 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 digital files. All efforts should be made to maintain confidentiality and security of the digital files. Digital files should be erased after use. There may be instances when digital 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 digital files in a secure place at the clinical site.
- Students may receive different types of supervision:
  - Individual supervision—here the supervisor can meet up to 2 students at a time (weekly).
  - Group supervision—here the supervisor can meet anywhere from 3–6 students at a time (bimonthly).
  - Live supervision—here the supervisor may either observe the supervisee through a one-way mirror or sit in on a session but not participate.
  - Video supervision—this refers to supervisees using a video file in the supervision session. Whether a supervisee uses one or more digital files in one supervision session, it is counted as only one hour of video supervision. However, all students present in such a supervision session may count it as 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.

## Steps Toward Completion of Clinical Training

Prior to beginning their pre-practicum training, students must:

- Become AAMFT members and obtain individual student malpractice insurance.
- Read and sign the retention and remediation contracts.
- complete core coursework in marriage and family therapy: Couple and Family Dynamics: A Systemic Approach (6601), Advanced Seminar in Systematic Therapies (7620), Seminar on Ethical and Legal Issues: A Systemic Approach (8011)
- Meet all requirements for clinical readiness as specified above.

Prior to beginning their practicum experience, students must:

- Complete core 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 Pre-practicum seminar (8516).
- Enroll in Practicum seminar (8801-Foundations of assessment and interventions in systems).
- Submit documentation of their pre-practicum clinical work to the MFT Clinical Coordinator (Verification of hours and supervisor evaluation)
- Obtain satisfactory evaluations by site supervisors during pre-practicum as evidenced by ratings of 3 or more on all items and verbal report by supervisor to clinical coordinator.
- Ensure that malpractice insurance is current.

Prior to beginning their internship, students must:

- Complete CPSY 8801-Foundations of assessment and treatment in systems.
- Register for Internship in Marriage and Family Therapy (CPSY 9880, 9881).
- Ensure that student malpractice insurance is current.
- Submit documentation of practicum clinical work (documentation of hours and supervisors' evaluation)
- Obtain 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.

Upon completion of their internship, students must obtain a letter from field supervisor verifying the total number of hours completed at the site. This document should be printed on the agency's letterhead. Students must ensure that the internship coordinator receives all documentation of clinical training prior to graduation. This includes: pre-practicum/practicum/internship contract, supervisor evaluations of supervisee, student's evaluation of the clinical site, and verification form and letter documenting the number of hours completed at the site.

In order to graduate from the program, students must show proof that they have completed 500 hours of clinical contact with individuals, couples and families. A minimum of 250 hours must come from therapy with couples and families treated from a systems perspective. They must also show proof that they have received 100 hours of supervision, of which 50 are live or video supervision hours.

## **Practicum/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. In extenuating circumstances, a student may make a request for a second site. **This request has to be approved by 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 currently affiliated with the University. The student must discuss any search or decision making with the clinical coordinator. **Until the site is approved and affiliated with the University, students may not initiate the internship/practicum at the 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.**

## **Extending Internship Placement after Completion of CPSY 9880 & 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. Student must receive a favorable evaluation from their AAMFT-Approved Supervisor and must not be involved in any retention and remediation procedures.

## **University Faculty’s Responsibilities**

- Assure that student is academically prepared and meets the requirements for practicum/internship placement.
- Assure that placement is appropriate for program goals and student needs.
- Maintain contact with field supervisor through telephone contact or visits to monitor student progress and receive evaluations.
- Conduct weekly courses with students.
- Evaluate the suitability of the placement and the student's performance rests with the university faculty.
- Ensure that all clinical paperwork and forms are completed as needed.

## Student's Responsibilities

- Become an AAMFT member prior to starting practicum.
- Obtain and maintain student liability insurance.
- Fill out and sign contract from clinical placement setting and follow terms of the contract.
- Complete all clinical training paperwork and forms.
- Attend all student-clinical training meetings required by the program.
- Ensure that verification of clinical hours and clinical training evaluation forms are submitted to the clinical coordinator at the end of each semester.
- Participate in actively evaluating the placement site at the end of each academic year.
- Conduct him/herself in a professional and ethical manner with supervisors, staff, and clients as agreed upon in the signed 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 trainees and professionals.

- As part of informed consent, trainees will represent themselves accurately and inform all clients of their student trainee status.
- 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.
- 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.
- 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.
- Trainees will not engage in sexual relations with their client(s).
- According to licensing laws, unlicensed persons/trainees may not set or collect fees for services rendered.

### ❖ Confidentiality Considerations

- Discussion of confidentiality occurs at the onset of the relationship and thereafter as new circumstances may warrant it.

- 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.
- Reasonable precautions related to respecting the confidentiality rights of those with whom one works or consults need to be undertaken.
- 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.
- In case of use of digital video files for supervision, the client(s) must be informed that the tape will be reviewed for purposes of supervision by other people in the school and onsite, and consent must be secured.
- Disclosure of confidential information to other sources may not occur without consent of the client(s).
- In order to minimize intrusions on privacy, written and oral reports should only contain information germane to the purpose for which communication is made.
- Appropriate confidentiality should be maintained in creating, storing, accessing, transferring, and disposing of records under the control of a clinician.
- Records may not be withheld for nonpayment of fees.

#### ❖ 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 digital video files. 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 digital 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 tape. Digital files will be stored on a secure, password protected USB or video cassette and will always remain in the possession of the supervisee(s) who appear on the recording. Digital files will be erased upon completion of supervision.

#### Field Supervisor's Responsibilities

All supervisors are required to provide evidence of the supervisory qualifications by showing evidence of their AAMFT Approved Supervisor or Approved Supervisor in Training Status or meet the program's equivalency standards that meet the State of New Jersey criteria for supervisors.

Supervisors are required to:

- Provide documentation of appropriate supervisory credentials (Meet NJ State MFT Licensing Requirements or equivalent).
- Orientation: Orient student to agency philosophy, policy, procedures, administration, and other relevant aspects of the clinical placement.
- 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).
- Clinical Skills: Develop the student's skill in clinical areas related to assessment, therapy, and relevant record keeping.

- Video Supervision: Facilitate and review video recording of sessions in supervision.
- Supervision:
  - 100 hours of supervision are required per AAMFT regulations for a total of 500 hours of client contact.
  - Supervision should occur on a weekly basis.
  - Supervision may be conducted within the realm of several modalities: individual and group.
  - Individual Supervision: According to AAMFT regulations this may involve 1-2 students in face-to-face supervision at least once every other week. Individual supervision should involve a 5(clients): 1(supervision) ratio.
  - Video Supervision: Facilitate and review video recording of sessions in supervision.
  - Fifty (50) of the 100 hours should be allotted to audio/video/live supervision.
- Emergency Supervision: Establish procedure for student to obtain additional or emergency supervision if needed.
- Coverage in the absence of supervisor: If supervisor will not be available, provide for supervisory coverage.
- 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.
- 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.
- According to AAMFT regulations, supervisors are required to either observe video recordings or conduct live supervision 25 percent of the 100 hours of supervision.
- Counting of hours of video supervision: Irrespective of the number of videos viewed within a supervision session, it is considered as one hour of video supervision. Irrespective of which student brings a video recording, all students present during supervision can count it as video supervision.
- Evaluate students' progress through observation, supervision, and evaluation reports to the university.
- Verify and document number of hours that a 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, tape, case report).
- Maintain contact with university clinical coordinator and advise clinical coordinator of any problems or concerns as they arise.
- Provide professional role modeling as a marriage and family therapist and encourage the professional development of the student.

### Administrator's Responsibilities

In the event that an 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, 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.



## **Program Right to Withdraw Student from Site**

The MFT faculty reserves the right to remove a student from his/her practicum site at any time during the clinical practicum contract period for the following reasons:

- The student is not receiving adequate clinical hours at the agency.
- The student is not receiving adequate supervision at the agency.
- The student is being placed in potentially dangerous situations at the agency.
- The student is being requested to perform personal and/or professional functions that are not in line with the AAMFT Code of Ethics.
- The student is not following the proper procedure set forth by the agency and/or program in regard to the practicum experience.
- The agency is uncooperative in complying with the requirements of the marriage and family therapy practicum/internship experience.
- The student is not receptive to supervisory feedback and direction.
- The student is not demonstrating competent clinical practice.
- The student is behaving in an unethical manner.

## **Teaching, Supervision, and Therapy**

Students, faculty, and supervisors are to understand and observe the distinctions among teaching, supervision, and therapy. *Teaching* is focused on topics and issues to be learned. In the more clinically related courses, students are expected to be able to reflect on the material as relevant to the uses of themselves personally as professionals and to potential clients. This may be done through practicing techniques and role-plays. Teaching in didactic classes is not supervision and definitely not therapy. *Supervision* is focused on clinical data. Students need to be able to explore with supervisors the personal and client dynamics which are relevant to the effective provision of therapy to clients. They are expected to be able to draw on the material they have learned in didactic courses. If the personal issues which arise in supervision are of a nature requiring more in-depth and long-term examination, students may choose to select or be recommended to seek a therapist. Students who are in class or supervision with peers are to hold any self-disclosures made in confidence. Supervision is not to be therapy. *Therapy* involves a contractual relationship between therapist and client to examine in depth and over a period of time personal and interpersonal issues. Teachers and supervisors are not to serve as therapists for students.

## **Time Off/Personal Time during Pre Practicum/Practicum/Internship**

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

For their Practicum/Internship, students are required to be at their clinical placements during the agency's calendar year. Students may be required to be on site during Christmas, spring and summer breaks, and on days when the University 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 during Clinical Training**

Students in the Marriage and Family Therapy program are required to be engaged in clinical training each semester of the second and third year of the MFT program. However, if you are unable to do so, 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:

- 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).
- 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.
- A month before you intend to return to clinical training, you will need to contact the clinical coordinator to address your return to training.
- 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.
- 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.
- 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.

## **Program Right to Withdraw Student from Program**

The clinical faculty have a responsibility to you, the program, the Commission on Accreditation, and the profession to evaluate on an ongoing basis the appropriateness of your role as a marriage and family therapy trainee and the progress you are making toward the goal of developing the conceptual, ethical, and practice skills you will need to engage in independent practice. Students in the MFT program may be dismissed from the program if they demonstrate they are not making successful progress toward the completion of the program. The program faculty have established the Pre-

practicum Readiness evaluation as a mechanism for evaluating your progress in the program. You may be dismissed from the program as a result of an unsatisfactory clinical readiness evaluation. It is important to note that evaluations of your progress will be ongoing throughout the program. You may be dismissed from the program at any time for the following reasons:

- Failure to maintain the established grade point average and other academic standards (see the Graduate Bulletin).
- Failure to make satisfactory academic progress toward the degree.
- Violations of AAMFT Code of Ethics.
- Failure to complete time limits for the degree as set by the MFT program, the Department (PPFT), the College (CEHS), and the Graduate School.
- Failure to make satisfactory progress in clinical skills.
- Failure to resolve personal and interpersonal issues which interfere with the delivery of satisfactory services to clients.

Any faculty member who has concerns about a student regarding any of the above will meet with the student and discuss the concern. A note to the student file may also be made. If the student fails to make satisfactory progress toward resolution of the concern, the faculty member will bring the issue to the clinical faculty. The faculty will determine specific action the student will be required to take to resolve the concern and inform the student in writing. The student's progress relative to the concern will be evaluated by the clinical faculty on an ongoing basis. Evaluations of the student's progress will be written in memo format and placed in the student's file and copied to the student. In the event that unsatisfactory progress is made within the time limits set by the faculty, a written notice of dismissal will be sent to the student. Notice of dismissal may be appealed by the student in writing. The appeal process will follow the same guidelines and policies that apply to the appeal of a grade.

### **Policy on Technology Requirements**

The SHU MFT program requires that all MFT students acquire and/or learn to operate the following technology:

1. A SHU email address throughout the time in the program
2. Basic Word and Excel skills
3. phone and/or email availability, especially while clinically active

Microsoft Office 365 is an all-in-one communications and collaboration platform for university faculty, staff and students. Features include:

- Free Installation of Office Software
- 50 GB Email, Calendar, Contacts, Tasks
- 1 TB OneDrive Cloud Storage
- MS Web Apps: Word, Excel, PPT, OneNote
- Nitro Pro PDF software

At no charge, SHU students, faculty, and staff may install the latest Microsoft Office Suite on up to five (5) personal computers and Office Mobile apps on up to five (5) devices through Microsoft. For more information, visit the Office 365 page on the IT services website

(<https://www.shu.edu/technology/>).

## Graduation Requirements

The Seton Hall University Graduate Catalogue states, “Generally, candidates for all master’s and Educational Specialist degrees are expected to fulfill all requirements for the degree within six years after they have been formally accepted” (p. 42).

In preparation for graduation, students must complete the following:

- Complete all required courses with no incompletes or NR grades.
- Complete all required clinical and supervision hours.
- Receive satisfactory supervisor evaluations during pre-practicum, practicum, and internships.
- 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.
- Case study and passed defense successfully. Case study cannot be defended until courses are posted with grades and final hours are submitted.

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, without exception. 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:

- Case study write-up should be written based on the guidelines (see appendix R) provided by the program.
- Case Study write up will typically occur in the final year of the student’s training, but preparation will begin in CPSY 8801.
- 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.
- 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.
- 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.
- 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.

- 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.
- 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.
- The defense will last approximately one hour and be conducted with 2 faculty.
- 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 tape reception 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.
- For those students that complete their hours after the end of the 3<sup>rd</sup> 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.
- There are three possible outcomes of the oral defense:
  - Passed with no changes.
  - Passed with revisions.
  - Unsatisfactory
- 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 R of this handbook.
- 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

	First Semester	Second Semester	Summer Semester
1 <sup>st</sup> Year	6003 Counseling Skills** 6101 Personality Theory 6316 Group Counseling** 6601 Couple and Family Dynamic** (Prereq for 7620)	6103 Abnormal Psychology^ 8011 Seminar on Ethical and Legal Issues: A Systemic Approach ** 6102 Human Development^ 7620 Seminar in Systemic Therapies** **Clinical Readiness Evaluation (May)	6310 Etiology of Addiction
2 <sup>nd</sup> Year	8617 Applied Research Methods & Statistical Analysis 7621 Couples and Family Systems Techniques I 8516 Pre-practicum in MFT (Prereq for 8801) 8517 Seminar on Psychopath & Systemic Diagnoses (Prereq for 8801)	7622 Couples and Family Systems Techniques II 7615 Gender and Ethnicity 8800 Seminar: Contemporary Issues in MFT 8801 Foundations of Assessment and Treatment in Systems (Practicum)	9880 Internship in Couple and Family Therapy I 7515 Social Psychology*
3 <sup>rd</sup> Year	9881 Internship in Couple and Family Therapy II 7610 Human Sexuality 6105 Biological Bases of Behavior* 6001 Tests and Measurements		

\*Prerequisite for Program (can be transferred from undergraduate with approval)

\*\*Prerequisites for beginning Prepracticum

^ Can be completed in summer term

## **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. The registrar must give final approval on all transfer credits. 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.S. 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 That Must be Earned at SHU

Master of Science in Marriage and Family Therapy: 39

Eds In Marriage and Family Therapy: 21

Is this a Transfer or Waiver?	Transfer Course Number and Title	Credit Hours	University Name & Term and Year Completed	Grade	Course Level (Grad/Undergrad?)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix D: Clinical Guidelines

	<b>Pre-practicum</b>	<b>Practicum</b>	<b>Internship</b>
	<b>Fall Year 2</b>	<b>Spring Year 2</b>	<b>Spring &amp; Fall Year 3</b>
Time at Site	10-15 hours per week	10-15 hours per week	20 hours or more per week
Activities on Site	<ul style="list-style-type: none"> <li>- Training orientation</li> <li>- Training seminars</li> <li>- Case staffing</li> <li>- Job Shadowing</li> <li>- Co-leading groups</li> <li>- Conducting intakes under appropriate supervision</li> <li>- Individual and systemic therapy (up to 5 clients)</li> </ul>	<ul style="list-style-type: none"> <li>- Training seminars</li> <li>- Case staffing</li> <li>- Co-leading groups</li> <li>- Conducting intakes</li> <li>- Individual and systemic therapy (at least 5 clients)</li> </ul> <p>Students must accrue at least 50 hours of direct client contact during the Spring Semester.</p>	<ul style="list-style-type: none"> <li>- Training seminars</li> <li>- Case staffing</li> <li>- Co-leading groups</li> <li>- Conducting intakes</li> <li>- Individual and systemic therapy (10 clients or more)</li> </ul> <p>Students must accrue 500 hours of direct client contact, including 250 hours of couple and family-based interventions by the end of Year 3.</p>
Core classes	Pre-practicum and CPSY 7620 Seminar Seminar in Systemic Therapies:	Technique Courses: CPSY 7621 and 7622 And CPSY 8801 Foundations of Assessment and Intervention in Systems (Practicum Seminar):	Internship Seminars: CPSY 9880 & 9881
Supervision	<p>Program-approved supervisor</p> <p>1 hour of individual supervision for every 5 hours of client contact</p>	<p>Program approved supervisor</p> <p>1 hour of individual supervision for every 5 hours of client contact, including review of - or video- recorded sessions</p>	<p>Program approved supervisor</p> <p>1 hour of individual supervision for every 5 hours of client contact, including review of - or video- recorded sessions</p> <p>Students must accrue 100 hours of supervision, including 25 hours of video/ or live supervision by the end of Year 3.</p>

\* This chart is only a guideline. Students may complete clinical requirements according to their particular schedules with permission from Clinical Coordinator. Completion of hrs. during the summers before & after Practicum and Internship are encouraged. A minimum of 100 supervision hours is required in addition to the 500 hrs. of client contact.

### LICENSING INFO. FOR M.S. STUDENTS

1 yr general counseling	2 years working with families	= Total of 3yrs exp. for
1,000 clock hrs	2,000 client contact hrs.	license for M.S. graduates
Pre/post degree Experience	(2,000 of these must be post-degree)	2,000 client contact hrs.
	100 hours of clinical supervision	100 supervision hours

## **Appendix E: University Policies**

Seton Hall University has policies and procedures that faculty and students are expected to observe. The following site has the all of the policies and procedures for the University including the Policy against Discrimination, Harassment and Retaliation, FERPA, Course Incompletes, Policy Against Discrimination, Harassment and Retaliation, and Withdrawal:

<http://www.shu.edu/offices/policies-procedures/>

Plagiarism Policy:

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

Academic Grievance Procedure:

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

## **Appendix F: Grievance Process for Academic Issues Related to Grades and Other Disputed 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.

### **❖ 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. If the student believes she or he has a grievance, that student must seek out the department chairperson who will initiate the departmental grievance procedures. This should be done immediately after conferral with the Professor, and not more than 10 days later.
2. 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. This should be done not later than 10 days after referral to the committee.

3. 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 obtain 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.
4. 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. The committee will make every effort to complete its work within one month. However, students should be aware that grievances submitted at certain times of the year, such as the summer, may take longer.
  - d) Whatever the determination of the committee, it will share that recommendation with the Department Chair. After consultation with the Department Chair, either the Chair or the Committee will inform the student of the Committee decision.

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 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 obtain 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](http://www.shu.edu/offices/upload/Student_Handbook.pdf)

#### ❖ 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:

- The dean/director will assign a mediator acceptable to both parties from a standing list of college/division mediators.
- 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.
- 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.
- 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

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.

Preliminaries

- 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.

- 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.
- 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.
- The chairperson will distribute copies of the above.

#### Hearing Procedure

- Parties, accompanied by witnesses and an adviser if desired, should present themselves before the college/division grievance board on the date and time established.
- 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.
- 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
  10. closed deliberation by hearing committee

#### Resolution of the Hearing Committee

- The hearing committee must first determine if there is substance to the grievance and the nature of appropriate redress.
- 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.
- 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.

#### 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.

#### 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:
  - Manifest injustice of the action: Burden of proof of such injustice shall rest with the appealing party and must be included in the appeal.
  - 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.
  - 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:
  - One copy of all documentary evidence introduced during the preliminaries and course of the hearing
  - A verbatim transcript or tape recording of the hearing, excluding the closed deliberation of the grievance board
  - 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:
  - The dean/director
  - The parties to the dispute
  - Appeals boards and ad hoc appeals investigation committees
  - Other parties with consent, in writing, of the dean/director and the principals in the dispute
  - 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.
- Copying of materials in hearing records files, according to the following guidelines:
  - 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.

- 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.
- 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

- 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.
- 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:
  - Two members of the faculty of the college, school or division from which the appeal is taken
  - Two students matriculated in that college
  - Two faculty members who are not members of the faculty of the college from which the appeal is taken
  - Two students not matriculated in that college
- 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

- 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.
- Procedural irregularities: A violation of the grievance procedures contained herein.
- 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.



- 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

### Preliminaries

- 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.
- The chairperson of the board will set a date and time for the hearing, no earlier than 14 and no later than 21 business days from the date of notification.
- Set in motion the machinery for selecting the ad hoc members of the board for the case.
- 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.
- 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:
  - one copy of each document to be presented in support of the position; and
  - a list of witnesses to be called.

### Hearing Procedure

- On the date and at the time and place established for the hearing, the dispute will present themselves before the hearing board, accompanied by witnesses and an adviser if desired.
- The hearing must proceed under the following format:
  - Opening statements
  - Presentation of appeal cases, including witnesses
  - Cross-examination of presenting party
  - Posing of questions from board members by moderator
  - Presentation of second party to the dispute
  - Cross-examination of second party
  - Posing of questions of board members by moderator
  - Review of evidence
  - Closing statements
  - Closed deliberations of the board.

### Judgment of the Hearing Board

- 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.
- All decisions and recommendations of the board require the assent of a majority of the board.
- 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.
- 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:
  - Manifest injustice
  - Procedural irregularities

#### Rights to be Protected During an Academic Grievance Resolution Process

- The right to notice and clear formulation of the grievance issues in dispute
- 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
- The right to the assistance of an adviser from within the University community to assist in the preparation and presentation of the dispute
- The right to hear and cross-examine adverse witnesses and rebut adverse testimony
- The right to present a defense
- The right against self-incrimination, including the right to answer any questions posed without prejudice
- 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:
  - One copy of all documentary evidence introduced during the preliminaries and course of the hearing
  - A verbatim transcript or tape recording of the hearing, excluding the closed deliberations of the grievance board
  - 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:

- 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.
  - 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.
- 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.
- 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.
- 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 G: Remediation Policy in Clinical Training

At the end of each semester (fall and spring), a student's clinical performance is evaluated by the site supervisor. The evaluation consists of 46 items that fall into 9 domains of competency. Each item is rated using a 5-point likert scale. Ratings of 1 and 2 indicate the student is struggling to master the basic knowledge and skills required to progress towards professional practice as a marriage and family therapist. Students are responsible for reviewing their evaluation with their supervisor and ensuring their understanding of the ratings. They should write their feedback on the evaluation before signing it. Students are responsible for giving the program clinical coordinator a signed copy of the supervisor's evaluation by the beginning of final exams week. The clinical coordinator then reviews the student's clinical evaluation and notes any deficits that may require remediation.

When a student scores at or below 2 on the clinical evaluation, the clinical coordinator follows the steps described below:

- The student scores at or below 2 on one item only: The clinical coordinator meets with the student to discuss the student's difficulty and agree on a set of actions the student must take in order to improve their performance. The clinical coordinator documents the meeting with the student and the content of their agreement. Records of the meeting are kept in the student's clinical file. The clinical coordinator decides if an action plan is adequate to address the concerns or if remediation is required.
- The student scores at or below 2 on two or more items OR the student scores at or below 2 on any one item in Domain III (professionalism and self-awareness), IV (ethical, legal, and professional issues) and V (supervision and consultation): The student will meet with the clinical coordinator and program faculty. The first step is the clinical coordinator contacts the site supervisor and documents the supervisor's concerns about the student. The clinical coordinator then notifies the program director and schedules a meeting with the student, clinical coordinator, and the program faculty to discuss the student's evaluation. During the meeting, the parties identify and agree on a set of expectations the student must fulfill in order to move to the next stage of clinical training. The expectations are conditions for remaining in the program and are congruent with the concerns. The clinical coordinator is responsible for drafting a remediation agreement. The student and program director will review the remediation agreement and request changes when appropriate. When all parties have agreed on the terms of the agreement, they sign the document and the document is filed in the student's clinical file.

The student is responsible for informing their site supervisor that they have been placed on remediation. The clinical coordinator will contact the site supervisor to discuss the terms of the remediation and program's expectations. The remediation agreement specifies when and how the clinical coordinator will monitor the student's progress during the remediation period.

If the student disagrees with the proposed remediation agreement, they will not sign. They will file a complaint with the department chair in accordance with the formal complaint process of the department.

## **Appendix H: Policy on the Retention and Remediation of Students**

### ❖ 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:

- Knowledge of Human Science of Marriage and Family Therapy as a Profession
- Knowledge of the Integration of Research and Practice
- 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
- 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 lifestyles 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 review process, the procedures for informal identification of problems, and the review process once a potential problem is identified.

#### Annual Review

Each April, students meet with their advisors to discuss their progress toward Student Learning Outcomes and Competencies. At minimum, the following areas will be addressed in a student's annual review:

- Student Outcomes One and Four: Knowledge. Areas assessed under Student Outcomes One and Four include GPA, grades, and instructor feedback in individual courses.
- Student Outcomes Two and Three: Clinical Competence and Ethical Understanding. Areas assessed under Student Outcomes Two and Three include clinical skills, evaluations of internship faculty and onsite supervisors, quality of work samples, grades in Ethics and any of the core family therapy classes (6601, 7620, 7621, 7622, 8517, 8801, 9880, & 9881).
- Student Outcome Three and Five: Awareness Of Self And Others. Areas assessed under Student Outcomes Three and Five include professional behavior and interpersonal skills (e.g., conscientiousness, independence, cooperation, ethical responsibility, social responsibility, respect for diversity, and personal responsibility) as reported by a student, peers, faculty, and supervisors and clinical evaluations.

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). 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 Program Director or Clinical Coordinator will be responsible for summarizing the meeting 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 Clinical 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, at least two faculty of the marriage and family therapy program, the clinical coordinator being one of the two, meet with the student to review the evaluation, and to determine whether a problem actually exists. 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 the clinical coordinator 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.

Signatures:

Student Signature: \_\_\_\_\_

ClinicalCoordinator:\_\_\_\_\_

Program 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.

### ❖ 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."

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.

- 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).
- 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.
- 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.
- 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.
- 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.

#### ❖ 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.

#### ❖ 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.

#### ❖ 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

American Association of Marriage and Family Therapists. (2012). *Code of Ethics*. Alexandria, VA:

Author. Retrieved June 5, 2006 from

<http://www.aamft.org/resources/LRMPlan/Ethics/ethicscode2012.asp>

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>.

American Psychological Association. (2002). Ethical Principles of Psychologists and Code of Conduct. *American Psychologist*, 57(12), 1060-1073. Retrieved June 5, 2006 from

<http://www.apa.org/ethics/code2002.html>

American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5<sup>th</sup> 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

**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 6 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

### 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 \_\_\_\_\_ b\_\_\_\_\_ ☐ 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:

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

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

---

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**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

### 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:

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

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---

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

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**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: Documentation of Clinical and Supervision Hours

### DOCUMENTATION OF CLINICAL AND SUPERVISION HOURS

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

Student name: \_\_\_\_\_

From (month/day/year): \_\_\_\_\_ to (month/day/year) \_\_\_\_\_

Site: \_\_\_\_\_

Supervisor name and credentials: \_\_\_\_\_

This document verifies that during the aforementioned period the student has completed the following hours:

#### 1. Clinical Hours:

		# of Hours	
<b>Non- Relational</b>	Individual Therapy		
	Group Therapy		
	Individual Psycho-Ed		
	Group Psycho-Ed		
			+
<b>Relational</b>	Family Therapy		
	Couple Therapy		
	Couple Group Therapy		
	Family Group Therapy		
	Family Psycho-Ed		
	Couple Psycho- Ed		
<b>TOTAL CLINICAL HOURS</b>			=

## 2. Supervision Hours:

	<b>Individual</b> (1-2 people)	<b>Group</b> (3-6 people)	<b>TOTAL</b>
<b>Live</b> (behind one way mirror or in the room)			
<b>Video</b> (review video from session)			
<b>Case Report</b> (talk about cases)			
<b>TOTAL</b>	+		
<b><i>TOTAL SUPERVISION</i></b>	=		

## 3. Other hours: Indicate number of hours for each category

Paperwork (e.g., writing progress notes, treatment plans)	
Training seminars	+
Other (e.g., administrative tasks, preparing for session)	+
<b><i>GRAND TOTAL</i></b>	=

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Appendix N: Clinical Hour Documentation Terms & Definitions

**CLINICAL HOURS** – refers to the time you spend face-to-face with clients. They may fall under the main categories of: individual, family, couple, or group. These hours do not include paperwork time, supervision, or any presentations, trainings, etc. done with non-clients or that you are a participant in.

**PSYCHO-ED HOURS**- refers to providing psycho-educational information to clients whether through discussion in an individual, couple, or family setting, or via a presentation given to a group of clients. These do count as clinical hours and fall under one of the four main categories of individual, group, family, or couple. Therefore, depending on the modality, these may be either relational OR non-relational clinical hours. Psycho-education usually refers to” education offered to individuals with a mental health condition and their families to help empower them and deal with their condition in an optimal way”.

**NON-RELATIONAL HOURS** – refers to clinical hours consisting of a session between you and an INDIVIDUAL or you and a GROUP of individual clients (aka NOT a group attended by couples or families)

**RELATIONAL HOURS** – refers to clinical hours consisting of a session between you and a FAMILY, COUPLE, or GROUP OF COUPLES OR FAMILIES. This may include parenting sessions, any session where more than one member of a family is actively involved in the session, or groups attended by more than one member of a family where the topic or theme is also relational (i.e. a parenting group or a multi-family group to process a particular diagnosis, etc.)

**SUPERVISION HOURS**- refers to time spent with supervisor to go over and process your caseload and experiences. There are many types of supervision, further explained below. Some types take place before and after sessions, and other types take place during the session (live). This is a time for voicing questions, concerns, getting feedback, asking for guidance, developing theoretical orientation, etc. You should meet with your supervisor ONE HOUR FOR EVERY 5 CLIENTS SEEN.

<b><u>NON-RELATIONAL CLINICAL HOURS</u></b>		
<i>(NO MINIMUM REQUIREMENT, GRAND TOTAL OF CLINICAL HOURS MUST = 500)</i>		
<b><u>TERM</u></b>	<b><u>DEFINITION</u></b>	<b><u>PROGRAM REQUIREMENT</u></b>
Individual Therapy	A clinical session with an individual client	No Minimum Requirement, Contributes to 500 Hour Total
Group Therapy	A clinical session with a group of individual clients	No Minimum Requirement, Contributes to 500 Hour Total
Individual Psycho-Ed	A clinical session where you provide psycho-educational information to an individual client	No Minimum Requirement, Contributes to 500 Hour Total

Group Psycho-Ed	A clinical session where you provide psycho-educational information to a group of individual clients	No Minimum Requirement, Contributes to 500 Hour Total
-----------------	--	---

**NOTE:** There is no minimum requirement for non-relational clinical hours. You could have 0 non-relational hours as long as you then had 500 relational hours. The point is for there to be a total of 500 clinical hours and AT LEAST 250 of them must be relational, but besides that there are no regulations. You do NOT need an equal 250/250 split, it really depends on your site and your caseload.

### **RELATIONAL CLINICAL HOURS**

*(MINIMUM REQUIREMENT IS 250, YOU MAY ACQUIRE MORE AS GRAND TOTAL OF CLINICAL HOURS MUST = 500)*

<b><u>TERM</u></b>	<b><u>DEFINITION</u></b>	<b><u>PROGRAM REQUIREMENT</u></b>
Family Therapy	A clinical session with a family (the family is considered your client)	Minimum Total of Relational Hours Must = 250, May Exceed
Couple Therapy	A clinical session with a couple (the couple is considered your client)	Minimum Total of Relational Hours Must = 250, May Exceed
Couple Group Therapy	A clinical session with a group of couples who are clients-theme must be relational in nature	Minimum Total of Relational Hours Must = 250, May Exceed
Family Group Therapy	A clinical session with a group of multiple members of multiple families- theme must be relational in nature	Minimum Total of Relational Hours Must = 250, May Exceed
Family Psycho-Ed	A clinical session where you provide psycho-educational information to a group of multiple family members of multiple families- theme must be relational in nature	Minimum Total of Relational Hours Must =

		250, May Exceed
Couple Psycho- Ed	A clinical session where you provide psycho-educational information to a group of couples- theme must be relational in nature	Minimum Total of Relational Hours Must = 250, May Exceed

**NOTE:** You need AT LEAST 250 relational hours, but more is completely fine. You can even get all 500 hours via the relational modality!

### **SUPERVISION HOURS**

*(MINIMUM REQUIREMENT IS 100, YOU MAY ACQUIRE MORE)*

<b><u>TERM</u></b>	<b><u>DEFINITION</u></b>	<b><u>PROGRAM REQUIREMENT</u></b>
Individual	Type of supervision that consists of the supervisor and 1 or 2 students	NO REQUIREMENT, MUST BE VARIED
Video	Type of supervision where video clips of sessions are shown to supervisor or professor in internship classes and processed.	Added with Live hours, together must = <b>50</b>
Live	Type of supervision where your supervisor is actively in the session with you or viewing it through a one way mirror.	Added with Video hours, Must total = <b>50</b>
Case Report	Type of supervision where you present case information to your supervisor and receive feedback.	Added with other supervision hours, must= <b>100</b>
Group	Type of supervision that consists of the supervisor and 3- 6 students. Should not exceed 6 students .	NO REQUIREMENT, MUST BE VARIED

**NOTE:** Students must have some group supervision AND some individual supervision, you cannot have all of one type



## Appendix O: Clinical Readiness Scale

Instructions: The purpose of this form is to evaluate students' competencies along two dimensions: interpersonal skills and mastery of basic helping skills. This form is filled out at the end of the semester by the instructor of 6003-Counseling Skills and 6316-Group Counseling. The evaluator uses the following ratings to assess the students' performance on each item. Students must score 2 or above on each item in order to meet expectations and to demonstrate readiness for clinical placement in the community.

1	The student performs at a level below what is expected as relates to readiness for clinical work under appropriate supervision (e.g., the student has difficulty receiving feedback; the student struggles to develop collaborative relationships with peers)
2	The student's performance meets expectations and is appropriate for their level of training (i.e., beginning therapist with no clinical experience).
3	The student's performance exceeds expectations.
NA	I have not had the opportunity to observe this skill.

1. \_\_\_\_\_ Ability to hear and paraphrase what is important to clients.
2. \_\_\_\_\_ Ability to use closed-ended and open-ended questions to gather information.
3. \_\_\_\_\_ Ability to identify and reflect client's feelings.
4. \_\_\_\_\_ Ability to clarify the meaning of what the client is reporting.
5. \_\_\_\_\_ Ability to attend to nonverbal behaviors.
6. \_\_\_\_\_ Ability to use silence appropriately.
7. \_\_\_\_\_ Ability to create a safe and non-judgmental context for therapy.
8. \_\_\_\_\_ Ability to demonstrate empathy/understanding.
9. \_\_\_\_\_ Level of openness to feedback from the client or the instructor.
10. \_\_\_\_\_ Ability to use instructor's feedback to improve skills.
11. - \_\_\_\_\_ Ability to provide constructive feedback to peers/colleagues.
12. \_\_\_\_\_ Ability to work collaboratively with peers or other team members.
13. \_\_\_\_\_ Level of engagement and participation in training/learning process.
14. \_\_\_\_\_ Ability to identify and attend to diversity issues and examine the need to adapt therapist activities.

## Appendix P: Self-Assessment Questionnaire/Evaluation Form

Name \_\_\_\_\_ Degree \_\_\_\_\_ Current Semester \_\_\_\_\_

Any Classes with Grades under a B to date:

Results of Basic Skills Evaluations:

Self-Assessment:

Instructions: Sections I through IV are to be completed by the student. The student must turn in this form to their advisor with these Sections completed at least one week prior to the scheduled Clinical Readiness Interview. The student's advisor completes Sections V through VII prior to the meeting. The advisor uses input from other faculty members, student grades, performance on the Basic Skills Evaluations, other performance measures, and interactions with the student to complete Sections V through VII.

### I. ASSESSMENT OF CURRENT ABILITIES (Maximum of 3 Pages)

- A. Are you ready to begin working with individuals, groups, couples, and families? If so, how do you know? If not, what do you think you will need to be at that point?
- B. What are your strengths as a therapist?
- C. What are your weaknesses as a therapist?
- D. What was the most challenging course that you have completed to date? Why?
- E. How do you define self-awareness in your words? What have you grown aware of this year?

### II. CLINICAL GOALS (Maximum of 1 Page)

- A. What are your professional goals for pre-practicum?
- B. What are your personal goals for pre-practicum?

To be completed by Faculty:

### IV. Does the student display the qualifications and readiness for intensive clinical training?

Check each statement that the student demonstrates and indicate evidence and strengths and weaknesses in the space provided.

1. Personal and professional integrity
2. Knowledge of New Jersey laws and statutes governing mental health practice
3. Ability to make decisions using ethical decision making principles and models
4. Awareness of one's own affective process
5. Ability to demonstrate cultural competence and sensitivity
6. Ability to accept and respond to supervision
7. Potential for client management
8. Maturity

Comments: \_\_\_\_\_

### V. What are the student's strengths?

### VI. What are the student's areas in need of growth?

## **Appendix Q: Guidelines for Preparation of Written Case Study and Procedure for Oral Exam**

### **GUIDELINES FOR PREPARATION OF WRITTEN CASE STUDY AND PROCEDURE FOR ORAL EXAM**

#### **SETON HALL UNIVERSITY DEPARTMENT OF PROFESSIONAL PSYCHOLOGY 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 clip that is representative of your work with this family. Throughout the paper use the latest APA publication manual for principles and guidelines on how to write in general and in specifics and on how to organize references. References are expected to be original sources for both systemic and personality theories as well as other supporting references. Original sources were written by the originators of theories Chapters from professional handbooks (e.g., Gurman & Kniskern, 1991) may also be drawn from. Examples of original sources include writings by Bowen, Minuchin, Papp, Palazzoli, Madanes, Haley, de Shazer, White & Epston, Johnson, Roberts, and Boszormenyi-Nagy. Do not use secondary or tertiary sources, no citing of textbooks. Correct grammar is expected as a prerequisite.

#### **A. MY THEORETICAL ORIENTATION (CITE REFERENCES)**

1. The theory upon which I base my work. If you integrate more than one explain how they interconnect.
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 from the one(s) you on which you base your model and address the differences between your approach and the other two in the following areas: 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. How and when might you use psychological tests if properly qualified?
- c. When would you refer out for testing or evaluation?

3. How effective are your assessment methods?

D. BACKGROUND INFORMATION ON MY CASE (DISGUISED IDENTITY)

- a. Demographic data and referring information. (e.g., gender, age, culture, race, other family members, larger systems).
- b. Presenting complaint.
- c. 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)

- 1. DSM-V Differential Diagnosis
- 2. Consider other possible diagnoses to the one chosen, including relational diagnoses.
- 3. Why does this specific one fit for IP (or both partners if treating a couple)?
- 4. How is DSM-IV diagnosis relevant or not relevant to your treatment?
- 5. 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)

H. 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.

I. 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.

J. THERAPIST FACTORS

1. Was there a “good fit” between therapist and family? (Describe explicitly similarities and contracts between you and clients [e.g., culture, education levels, socioeconomic status, religion], how these may have impacted therapeutic processes, and how you dealt with these.)
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?

#### K . 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

#### L. 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)

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

## Appendix R: 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 S: Evaluation of Practicum/Internship Student Competencies

### EVALUATION OF PRACTICUM/INTERNSHIP 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:

<b>2</b>	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. Remediation may also be required.
<b>3</b>	The student has gained basic mastery of the knowledge and/or skills associated with the item being rated. However, the student struggles to apply the knowledge and skills. For example, the student may select interventions that do not match the client's needs or the student struggles to use theories to understand the client and the problem. It is anticipated that the student will improve with the supervisor's guidance.
<b>4</b>	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.
<b>5</b>	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.
<b>6</b>	The student performs at the same level as a professional therapist and is ready for post-graduate experience.
<b>N/A</b>	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.



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

1. \_\_\_\_\_ Demonstrates knowledge of individual psychopathology, differential diagnosis, and DSM multi-axial 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:** \_\_\_\_\_

**Reviewed by Clinical Coordinator, Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## **Appendix T: Important Professional Resources**

### **❖ Professional Organizations**

American Association for Marriage and Family Therapy  
AAMFT: (703) 838-9808; [www.aamft.org](http://www.aamft.org)

Commission on Accreditation of Marriage and Family Therapy Education  
<http://www.coamfte.org/>

New Jersey Association for Marriage and Family Therapy  
NJ-AAMFT: (973) 361-7146; [www.aamftnj.org](http://www.aamftnj.org)

American Psychological Association  
APA: 1-800-374-2721; [www.apa.org](http://www.apa.org)

### **❖ State Licensing Boards**

Licensing Board for Marriage and Family Therapists in New Jersey: (973) 504-6415  
<http://www.njconsumeraffairs.gov/mft/>

### **❖ Student Malpractice Insurance**

CPH and Associates: 1-800-875-1911; [www.cphins.com](http://www.cphins.com)