



***SCHOOL OF LEADERSHIP AND
EDUCATION SCIENCES***

HANDBOOK FOR

***Masters Degree Program in
Marital and Family Therapy***

2011 – 2012

School of Leadership and Education Sciences

Student/Candidate Handbook Acknowledgement MFT Handbook

This note is to acknowledge receipt of the 2011-2012 student handbook for the Marital and Family Therapy Program.

I received and agree to read and abide by the policies contained in this handbook.

Signature:

Print Name:

Date:

MFT PROGRAM HANDBOOK
FALL 2011

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***I. General Information about the MFT
Program***

THE UNIVERSITY OF SAN DIEGO MARITAL AND FAMILY THERAPY PROGRAM

The Master of Arts in Marital and Family Therapy (M.A. in MFT) is a non-thesis degree program requiring 51 units of coursework, 6.5 units in continuing education, and successful completion of a comprehensive written examination. As part of the program, students complete a 12-month clinical practicum where they accumulate 500 direct client contact hours of which at least 250 hours are with couples and families. Students also receive over 200 hours of supervision from both faculty and site supervisors. The MFT program at USD meets the guidelines for family therapy training set forth by the Board of Behavioral Sciences, which regulates licensure of marriage and family therapists in California. Additional requirements beyond the master's degree must be completed to obtain the license, primarily post-degree supervised clinical experience. The USD MFT program has also been ACCREDITED by the Commission on Accreditation for Marriage and Family Therapy Education. The Commission on Accreditation is the standard setting organization for family therapy designated by the Department of Education. USD is one of only four degree granting programs in California recognized by the Commission.

For full-time students starting in the fall semester, the degree can be completed in two full academic years. For students starting in the spring semester, the degree requires a minimum of two and a half years to complete since practicum placements begin only in the summer and fall. The schedule of coursework may vary each semester, but most courses are offered at least twice a year. Students choose coursework for each semester with the help of their advisors. Students must complete the program within five years. The majority of students are full-time although some part-time students are in the program. Part-time students are required to take six units per semester and usually work in a related mental health profession. Students have experience in a variety of backgrounds such as education, psychology, business, nursing, social work, the military, and pastoral and religious settings. Although a sizable number of students within the program come from California, a growing number of students come from other states within the U. S. and from other countries.

MFT as a Profession

The Marital and Family Therapy program prepares students to become family therapists. Family therapy is different from other mental health professions because of: 1) its emphasis on treating couples and families; 2) its emphasis on present day problems instead of historical or intrapsychic conflicts; and 3) its focus on understanding interpersonal relationships as a way of treating mental health problems. Graduates of the MFT program usually work in mental health agencies, set up their own private practices, or continue on to doctoral work.

Marriage and family therapy, as a distinct discipline, has been emerging since the early 1940s. Although a relatively young profession, marriage and family therapists are growing rapidly in number and have become an integral part of the nation's health and mental health care delivery system. Our increased understanding of the relationship between marital and family dysfunction and serious mental and emotional disorders, such as chemical dependency, substance abuse, eating disorders, disorders of childhood and adolescence, and other forms of psychopathology

have contributed to the prominence of this discipline. It is rare today to treat either inpatients or outpatients without attention to the family and dynamics of the family system. For more information about family therapy as a profession, you can visit the American Association for Marriage and Family Therapy website (www.aamft.org). This site provides valuable information on a career as an MFT, fees and salaries for MFTs, a directory of licensing and certification boards for different states, and information on graduate programs in MFT. The website for the California Association for Marriage and Family Therapists also contains information about MFT as a profession (www.camft.org).

Clinical Emphasis in the MFT Program

The program emphasizes teaching students the clinical skills they need to be proficient marriage and family therapists. The program believes that all competent clinicians need to be able to utilize a biopsychosocial perspective. This perspective conceptualizes problems as the result of the complex interaction of biological, psychological, and social variables. Our students are taught the importance of considering possible biological factors in the etiology of presenting concerns and how to collaborate with the multiple professionals who come in contact with their clients. Further, the biopsychosocial perspective emphasizes the importance of social systems as important contexts for consideration during assessment and treatment. Although primary emphasis is put on the family as the key social system, the program also considers the role that larger social systems have on individual and family functioning. Students are taught to consider, for example, the role of extended family, legal, medical and school systems. A course on gender issues examines how gender socialization impacts individuals, couples, families, and the therapeutic process. Issues of diversity, such as ethnicity and race, socioeconomic status, and sexual orientation are also emphasized in the program.

The School of Leadership and Education Sciences

The MFT Program is located in the School of Leadership and Education Sciences, which also offers programs in Learning and Teaching, Counseling, Leadership Studies, and Non-Profit Management. The School of Leadership and Education Sciences is large enough to provide significant educational resources, yet small enough for faculty to provide valuable personal attention to each student. Located within the School are: Faculty offices, classrooms, computer labs, and a student cafe.

Typical Course Load

The University of San Diego considers nine to twelve semester units of graduate credit full time. Students must take a minimum six units per semester. The schedule of coursework may vary each semester, but most courses are offered at least twice a year. Students choose coursework for each semester with the help of their advisors.

MFT Licensure in California

Requirements for obtaining the MFT license are determined by the Board of Behavioral Sciences (BBS) in Sacramento. The BBS also issues the license to practice. Requirements for licensing often change at the BBS's discretion. Students in the MFT program at USD are kept informed of changes as they are published by the BBS. However, students are ultimately responsible for this information. The easiest way to keep informed of these changes is to join the California Association of Marriage and Family Therapists (CAMFT), which regularly publishes and keeps their members up to date on all BBS activity. The faculty strongly encourages students to join as soon as possible both the state (CAMFT) and national (AAMFT) professional organizations for family therapists.

Current requirements for licensing include:

- a. A Master's or Doctorate degree with a specialization in Marital and Family Therapy. The MFT degree from USD meets the current educational requirements for California licensure.
- b. 3000 hours of supervised experience. The supervisor must be licensed for a minimum of 2 years as an MFT, a licensed psychologist, a licensed clinical social worker, or a psychiatrist. At the present time, 750 direct client contact and supervision hours can be completed by a candidate before the graduate degree is completed. The 500 hours of client contact needed for graduation from the USD program and the supervision received at practicum placements count toward this requirement. Pre-graduate degree hours must be done in an agency setting. Post-degree hours can be done with a supervisor in a private practice setting if desired.
- c. When the graduate degree and the supervised experience hours are completed, the candidate for licensing must pass two examinations given by the BBS and pay appropriate fees.

Students are encouraged to do volunteer work in community agencies throughout their program. Working and training in an agency setting can count toward the MFT license if the proper supervision is available at the site. Students with volunteer experience have an easier time getting selected for the site they want for practicum.

FREQUENTLY ASKED QUESTIONS ABOUT USD's MFT PROGRAM

1. What are the strengths of the MFT Program at the University of San Diego?

The program has national and state accreditation. We are one of only four masters programs in California that have national accreditation from the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). The COAMFTE establishes national standards for MFT programs. Our program also meets the educational requirements set forth by the Board of Behavioral Sciences necessary to obtain an MFT license in California. Since national standards are more rigorous than state standards in a number of areas, the quality of training is often much higher in nationally accredited programs. Students from nationally accredited schools, for example, must complete 500 hours of clinical work, while state guidelines only require 150 hours. Supervisor qualifications for nationally accredited programs are also much more rigorous than those required by the state. Although every state is different, most states that license or certify family therapists generally follow COAMFTE guidelines for many of the requirements. Therefore, should you ever leave California, coming from a COAMFTE accredited program will greatly help in getting licensed or certified in another state.

The program has a strong clinical emphasis. The primary aim of the program is to teach students the skills they need to be effective MFT clinicians. Through our program, you will develop an excellent foundation upon which to begin your clinical work as a therapist. In fact, our practicum sites have consistently praised our students for their level of clinical preparedness. Graduates of our program have also frequently commented on how well they feel the program prepared them for clinical work, particularly in relation to some of their peers.

The program offers a rich and diverse clinical experience for students. Students gain a minimum of 500 hours of therapy experience working in agencies within the San Diego community. The agencies or practicum sites available for clinical experience offer a wide range of clinical opportunities. Some of the agencies specialize in working with couples, children and adolescents (both outpatient and inpatient), bereavement issues, or adults with mental illness. Other agencies offer a broad range of services for individuals, couples, and families. All of the agencies will offer the therapist an opportunity to work with clients from ethnically and racially diverse backgrounds. Students receive over 200 hours of supervision from both agency and USD faculty supervisors.

The University and MFT program are highly committed to teaching. The faculty at the University of San Diego are committed to excellence in teaching. In some universities, the demand to do research and to publish means that teaching is often not a first priority. You will not find this true at USD! Although scholarship and research is important to USD faculty, teaching always remains our first priority. All faculty members are clinically-active professionals from the mental health, medical, and legal communities, enhancing their teaching of clinical courses. In addition to the full-time faculty at USD, the program is fortunate to have outstanding adjunct faculty who are highly committed to the program. Over time, the program has been able to recruit adjunct faculty who are noted not only for their clinical expertise, but also for their excellent teaching skills. Class sizes are limited to 20 students, which promotes

faculty-student interaction. Full-time faculty members have office hours five hours each week to insure availability to students.

The program has a strong and innovative curriculum. One of the strengths of the curriculum is its breadth in terms of topics. The curriculum includes, for example, courses on spiritual issues in therapy, family health issues in therapy, and psychopharmacology. The USD program was one of the first to offer courses in these areas. In fact, several of our class curriculums have been published in our primary professional journals as innovative models for other programs to follow. Another strength of the curriculum is the inclusion of a multidisciplinary perspective. Families, Systems & Health, for example, is taught by a family physician, and examines how issues like chronic illness, death and dying affect families. Psychopharmacology is taught by a physician with expertise in both psychiatry and family medicine, and introduces students to a treatment model that incorporates the use of psychotropic medications and collaborative treatment with a psychiatrist or primary care physician.

The full-time faculty is active in scholarship. In addition to their commitment to teaching and training, full-time faculty members are active in research and scholarship. The faculty strives to mutually enhance teaching and scholarship through the Teacher-Scholar model. Some of the MFT faculty, for example, wrote *Essential Skills in Family Therapy: From the First Interview to Termination, 2nd edition*, a book for beginning therapists that has been widely adopted by other programs. In addition, the full-time faculty have conducted research and published articles on teaching, training, and supervision. Students have participated in faculty members' research and several students have published articles with the faculty. Recent publications by each of the full-time faculty are listed in the faculty section.

USD has a tradition of recruiting strong students. An important part of any graduate student experience will be your interaction with fellow students. One strength of the MFT Program is the quality of students that are part of the program. Students report learning a lot from each other through class discussions, study groups, peer presentations, and informal case consultations. The students not only are bright and highly motivated, but also are active in the program. In addition, the program strives to enroll students with a variety of backgrounds and interests. We believe this diversity enriches both student and faculty experiences.

San Diego is a wonderful place to live. San Diego is considered to be one of the best cities in the nation in which to live. One of things that most people really like about San Diego is its wonderful climate, with moderate temperatures year-round. The moderate climate makes it an ideal place for people who like to do outdoor activities and sports year-round. San Diego boasts several cultural and tourist attractions, including Old Town, Sea World and the world famous San Diego Zoo. San Diego is also ideal for nature enthusiasts. In addition to several miles of ocean beaches, the mountains and desert are all within one-hour drives of downtown San Diego.

2. What kind of clinical training will I receive from the MFT Program?

Students obtain their clinical hours by taking practicum in their final year of the program. Practicum students work in a community agency for one year, seeing clients with supervision from both agency and faculty supervisors. The program provides the student with a list of pre-

approved agencies where students complete their clinical work. The school has developed several outstanding practicum sites that offer a broad range of client populations and presenting problems. This allows students to seek practicum sites that best match their interests and needs.

Students gain a minimum of 500 hours of experience conducting therapy through their practicum sites. At least 250 of these 500 hours will be working with couples and families (or other relational dyads). The 500 clinical hours count towards the 3,000 required for California licensure. In addition, the supervision hours obtained through the Practicum sites can be counted towards the number of hours required for California licensure.

3. How diverse are the faculty, supervisors, and students within the USD program?

Among the four full-time faculty, one faculty member is Latina, while the other three are White. The full-time faculty is evenly split on gender, and represents diverse religious backgrounds. Among the adjunct faculty and community supervisors, three are Latino/a, while the others are White. Like the full-time faculty, the adjunct faculty and community supervisors are evenly split among male and female instructors, and come from diverse religious backgrounds. In 2011, 30% of the 60 students in the program come from diverse racial and ethnic backgrounds. Students in the program are predominantly female (54 female, 7 male). Although the majority of students in the program are Catholic, a large percentage of students come from various Christian and non-Christian backgrounds.

4. How is USD's marital and family therapy program different from psychology, counseling, and social work programs?

USD prepares students to work with couples and families from a systemic perspective, integrating the latest research on evidence based practice. Although students receive training in individual therapy, the emphasis of our training is on helping students understand individuals in the context of their close relationships and collaborating with the family to optimize care.

5. What financial resources are available to attend USD?

Several of our students have been awarded financial aid to attend USD. We recommend you contact the Financial Aid office (619-260-4514) if you are interested in learning more about financial aid. We also encourage you to apply early to take advantage of financial aid. For more information on financial aid, please see our web page (www.sandiego.edu/mft).

6. When are courses scheduled?

Courses are scheduled Monday-Friday between 9:00 am – 4:00 pm, with an occasional course scheduled from 4:00-7:00 pm. Each course is scheduled twice a year, usually in the fall and spring semesters. We offer a limited schedule during the summer.

7. Will the program prepare me for a doctorate in family therapy or another related mental health field?

Graduates from our program have been successful in gaining acceptance into doctoral programs. Our national accreditation is particularly an asset for those seeking a doctoral program in family therapy, since many of the courses and clinical hours can be applied to the doctoral program. The program gives students a strong clinical foundation for entering a doctoral program in family therapy, as well as related fields such as psychology and counseling. We encourage all students interested in doctoral programs to seek additional experience in research during their time at USD. Students have participated in faculty members' research, and several students have published articles with the faculty. In addition, faculty can help interested students find specific research opportunities in the San Diego community.

8. What are the job opportunities after graduating?

The job opportunities depend in large part on where you locate after graduation. The job market for therapists is tight in southern California due to the large number of therapists who live and practice here. Despite this, many of our graduates remain in the San Diego area, and have been successful in locating positions in community agencies, private practices, residential group homes, child protective services or other settings. Some graduates have even assumed administrative positions within mental health agencies. Graduates have indicated that the reputation of the program within the community has been helpful in obtaining positions. Graduates who relocate to northern California or other states have reported very good success in locating positions.

USD MFT PROGRAM FACULTY

Full-time Faculty

Todd Edwards, Ph.D., LMFT, Associate Professor and Program Director, teaches Practicum (MFTS 595P-597P) and Family Studies (MFTS 533).

Dr. Edwards teaches Practicum (MFTS 595-597) and Family Studies (MFTS 533) in the Marital and Family Therapy Program. His primary clinical and research interests are collaboration between family therapists and primary care physicians, medical family therapy, and medical family therapy training. Dr. Edwards' most recent publications include the book *Essential Assessment Skills for Couple and Family Therapists* (2011, Guilford Press) and a systematic review of the literature on the treatment of medically unexplained symptoms in primary care (2010, *Mental Health in Family Medicine*). In addition to his work at USD, he is a Voluntary Assistant Clinical Professor in Department of Family and Preventive Medicine at the University of California, San Diego and a medical family therapist at UCSD's 4th & Lewis family medicine clinic. Dr. Edwards is a Clinical Member and Approved Supervisor in the American Association for Marriage and Family Therapy, an elected member of the Commission on Accreditation for Marriage and Family Therapy Education, and the Associate Editor of the journal *Families, Systems, & Health*.

Selected Publications:

Edwards, T. M. & Patterson, J. (In Press). The daily events and emotions of family therapy trainees in their off-campus practicum settings. *Journal of Marital and Family Therapy*.

Williams, L. M., Edwards, T. M., Patterson, J., & Chamow, L. (2011). *Essential Assessment Skills for Couple and Family Therapists*. New York: Guilford Press.

Edwards, T. M., Stern, A., Clarke, D.D., & Ivbijaro, G. (In Press). The treatment of medically unexplained symptoms in primary care: a review of the literature. *Mental Health in Family Medicine*, 7, 209-221.

Patterson, J., Williams, L., Edwards, T., Chamow, L., & Grauf-Grounds, C. (2009). *Essential skills in family therapy: From the first interview to termination* (2nd edition). New York: Guilford.

Patterson, J., Edwards, T. M., D'Urso, S., & Kallenberg, G.A. (2008). Collaborative care for an immigrant couple. In R. Kessler (Ed.), *Collaborative medicine case studies: Evidence in practice*. NY: Springer.

Edwards, T. M. & Patterson, J. (2006). Supervising family therapy trainees in primary care medical settings: Context matters. *Journal of Marital and Family Therapy*.

- Patterson, J., Alcala, A., McCahill, M., & Edwards, T. (2006). *The therapist's guide to psychopharmacology: Working with patients, families and physicians to optimize care*. New York: Guilford Press.
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- Edwards, T. M., & Heshmati, A. (2003). A model for beginning family therapy group supervisors. *American Journal of Family Therapy*, 31, 295-304.
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- Edwards, T. M., Patterson, J., Grauf-Grounds, C., & Groban, S. (2001). Psychiatry, MFT, & Family Medicine Collaboration: The Sharp behavioral health clinic. *Families, Systems, and Health*, 19, 25-36.
- Edwards, T. M., & Neck, C. P. (2000). The I-MAC teaching model for beginning family science instructors. *Family Science Review*, 13(1/2), 14-30.
- Everett, C. A., Edwards, T. M., & Patterson, J. (2000). *Family therapy glossary*. Washington, DC: American Association of Marriage and Family Therapy.
- Gawinski, B. A., Edwards, T. M., & Speice, J. (1999). A family therapy internship in a multidisciplinary health care setting: Trainees' and supervisor's reflections. *Journal of Marital and Family Therapy*, 25, 469-484.

Edwards, T. M., Grauf-Grounds, C., & Patterson, J. (1999). Psychiatry, MFT, and family medicine collaboration. The sharp model. *Working Together: The Collaborative Family Healthcare Coalition Newsletter*, 4(4), 2-3.

Blaisure, K. R., Talbot, D., Edwards, T. M., Walcheski, M., & Hirshy, A. J. (1998). Resources on college/university teaching for family science graduate students and faculty. *Family Science Review*, 11, 48-65.

Everhart, D. E., Blieszner, R., & Edwards, T. M. (1996). Doctoral training in the psychology of adult development and aging: 1993-1994 survey results. *Educational Gerontology*, 22, 451-466.

Neck, C. P., & Edwards, T. M. (1996). Thought self-leadership: Cognitive strategies for managerial effectiveness. *Management Research News*, 19(10), 1-12.

Edwards, T. M., & Keller, J. F. (1995). Partnership discourse in marriage and family therapy supervision: A heterarchical alternative. *The Clinical Supervisor*, 13, 141-153.

Ana Estrada, Ph.D., Associate Professor, teaches Practicum (MFTS 595P-597P), Human Diversity (MFTS 532), and Group Therapy (EDUC X-580).

Dr. Estrada received her Ph.D. in Developmental and Clinical (Child and Family) Psychology from the University of Utah, and her MS in Developmental Psychology from the University of Utah. Dr. Estrada's teaching interests include diversity and family therapy; child and adolescent development; developmental psychopathology; and child, couple, and family research and interventions. Her clinical interests include child and adolescent referred problems in the family; highly conflictual couples; and working with underserved (e.g., poor, ethnic minority, Spanish speaking) children and families. Dr. Estrada's research focuses broadly on child and family assessment and intervention strategies. She is interested in identifying theoretically and clinically meaningful processes that occur in child, couple and family therapy and linking these processes to outcome.

Selected Publications:

Estrada, A. U. (2011). The intersection of Catholic social teaching, internationalization, and marriage and family therapy: Lessons from the borderlands. *Catholic Education*, 14, 441-461.

Quezada, R. L., Estrada, A. U., & Ammer, J. (2011). The internationalization of a Catholic university's graduate education and professional programs: Preparing global leaders, family therapists, counselors, and leaders for the 21st century. *Catholic Education*, 14, 413-416.

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Estrada A.U., & Pinsof, W.M. (1995). The effectiveness of family therapies for selected disorders of childhood. *Journal of Marital and Family Therapy*, 21, 403-440. Also in: W.M. Pinsof and L. Wynne (1995). *Family therapy effectiveness: Current research and theory* (pp. 403-440). Washington DC: American Association of Marriage and Family Therapy.

Jo Ellen Patterson, Ph.D., LMFT Professor, teaches Practicum (MFTS 595P-597P) and Psychopathology (MFTS 528).

Dr. Patterson received her B.A. from Baylor University, her M.Ed. from Wake Forest University, and her Ph.D. from the University of North Carolina. She had a Rotary Scholarship to do post-graduate work at Cambridge University during the 1980-81 academic year. She taught at several universities, both in the United States and abroad, and lived in Zaire and Egypt for several years. She was the first family therapist to teach in the psychology department at the American University in Cairo. She is licensed as a marriage and family therapist in North Carolina and California. Dr. Patterson has received numerous awards including a Rotary International Fellowship, a Fulbright Award, and a University Professorship from USD. Her primary research interests are family functioning and physical health; health care reform and mental health; and family therapy training. Her publications include articles on family systems medicine; education and training of therapists; and ethics in therapy.

Selected Publications:

Edwards, T. M. & Patterson, J. (In Press). The daily events and emotions of family therapy trainees in their off-campus practicum settings. *Journal of Marital and Family Therapy*.

Williams, L. M., Edwards, T. M., Patterson, J., & Chamow, L. (2011). *Essential Assessment Skills for Couple and Family Therapists*. New York: Guilford Press.

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Lee Williams, Ph.D., LMFT, Professor, teaches Practicum (MFTS 595P-597P), Gender Issues (EDUC X-572) and Couple and Sex Therapy (MFTS 546).

Dr. Williams received his B.S. in Chemical Engineering from Georgia Tech, and his M.S. and Ph.D. in Marriage and Family Therapy from Purdue University. He joined the Marital and Family Therapy faculty in 1993. Dr. Williams is a Clinical Member and Approved Supervisor in the American Association for Marriage and Family Therapy. His research interests and publications are in the areas of premarital counseling; interchurch couples; supervision; and family therapy training. He has developed a free web-based program for interchurch couples called *Two Churches, One Marriage*, which can be viewed at www.sandiego.edu/interchurch. Dr. Williams volunteers as a therapist for the Department of Veterans Affairs working primarily with couples.

Selected Publications:

Williams, L. M., Edwards, T. M., Patterson, J., & Chamow, L. (2011). *Essential Assessment Skills for Couple and Family Therapists*. New York: Guilford Press.

Williams, L. M., & Jimenez, M. (in press). Treating the overfunctioning and underfunctioning couple. *American Journal of Family Therapy*.

Patterson, J., Williams, L., Edwards, T., Chamow, L., & Grauf-Grounds, C. (2009). *Essential skills in family therapy: From the first interview to termination* (2nd edition). New York: Guilford.

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Adjunct Faculty

Moisés Barón, Ph.D., has been teaching in the Marital and Family Therapy program since 1992. He currently teaches Families of Children with Special Needs (EDUC X-575). Dr. Barón is a clinical psychologist who has worked in a variety of outpatient and inpatient settings. He was Director of Psychology at Vista Hill Hospital and Director of the Counseling Center at USD, and is currently Assistant Vice President of Student Affairs for Student Wellness at the University. Dr. Barón is also the founder of the COMPASS Family Center at USD. Dr. Barón has presented at numerous national and local conferences and is the developer of the Integrative Cross-Cultural Model, the Need Identification and Intervention Model to assess the needs of families of children with special needs, and co-developer of the Organizational Developmental Model of Inclusion.

Raymond Cameron, M.A., teaches the Domestic Violence Seminar (EDUC X-574). Mr. Cameron is a licensed Marriage & Family Therapist and a Clinical Member in the American Association for Marriage and Family Therapy. His clinical interests include working with victims and families experiencing Family Violence & working with perpetrators of Family Violence in Batterer Intervention Programs; working with individuals, couples, and families experiencing problems with drugs and alcohol including adult children of substance abusing families; working with adolescents regarding affective disorders, suicidal thoughts, self-injurious behaviors, adolescent drugs and alcohol problems, and aggression; and working with marital and relationships issues including affective disorders, affairs & betrayal, communication & intimacy, and issues regarding separation & divorce. In addition to his work at USD, he teaches and trains Child Welfare Services social workers through the Academy for professional Excellence / San Diego State Foundation, conducts trainings regarding family violence for various institutions & organizations, and he maintains a private practice in Temecula, California.

Larry Chamow, Ph.D., has been teaching in the Marital and Family Therapy program since 1991. He currently teaches Family Therapy Theories I (MFTS 523), Practicum (MFTS 595P-597P), and Self of the Therapist Seminar (EDUC X-576). He has also taught Couples Therapy at Alliant International University, and has offered supervision courses in the community. Dr. Chamow is a clinical member of the American Association for Marriage and Family Therapy and has been in private practice in Carlsbad since 1980. Prior to that, he was the director of several community agencies and consulted and trained therapist in both public and private settings. He specializes in working with couples, families, and adolescents, and in consulting with family-owned businesses. He has a special interest in sports psychology. Dr. Chamow has presented at numerous national conferences and is a co-author of *Essential Skills in Family Therapy*.

Denice Davis, M.A., M.B.A., J.D., teaches Ethical and Legal Issues in Family Therapy (MFTS 529). She received her M.A. in MFT from USD. Ms. Davis maintains a private family therapy practice and has a background in the practice of family and business law. She has a special interest in multi-disciplinary collaboration.

Amanda Gutierrez, Psy.D., teaches the Psychological Assessment course (MFTS 542). Dr. Gutierrez received her BA and her MA at USD, and is a graduate of the MFT program. Dr. Gutierrez received her doctorate degree at Azusa Pacific University. She has been formerly

trained in Dialectical Behavioral Therapy (DBT) as well as Cognitive Behavioral Therapy (CBT) during her trainings at Harbor UCLA Medical Center. She recently completed her post-doctoral fellowship at Sharp Mesa Vista Hospital in the COG/DBT Intensive outpatient program. Dr. Gutierrez's research interests have involved Borderline Personality Disorder, Therapy Interfering Behaviors, as well as CBT and Rheumatoid Arthritis. Currently Dr. Gutierrez divides her clinical time between Sharp Mesa Vista Hospital and the Dialectical Behavioral Therapy Center of San Diego.

Steven Jella, M.A., teaches Family Therapy Theories 2 (MFTS 524) and Child Abuse Seminar (EDUC X-571). Dr. Jella is a registered psychologist, licensed Marriage & Family Therapist and a Clinical Member in the American Association for Marriage and Family Therapy (AAMFT). He is the director of prevention and early intervention services at an east county center that is part of San Diego Youth & Community Services (SDYCS) where he manages staff, grant writing, and facilitates therapeutic services including the training of interns. Steven has a private practice specializing in working with children, adolescents, couples and their families who have a range of difficulties. His clinical interests include family therapy, self-injurious behaviors, eating disorders, substance abuse, clinical hypnosis, strategic family therapy, psychometrics, bullying, and victims of abuse. Steven has presented his research at numerous international conferences and around the United States, winning the AAMFT Outstanding Dissertation of the year award for 2007 for his work with the family dynamics of self-injuring youth. In addition to his work at USD, he teaches undergraduate psychology classes at Alliant International University, conducts trainings regarding self-injurious behaviors for various institutions & organizations, and teaches social advocacy and strategic interventions for student safety in local school districts across San Diego County.

Joshua Madsen, Ph.D., teaches Research Methods (MFTS 500). Dr. Madsen is a licensed clinical psychologist and the Director of the Family Mental Health Program of the VA San Diego Healthcare System. Dr. Madsen will begin an appointment on the UCSD Department of Psychiatry faculty this fall as Assistant Clinical Professor, and has taught an interventions course to graduate students in the UCSD/SDSU Joint Doctoral Program in clinical psychology. He has co-authored numerous professional presentations and several articles, primarily in the areas of adolescent depression and antidepressant adherence. He is currently a co-investigator on a multi-site research project evaluating the effectiveness of couple therapy as delivered within the VA system, as well as mechanisms of action of such treatment.

Margaret McCahill, MD, teaches Psychopharmacology (MFTS 544) and Family Systems & Health (MFTS 545) at USD. She is also a full-time Clinical Professor of Family Medicine and Psychiatry at UCSD School of Medicine, and is the Director of the UCSD Combined Family Medicine – Psychiatry Residency Program for resident physicians. Dr. McCahill is one of fewer than 100 physicians in the United States who is residency trained and Board Certified in both Family Medicine and Psychiatry. She has served in the Indian Health Service, been in private practice and worked for the U.S. Navy. Dr. McCahill is also the Clinical Director at St. Vincent de Paul Village, where she directs a multi-disciplinary mental health team, including MFT's, LCSW's, psychiatrists, clinical psychologists, case managers, and chemical dependency counselors. Her area of research is in the work of multidisciplinary teams in service to the medically underserved and homeless communities of San Diego.

Don Myers, Ph.D., teaches Assessment & Treatment of Child/Family Problems (MFTS 541) and Developmental Psychopathology (MFTS 543). Dr. Myers is a Licensed Psychologist, and received his doctorate at Alliant International University (formerly, the California School of Professional Psychology). In his private practice, Dr. Myers specializes in child, adolescent, and family therapy with an emphasis in the areas of ADHD, anxiety, depression, learning differences, and developmental disabilities, as well as psychological testing. He has done research in the areas of ADHD and developmental psychopathology. Dr. Myers also serves as a consultant for the San Diego Developmental Specialists, a private clinic specializing in the assessment of attentional, learning, and emotional issues.

Christie Turner, LCSW, has been a member of the adjunct faculty of University of San Diego for 16 years. Her courses include Practicum (MFTS 595P-597P), Self of the Therapist (EDUC X-576), and Spiritual Issues (EDUC X-578). Christie Turner received her MSW from Western Michigan University in 1976 and a Postgraduate Certificate in Family Therapy from the Menninger Foundation. She is an Approved Supervisor of the American Association for Marriage and Family Therapy and a member of the American Family Therapy Academy. She is in private practice at the Pacific Family Institute in Carlsbad and La Jolla, CA. She has served as Director of Training at two postgraduate family therapy training programs and continues to offer supervision, training, and consultation in family therapy. She has studied Ericksonian Hypnosis and with Virginia Satir. As a student of Tibetan Buddhism she is particularly interested in mindfulness, meditation, and compassion in the practice of psychotherapy.

Rebecca Williams, Ph.D., teaches Treating Alcohol and Drug Problems (MFTS 570). She is a licensed Psychologist (PSY#16351) and a Member of the American Psychological Association. Dr. Williams is the Director of the San Diego Veterans Affairs Healthcare System's Wellness and Vocational Enrichment Clinic. She is the Consulting Psychologist for the UCSD Parenting to Prevent Problem Behaviors Project. Dr. Williams has co-authored several article and chapter publications on topics such as treatment planning, integrative psychotherapy, and bridging scientist and practitioner perspectives in psychology. She is co-author of a book entitled "Couple Therapy for Alcoholism." Dr. Williams' areas professional interests are alcohol and drug abuse, family intervention, chronic mental illness and rehabilitation, risk management, therapist resiliency and self-care, and clinical supervision.

Zephon Lister, Ph.D., LMFT teaches Family Therapy Theories 2 (MFTS 524). He earned his doctorate in Marriage & Family Therapy from Loma Linda University with an emphasis in Medical Family Therapy and completed is Post-doctoral training at the Chicago Center for Family Health. His clinical and research interests have focused on the recursive influences of family relationships and chronic health conditions and the integration of behavioral health into primary care settings. Dr. Lister is the director of the UCSD family medicine integrative collaborative care program where facilitates behavioral science training for family medicine residents, as well as supervising MFT clinical training. His hobbies and interests include community outreach, reading, writing, music, racquetball, basket-ball, and pool.

MFT COURSE REQUIREMENTS

Prerequisite Courses:

- 1) Human Development
- 2) Counseling Theories or Theories of Personality

NOTE: Students who have not had these courses in their undergraduate studies can complete these requirements by taking a course or independent study/exam their first semester at USD.

Required Courses:

MFTS 500	Research in Family Therapy (3 units)
MFTS 523	Family Therapy Theories I (3 units)
MFTS 524	Family Therapy Theories II (3 units)
MFTS 528	Psychopathology (3 units)
MFTS 529	Ethical and Legal Issues in Family Therapy (2 units)
MFTS 532	Human Diversity (3 units)
MFTS 533	Family Studies (3 units)
MFTS 541	Assessment and Treatment of Child/Family Problems (3 units)
MFTS 542	Psychological Testing and Evaluation (2 units)*
MFTS 543	Developmental Psychopathology (3 units)**
MFTS 544	Psychopharmacology (2 units)***
MFTS 545	Families, Systems and Health (1 unit)
MFTS 546	Couples and Sex Therapy (3 units)****
MFTS 570	Treatment of Drug and Alcohol Problems (2 units)
MFTS 595P	Practicum 1 (5 units)
MFTS 596P	Practicum 2 (5 units)
MFTS 597P	Practicum 3 (5 units)
MFTS 598P	Practicum Extension (1 unit) – if necessary

NOTE: Students must complete 27 units of required coursework before beginning Practicum. Practicum begins only in the summer and fall semesters.

- * Research in Family Therapy (MFTS 500) is a prerequisite for MFTS 542
- ** Human Development is a prerequisite for MFTS 543
- *** Psychopathology (MFTS 528) is a prerequisite for MFTS 544
- **** Family Therapy Theories II (MFTS 524) is a prerequisite for MFTS 546

Required Continuing Education Courses:

EDUC X-571 Child Abuse (.5 units)
EDUC X-572 Gender Issues in Family Therapy (1 unit)
EDUC X-574 Domestic Violence (1 unit)
EDUC X-577 Professional Issues in Family Therapy (1 unit)
EDUC X-578 Spiritual Issues in Family Therapy (1 unit)

Elective Continuing Education Courses:

Students are required to take two units from the following elective courses in addition to the required CE courses:

EDUC X-573 Group Therapy in Family Therapy (2 units)
EDUC X-575 Special Topics in Family Therapy (1 unit)
EDUC X-576 Self of the Therapist Seminar (1 unit)

PREREQUISITE COURSES FOR MFT STUDENTS

There are two prerequisite courses required for "full" admission into the MFT program. These two courses should be completed by the beginning of the student's second semester. The prerequisite requirement can be met by taking a course, either at USD, a local community college, or an approved online program.

After completing the course, a form documenting that you have met the prerequisite requirements must be placed in your student file. This is very important because it is our primary documentation that you have met the prerequisite requirement and you cannot graduate unless this form is in your file. Prior to your beginning Practicum, the program will confirm that both prerequisites have been completed.

COUNSELING THEORIES

You can take an upper level undergraduate or graduate course at any accredited university, or you can take Counseling Theories or Theories of Personality at USD. Counseling theories is offered in the School of Leadership and Education Sciences, and Theories of Personality is offered by the Pastoral Care and the Counseling program.

HUMAN DEVELOPMENT

You can take an upper level undergraduate or graduate course at any accredited university, or you can take Human Development at USD. If you take the course at another university, be sure that it covers the entire lifespan, and not just child development.

PLANNED COURSE OFFERINGS – SPRING/SUMMER 2012

Required Courses		Spring	Summer
MFTS 500	Research (3 units) – Madsen	X	
MFTS 523	Theories I (3 units) - Chamow	X	
MFTS 524	Theories II (3 units) - Lister	X	
MFTS 528	Psychopathology (3 units) - Patterson		X
MFTS 529	Ethical & Legal Issues (2 units) - Davis	X	
MFTS 532	Human Diversity (3 units) - Estrada		X
MFTS 533	Family Studies (3 units) - Edwards	X	
MFTS 541	Assess/Treat Child (3) - Myers	X	
MFTS 542	Psychological Testing (2 units) - Gutierrez	X	
MFTS 543	Dev. Psychopathology (3 units) - Myers	X	
MFTS 544	Psychopharmacology (2 units) - McCahill	X	
MFTS 545	Families, Systems & Health (1 unit) – McCahill	X	
MFTS 546	Couples & Sex Therapy (3 units) – L. Williams	X	
MFTS 570	Drugs & Alcohol Problems (2 units) - R. Williams	X	
MFTS 595, 596, 597	Practicum (5 units each)	X	X

COURSE DESCRIPTIONS

MFTS 500 Research in Family Therapy (3)

The course teaches students to be effective consumers of research so that they can use the research literature to enhance their clinical knowledge. The course introduces students to research concepts, quantitative and qualitative research designs, statistics, and other issues common to family therapy research. Findings from the family therapy research literature are examined.

MFTS 523 Family Therapy Theories I (3)

Students are exposed to the fundamental assumptions and ideas of general systems theory and the basic premises of the various theoretical orientations within the family therapy field. Family Theories I covers Structural Family Therapy, Strategic Family Therapy, Solution-focused Therapy, Narrative Therapy, Internal Family Systems Therapy, and integrative models.

MFTS 524 Family Therapy Theories II (3)

Students are exposed to the fundamental assumptions and ideas of general systems theory and the basic premises of the various theoretical orientations within the family therapy field. Family Theories II covers Cognitive-Behavioral Family Therapy, Bowen Family Systems Therapy, Contextual Family Therapy, and a variety of Experiential family therapies, including Symbolic-Experiential Therapy, Emotionally-focused Therapy, and the work of Virginia Satir.

MFTS 528 Psychopathology (3)

An examination of the developmental factors that lead to the emergence and maintenance of various psychological and interpersonal disorders. Emphasis is on developing skills in recognizing inappropriate and maladaptive behaviors and in selecting appropriate techniques for counseling and referral. The course focuses on integrating psychopathology and family diagnosis.

MFTS 529 Ethical and Legal Issues in Family Therapy (2)

An examination of the most important areas of legal and ethical concern to marriage and family therapists and other mental health practitioners in California. Among the topics covered are: confidentiality; psychotherapist-patient privilege; child, elder, and dependent adult abuse; reporting laws; treating dangerous patients; treating minors with and without parental consent; dual relationship issues; selected areas of family law; licensing law and regulations; scope of practice issues; and ethical standards of the MFT profession.

MFTS 532 Human Diversity (3)

Issues related to various ethnic and cultural backgrounds are examined, including the influence of minority characteristics, racism, and discrimination in the therapeutic process. Emphasis is placed on the interplay between social issues and the therapeutic process.

MFTS 533 Family Studies (3)

This course uses a systemic framework to examine various topics central to families and their development across the life span. The course examines a wide range of topics important to understanding family functioning such as: the family life cycle, family stress theory, family violence, mate selection, divorce, diversity in family types, cross-cultural comparisons of families, religion and families, children and families, and socioeconomic factors. The course emphasizes the clinical application of the concepts.

MFTS 541 Assessment and Treatment of Child/Family Problems (3)

The study of the major methods used to assess and treat child and adolescent problems from an integrated systemic-developmental perspective. The treatment of both normative and non-normative developmental problems in children and adolescents is emphasized.

MFTS 542 Psychological Testing and Evaluation (2)

The course introduces students to psychological tests that are commonly used to evaluate individual functioning in a number of domains such as cognitive, social, academic, and occupational functioning. Students also learn when to make a referral for psychological testing and how to interpret the results from a psychological evaluation. Prerequisite: Research in Family Therapy (MFTS 500) or its equivalent.

MFTS 543 Developmental Psychopathology (3)

This course presents key concepts and theories in child and adolescent development. The course addresses both normative development and developmental psychopathology. Developmental concepts are discussed in relationship to the family context, and how these concepts can inform clinical work with children and families. Prerequisite: An undergraduate course in human development.

MFTS 544 Psychopharmacology (2)

An introduction to medication and its use in treating mental disorders. Students learn how medications function in managing mental disorders and the positive and negative effects of these medications on human functioning. A psychoeducational perspective is used to integrate the family systems perspective with biological considerations. Prerequisite: Psychopathology (MFTS 528) or its equivalent.

MFTS 545 Families, Systems and Health (1)

An introduction to the practice of family therapy within a medical setting. Physician-therapist relationship issues are addressed. Other topics covered include wellness and chronic illness, patient compliance, and family beliefs about illness.

MFTS 546 Couples and Sex Therapy (3)

The study of the major methods used to assess and treat couple problems, with an emphasis on sexual issues and the treatment of sexual disorders. Both behavioral and non-behavioral methods and strategies are presented. Prerequisite: Family Therapy Theories II (MFTS 524) or its equivalent.

MFTS 570 Treatment of Drug and Alcohol Problems (2)

A critical evaluation of the complex and sometimes contradictory information available in drug and alcohol abuse treatment. A biopsychosocial model of organization is presented along with both individual and family assessment, diagnosis, and treatment techniques.

MFTS 595P Practicum in MFT 1 (5)

In the didactic portion of the course, issues relevant to the beginning clinician are addressed including refinement of interviewing skills and the application of treatments to specific problems. Students also receive group supervision and individual supervision based on either videotaping or live observation of their work.

MFTS 596P Practicum in MFT 2 (5)

Issues relevant to the treatment process are covered including client-therapist match, resistance and change, assessment, treatment planning, and the self-of-the-therapist. Students also receive group supervision and individual supervision based on either videotaping or live observation of their work.

MFTS 597P Practicum in MFT 3 (5)

Issues relevant to the involvement of schools, protective services, and other groups and agencies during the treatment process are covered. Students also receive group supervision and individual supervision based on either videotaping or live observation of their work.

MFTS 598P Practicum Extension (1)

This course provides continuing group supervision for students who need to complete a substantial number of clinical hours after completing three semesters of Practicum.

CONTINUING EDUCATION COURSE DESCRIPTIONS (CE)

In addition to the 49 units of courses, 6.5 units of extension seminars in Continuing Education are required for the MFT program. EDUC X-571, X-572, X-574, X-577, and X-578 are required. Students select two additional courses from EDUC X-573, X-575, or X-576. These courses are scheduled during intersession breaks and regular semesters.

REQUIRED CE COURSES:

EDUC X-571 Child Abuse (.5 EU)

The course discusses the physical and behavioral indicators of child abuse in its various forms. Legal and ethical standards for reporting child abuse are reviewed.

EDUC X-572 Gender Issues in Family Therapy (1 EU)

Gender issues and their impact on societal norms and values, the development of problems and the process of therapeutic intervention are examined.

EDUC X-574 Domestic Violence (1 EU)

This intensive seminar teaches students about various aspects of family violence, with particular emphasis on domestic violence and child abuse. Assessment and treatment modalities for both short- and long-term consequences of abuse are surveyed. A minimum of seven contact hours is devoted to child abuse, and fulfills the BBS requirement for child abuse for marriage and family therapists seeking licensure in California. The course discusses the physical and behavioral indicators of child abuse in its various forms. Legal and ethical standards for reporting child abuse are reviewed.

EDUC X-577 Professional Issues in Family Therapy (1 EU)

This seminar addresses contemporary issues that affect the profession of marriage and family therapy as well as issues that affect the professional lives of family therapy clinicians. Topics such as making and responding to referrals, interacting with other mental health professionals, working in a managed care environment, resume writing, and job hunting skills are addressed.

EDUC X-578 Spiritual Issues in Family Therapy (1 EU)

Spiritual issues and their impact on the treatment of marital and family therapy problems are examined. The importance of individual and family spiritual development in its various forms is emphasized.

ELECTIVE (CE) COURSES:

EDUC X-573 Group Therapy in Family Therapy (2 EUs)

The ability to work with groups is increasingly becoming an essential skill for family therapists. This course will provide a survey of types of groups in clinical practice. Students will be exposed to a variety of group experiences to enrich their understanding of group structures and dynamics.

EDUC X-575 Special Topics in Family Therapy (1 EU)

The content of this seminar will rotate from year to year depending on student interest and the availability of respected presenters in the greater San Diego area.

EDUC X-576 Self of the Therapist Seminar (1 EU)

This "experiential learning" seminar focuses on the student's own family experiences and the impact of these experiences on the student's work as a clinician.

COMPREHENSIVE EXAMINATION

Successful completion of a comprehensive examination is required for graduation. The exam is taken in the second year, typically on the first Friday in February, and covers three areas: Theory & Application, Assessment, and Law & Ethics. Students are given two hours to complete each section.

The exams are evaluated by the full-time faculty members. Each section is given a score of HP - High Pass, P – Pass, LP – Low Pass, or F – Fail. If a student receives a Fail on any area, he or she will have the opportunity to retake the area in April. If a student fails the area a second time, a remedial plan will be put into place.

More information on the Comprehensive Exam will be provided as students approach their second year in the Program.

INTERNATIONAL REQUIREMENT

Effective Fall 2008, all incoming MFT students will be required to engage in an international experience prior to program completion. The MFT program faculty will advertise a variety of options to complete the international experience requirement. A few examples of international experiences include:

- Study abroad
- Participate in a lecture or clinical supervision from Hong Kong University faculty via videoconference.
- Travel to Tijuana to observe professional practice in social service agencies
- Attend lectures by international scholars visiting USD.

Once you have completed your international experience, you will complete a form documenting the activity.

STUDENT PRIVACY POLICY

The Family Rights and Privacy Act of 1974 (“FERPA”) protects student privacy. No personally identifiable information derived from the records will be disclosed to anyone, other than school officials with a legitimate education interest, without the student’s written consent. A “school official” is any person employed by the University in an administrative, supervisory, academic, research, or support staff position; a person or company with whom the University has contracted; a person serving on the Board of Trustees; or a person assisting another school official in performing his or her tasks. A school official has a “legitimate educational interest” if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the University discloses education records without consent to officials of another school in which a student seeks or intends to enroll. Students may grant their parents (or others) permission to access their educational records by filing an Authorization to Release Education Records form with the appropriate Registrar’s Office. Parents do not have the right to view records without the written consent of the student unless the student is a tax dependent as defined by IRS Code. The “General Information” section of the Graduate Bulletin provides additional information concerning student privacy and describes procedures for reviewing and amending student records.

AAMFT CODE OF ETHICS

Each student in the MFT Program at USD is required at all times to conduct himself/herself in accordance with the Code of Ethics of the American Association for Marriage and Family Therapy (“AAMFT”).

AAMFT Code of Ethics, Effective July 1, 2001

Principle I Responsibility to Clients

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1. Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation.

1.2 Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d)

has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

1.3 Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

1.4 Sexual intimacy with clients is prohibited.

1.5 Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client's immediate family.

1.6 Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7 Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8 Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9 Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10 Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.

1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

1.12 Marriage and family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

1.13 Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

Principle II Confidentiality

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual's confidences to others in the client unit without the prior written permission of that individual.

2.3 Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.4 Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.5 Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

2.6 Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.

Principle III
Professional Competence and Integrity

Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

3.2 Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

3.4 Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

3.6 Marriage and family therapists maintain accurate and adequate clinical and financial records.

3.7 While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.

3.8 Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.

3.11 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.12 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.13 Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.

3.15 Marriage and family therapists are in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

***Principle IV
Responsibility to Students and Supervisees***

Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

4.1 Marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

4.4 Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist's objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

4.7 Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

***Principle V
Responsibility to Research Participants***

Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws and regulations and professional standards governing the conduct of research.

5.1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5.2 Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

5.3 Investigators respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

5.4 Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility,

together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

Principle VI
Responsibility to the Profession

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

6.1 Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student's program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Coauthorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

6.4 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.

6.5 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

6.6 Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

6.7 Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

6.8 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.

Principle VII
Financial Arrangements

Marriage and family therapists make financial arrangements with clients, third-party payors, and supervisees that are reasonably understandable and conform to accepted professional practices.

7.1 Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

7.2 Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

7.3 Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

7.4 Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

7.5 Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it, (b) the relationship is not exploitative, (c) the professional relationship is not distorted, and (d) a clear written contract is established.

7.6 Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client's treatment solely because payment has not been received for past services, except as otherwise provided by law.

Principle VIII
Advertising

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

8.1 Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

8.2 Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and

facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include: (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) qualifying clinical degree (see subprinciple 8.5); (c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications; (d) AAMFT clinical member status; and (e) description of practice.

8.3 Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

8.4 Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

8.5 In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources recognized by the United States Department of Education, (b) from institutions recognized by states or provinces that license or certify marriage and family therapists, or (c) from equivalent foreign institutions.

8.6 Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

8.7 Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.

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CAMFT CODE OF ETHICS

Each student in the MFT Program should also be knowledgeable and follow the Code of Ethics of the California Association of Marriage and Family Therapist (“CAMFT”). The CAMFT Code of Ethics can be accessed from the CAMFT home page (www.camft.org).

Part I of the Code of Ethics can be accessed directly through the following link:

<http://www.camft.org/Content/NavigationMenu/AboutCAMFT/CodeofEthicsPartI/CodeOfEthicsPartI.pdf>.

Part II can be accessed directly through the following link:

<http://www.camft.org/Content/NavigationMenu/AboutCAMFT/CodeofEthicsPartII/CodeOfEthicsPartII.pdf>.

ACADEMIC INTEGRITY: PLAGIARISM

Each student in the MFT Program at USD is expected to demonstrate academic integrity in all courses and scholastic endeavors. The following article, written by Peter Moore (Religious Studies, University of Kent) and entitled, “What is Plagiarism?” offers information regarding types of, and ways to avoid, plagiarism in an academic setting.

“Plagiarism occurs where one person presents the words or ideas of another as his own, or where others are allowed or encouraged to form this impression. Plagiarism typically but not necessarily takes a written form. Plagiarism is a form of deception or cheating. At its worst, it amounts to intellectual property theft. One who plagiarizes is living, immorally, off the intellectual earnings of others. There are, however, significantly different 'grades' of plagiarism, as identified below. Even so, while clear enough in respect of the intentions of the plagiarizer, the different grades of plagiarism are not necessarily easy to distinguish objectively, from the readers or examiners point of view. Faced with a case of plagiarism, an institution may not find it easy, or consider itself obliged, to differentiate between one grade of plagiarism and another when penalizing students.

Three grades of plagiarism:

Grade A plagiarism occurs where an individual makes a premeditated and systematic attempt to pass off the work of one or more others as his own, the plagiarizer taking care to disguise the fact by suppressing all revealing references, by changing words here and there in order to deflect suspicion, and so on. Paradoxically, this worst form of plagiarism can prove the most difficult to detect.

Grade B plagiarism occurs where an individual in the course of writing an essay or dissertation knowingly refrains from making clear, through the erratic or inconsistent use of recognized conventions, the normal distinctions between such elements as paraphrase, quotation, reference and commentary. This kind of plagiarism tends to be naive, clumsy and transparent, with the plagiarized elements often coming from the same sources,

which are in the same essay properly referenced or quoted from, all of which makes it relatively easy for the plagiarism to be identified. Whereas the Grade A plagiarizer is trying deviously to get ahead, the Grade B plagiarizer is usually just hoping naively to get by.

Grade C plagiarism is plagiarism that is unintended or accidental. It occurs where through laziness, disorganization or indifference an individual neglects to acknowledge the source of an idea or quotation; or sticks too closely to the original wording when paraphrasing a source; or innocently reproduces, as his own material, ideas or quotations, which have been noted down or copied out without their sources being recorded.

One variation on this form of plagiarism occurs where an individual makes excessive or exclusive use of ideas or words from one particular source, even while fully acknowledging this source in the notes and bibliography. Technically, journalism frequently involves elements of grade B or grade C plagiarism, in so far as reporters and feature writers regularly copy or summarize ideas and documents without bothering to make due acknowledgment.

Plagiarism and unpublished work:

Plagiarism does not cease to be plagiarism if the words or ideas plagiarized are not actually in published or permanent form; nor does the gravity of plagiarism vary with the quality of the work plagiarized. Thus copying someone else's essay is still plagiarism, and it is still plagiarism even if the essay is a bad essay. Getting someone else to write an essay which one then presents as one's own is also plagiarism.

Plagiarism and permission:

Nor is plagiarism mitigated by the fact that a person may for some reason give you permission to reproduce or quote from his work (e.g. an essay) without acknowledgment, since the intention remains that of passing off someone else's work as your own. It is even possible to plagiarize oneself, for example by presenting as a fresh piece of work (whether or not under a new title) the whole or part of a piece of work already submitted to and marked by another teacher.

Penalties for plagiarism:

Theoretically, one might propose that different grades of plagiarism deserve different grades of penalty. Thus Grade A plagiarism should presumably be deemed serious enough (at least in the case of pieces of written work constituting examinations) to warrant instant dismissal or disqualification. Grade B plagiarism would require the disqualification or heavy penalizing of the particular piece or pieces of work in question, perhaps with the threat of a tougher penalty for any further plagiarism. Grade C plagiarism should probably remain a 'domestic' matter, with individual teachers or tutors counseling students about their studying and writing techniques.

It must be remembered, however, that an educational institution is perfectly within its rights to treat plagiarism as an either/or phenomenon. The onus therefore must be on students making sure that they avoid all grades of plagiarism, by keeping a proper record of their sources for notes and quotations, and by acknowledging either within the text or in footnotes the authorship of the ideas, quotations and paraphrasing used in the essay or dissertation itself.

The key factor here is acknowledgment. Acknowledge your sources and you have nothing to fear.”

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FACEBOOK AND OTHER SOCIAL MEDIA SITES GUIDELINES

Dear MFT Students:

It has come to our attention that some students are using Facebook and other social media sites in ways that some consider unprofessional and even hurtful, which reflects poorly on students, our program, and the MFT profession. Here are some guidelines we recommend that you follow in using Facebook and other social media sites or other social networking sites:

- 1) Be careful not to violate client confidentiality. Do not post anything on social networking sites about clients. Similarly, never accept a client as a friend.
- 2) Avoid posting negative comments about aspects of your work, your colleagues, and your training. Social networking sites should not be used for these purposes. If you have concerns, please have these discussions privately with your fellow students, the instructor, your advisor, and/or program director.
- 3) Pay careful attention to the privacy settings that you have selected since clients and potential employers have been known to check out Facebook and other social media sites.
- 4) When you are updating your status, be aware of any potential negative consequences on your professional image. In our own clinical experience, we know that some of our clients have checked us out on-line in a variety of ways. Therefore, it is important that you not post information that will undermine your credibility or professional image as a therapist to clients or future employers. Although settings help protect privacy, you never know who is reading your status updates, profile, and postings. It's best to assume that everything written electronically is available for all to see. For more information on this topic, see *Online Lives, Offline Consequences: Professionalism, Information Ethics and Professional Students* at: <http://bcis.pacificu.edu/journal/2009/01/article.php?id=22>
- 5) Think carefully about which fan pages and groups you join. The fan pages and groups you join could be seen as endorsements of certain attitudes or behaviors that could undermine your professional image.
- 6) When you are updating your status or posting a comment on a friend's wall, please be aware of the impact of your comments on others who might view it. Keep in mind that others may view your comments and make judgments about the individual based on what you post.

Please let us know if you have any comments and questions. We also welcome other guidelines you might suggest.

MFT Faculty

II. MFT Practicum at USD

OVERVIEW OF PRACTICUM

The practicum experience is designed to meet both the Board of Behavioral Sciences (BBS) and the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requirements. As part of the practicum experience, you will be required to obtain 500 hours of face-to-face client contact. Of these 500 hours, at least 250 must be relational hours (working with relational dyads such as couples, parents and children, etc.). Students also receive a minimum of 100 hours of clinical supervision, of which 50 must include raw data supervision (video, live). Students not completing this requirement within the three-semester practicum receive the grade of Incomplete during their final semester of practicum (MFTS 597P). Students who do not complete 400 total hours of direct client contact or 200 hours with couples and/or families by the end of their MFTS 597P practicum are required to continue in practicum for an additional semester or until they have completed the 500/250 hours. These students must register for MFTS 598P Practicum Extension, a one-unit course. They will receive group supervision during the regularly scheduled group supervision time. They are not required to complete the didactic portion of practicum or receive individual supervision.

ESTABLISHING CLINICAL READINESS FOR PRACTICUM

Before students may begin Practicum, the faculty will conduct an evaluation to assess clinical readiness. The faculty will consider factors such as their direct experiences with students while in their roles as course instructors and advisors. If the faculty determines that a student does not demonstrate the requisite readiness to begin seeing clients, a written evaluation will be given to the student identifying the specific concerns of the faculty, and proposing what criteria must be met before the student may be approved to begin Practicum

REQUIREMENTS FOR BEGINNING PRACTICUM

Among other requirements (see the Practicum Handbook, which is distributed at the practicum orientation meeting in the spring semester), students will need to complete the following before beginning practicum.

1. Complete a minimum of 27 academic units that count toward graduation in the MFT program before beginning the fall semester of the academic year in which practicum is taken.
2. Demonstrate that the prerequisite requirements for the program (i.e., Counseling Theories and Development) have been satisfactorily completed by course or exam.
3. Approval of the faculty. If it is determined that a student is not ready to start practicum, a meeting will be schedule with the students, his or her advisor and the program director to discuss an alternative plan.

4. Attend the practicum orientation meeting the spring semester before starting practicum. During this meeting, you will be told about various sites, which have signed practicum site agreements with USD. You will also be told about the procedures for interviewing for these positions. This orientation meeting will be held in January or February. Attendance at this meeting is mandatory.

PRACTICUM PLACEMENT MATCH DAY

You will interview with agencies that have been approved by the program faculty as practicum sites. After you have interviewed with several sites, you will submit a preference list to the faculty. Each practicum site also will submit their preference lists. On a specified day in February or March, the faculty will meet to match students to practicum sites.

PRACTICUM CLASS

Practicum (MFTS 596P, 597P, and 598P) is a three consecutive semester sequence that is completed during the student's final year. While enrolled in Practicum, students work in a community agency for one-year seeing clients with supervision from both agency and faculty supervisors. During the 12-month practicum, students are required to accumulate 500 hours of direct client contact, 250 of which must be with couples and/or families present in the therapy room. One hundred hours of supervision must also be accumulated during this time, of which at least 50 hours must include supervision from raw data (video, live supervision). In reality, most students receive over 200 hours of supervision.

During the practicum class, students present videotapes of their clinical work during weekly group supervision, and receive didactic instruction on various clinical topics. In addition, students will have individual videotape and live supervision of their clinical work with a university clinical faculty member. Both individual and group supervision are also obtained at the clinical work site. Students receive a minimum ratio of one supervision hour to each five clinical hours of experience, in accordance with state and national accreditation guidelines. All of the supervisors at USD and the sites are AAMFT Approved Supervisors or meet equivalency standards. AAMFT Approved Supervisors have taken special courses in supervision, and have had their supervision supervised by more experienced supervisors.

*Note: All Practicum courses meet on Mondays from 1:00 to 4:00 p.m. (12:30 p.m. to 4:00 p.m. in summer).

USD MFT PRACTICUM SETTINGS

Practicum students work in a community agency for one year, seeing clients with supervision from both agency and faculty supervisors. The program provides the student with a list of pre-approved agencies where students complete their clinical work. The school has developed several outstanding practicum sites that offer a broad range of client populations and presenting problems. This allows students to seek practicum sites that best match their interests and needs. Descriptions of these sites, provided by the agencies, are listed below:

Catholic Charities (<http://www.ccdsd.org/clin.html>) - Catholic Charities Center for Counseling is a state licensed multidisciplinary Psychology Clinic staffed by licensed therapists, psychology interns and MFT trainees. It is an outpatient clinic dedicated to serving the needs of the San Diego area and has provided services to the community for over fifty years. It offers outpatient mental health services to individuals, couples, families, children and a specialized pre-marital counseling service. Catholic Charities is committed to serving the needs of all clients, and offer treatment on a sliding scale. It is especially dedicated to serving low-income families and provides a bi-cultural and bi-lingual experience for training staff. Spanish speaking students are encouraged to apply. Catholic Charities offers a structured yearlong training experience committed to providing quality training for students. The supervision program includes videotaped and live supervision within an environment of quality feedback, encouragement and support for the student-professional. Opportunities to provide group psychotherapy and to network with other professionals in the community via weekly in-service trainings are also available to staff. Additional employment opportunities within certain programs in the agency may also be available upon graduation.

Department of Veteran Affairs (<http://www.sandiego.va.gov/>) - Therapists who work through the Veteran Affairs (VA) split their time between two clinics, The Family Mental Health Program (FMHP), and the Wellness and Vocational Enrichment Program (WAVE). The FMHP specializes in providing conjoint therapy for relationship distress and features an integrated cognitive-behavioral and family systems approach to assessment and treatment. Patients and their families are seen both at the VA Medical Center in La Jolla and the VA Mission Valley Outpatient Clinic. MFT trainees spend 12 hours/week in the FMHP. The WAVE Clinic is dedicated to enhancing the vocational prospects and the quality of life for veterans referred to the clinic. Trainees conduct orientation sessions, individual intakes, individual and group counseling sessions. The emphasis is on assessment for job readiness, assistance in job seeking skills, and general wellness activities. MFT trainees spend 8 hours/week at WAVE. The VA population constitutes a diversity of racial, ethnic, mental and physical disabilities, and socio-economic variables. Patients may be coping with major psychiatric and/or major medical problems.

Harmonium (<http://www.harmoniumsd.org/>) - Since 1975, Harmonium, Inc., a non-profit organization, has worked to improve the quality of life and strengthen the capacity of children, youth, and families throughout San Diego County. Located at many school and community sites, it provides individual and family-centered programming that is designed to fit local neighborhoods. Its goal is to provide individualized services that meet the needs of families and communities leading to happy, successful lives. Each year Harmonium, Inc. partners with approximately 10 interns from local MFT, MSW, and Clinical Psychology programs. Each intern commits to a training period of 12 months at 20 hours per week. Interns provide counseling services for children, adolescents and their families through both clinic and school based services. Interns also have the opportunity to work with law enforcement agencies and juvenile diversion and prevention services. In addition to individual and group supervision, interns also participate in weekly Assessment and Treatment Planning groups, and receive in-service training once a month on topics such as, ADHD assessment and intervention, play therapy techniques, domestic violence treatment, and developing a practice.

Phoenix House (www.phoenixhouse.org) - Founded in 1967, Phoenix House is the nation's leading non-profit organization devoted to the treatment and prevention of substance abuse. Students serve as Family Therapists conducting individual and family therapy and multi-family therapy groups for a diverse population of adolescent clients and their families at outpatient program sites in San Diego and Encinitas. The program is not restricted to focusing on substance abuse behavior but rather addresses all aspects of clients' functioning. Family treatment is considered a core component of the program and as such, students have the unique opportunity to treat entire family systems addressing a broad range of clinical issues. Students get a very comprehensive clinical experience as well as become familiar with family systems work and substance abuse and recovery issues, among others. Individual and group supervision are provided by an AAMFT Approved Supervisor with a strong emphasis on systemic treatment planning and techniques. Videotape, live and case conference supervision are utilized in an encouraging and supportive environment.

Providence Community Services (www.provcorp.com) - Formed in 1997, Providence Service Corporation is an innovative provider of mental health services offering a wide variety of programs across the country; all of which share a primary commitment to provide care that builds upon participants' strengths and responds to their concerns. Providence specializes in counseling and supportive services in home and community-based settings, and our mission is to ensure the provision of accessible, effective, and high-quality community-based counseling and social services as an alternative to traditional institutional care. Providence is dedicated to ensuring that all clients have access to professional community based care, proven treatment methods, and comprehensive service planning. Providence Community Services' Catalyst program opened in 2006. Catalyst's services promote recovery and resilience through comprehensive, integrated, consumer driven, strength based care and a 'whatever it takes' approach. Catalyst uses Assertive Community Treatment (ACT), which is a team-based approach to delivering comprehensive and flexible treatment, support, and services. ACT is an intensive service for individuals who experience serious mental illness. Unemployment, substance abuse, homelessness, and involvement in the criminal justice system are common co-occurring problems with individuals referred for ACT services. People who receive ACT

services typically have needs that have not been effectively addressed by traditional, less intensive mental health services. Catalyst's ACT team provides comprehensive, individualized services in an integrated and continuous manner. Services are collaborative and recovery-oriented, and treatment includes: psychiatric assessment, medication management, individual supportive therapy, substance abuse treatment, co-occurring disorders treatment, supportive housing, resource linkage, advocacy, family psycho-education and therapy, supportive employment and education development, legal assistance, community integration services, peer support, and group counseling. The goal of Assertive Community Treatment is to assist people in achieving stability, independence, and success. ACT offers services that are customized to the individual needs of the consumer, delivered by a multidisciplinary team of practitioners, and are available as needed 24 hours a day, seven days a week.

Rady Children's Outpatient Psychiatry (<http://www.rchsd.org/>) - Children's Outpatient Psychiatry Clinic is the interdisciplinary outpatient mental health department of Children's Hospital and Health Center. It provides services in three (3) main locations (San Diego, Oceanside, Escondido), some smaller clinics, and at many school sites. It is a full service clinic providing diagnostic assessment and treatment (individual, family, and group), medication assessment and treatment, and psychological assessment. It also provides consult/liaison services at Children's Hospital. Children's Outpatient Psychiatry serves a population of children and adolescents up to age 18 and their families, representing a wide range regarding family composition, ethnicity, presenting concerns, and socioeconomic status. Clients have a range of DSM-IV diagnoses, with Attention-Deficit and Disruptive Behavior Disorders, Mood Disorders, Anxiety Disorders, Adjustment Disorders, and Relational Problems being quite typical. Most referrals are from schools, parents and physicians, and from mental health, social service, and juvenile justice programs. Trainees and interns receive individual and group supervision from licensed staff and participate in interdisciplinary teams, staff meetings, case conferences, and Grand Rounds.

San Diego Hospice (www.sdhospice.com) – The Center for Grief Care and Education at San Diego Hospice and The Institute for Palliative Medicine (SDHIPM) is a not-for-profit hospice committed to transforming healthcare and relieve suffering by improving the quality and accessibility of palliative care. SDHIPM has achieved international recognition for innovative education programs, patient/family-centered research and evidence-based advocacy and is one of the largest hospice and palliative care programs in the United States. More than 800 hospice staff and 500 volunteers annually care for over 4,000 adult and pediatric patients and their families, as well as more than 10,000 bereaved clients. Practicum Students work in the Counseling Internship Program as members of an interdisciplinary team, providing assessment and treatment to individuals of all ages, couples, families, and groups in a variety of settings: office, home, public school, skilled nursing facilities, and acute inpatient settings. Therapists address a full range of relational and family issues. Experience and training in Play Therapy and Expressive Arts Therapy is available. A wide variety of group therapy experiences are available using a co-therapist model. A comprehensive initial 60 hour training program prepares students to work with patients and their families. In addition to supporting families during the illness and after the death, therapists also provide support to community members referred by the Medical Examiner's office and assist with responding to community crises (i.e., fires, deaths on campus, psychoeducation, etc.) Therapists may also work as the grief counselor at our local elementary,

middle, and high schools. Therapists are encouraged to participate in the facilitation of Camp Erin San Diego, an annual weekend camp for grieving children.

Second Chance (www.secondchanceprogram.org/index.html) - Second Chance was founded in 1993 with a commitment to breaking the cycle of unemployment, poverty, homelessness, substance abuse and incarceration that plague our city. The mission of Second Chance is to create opportunities for self-sufficiency by providing job readiness training, employment placement, and affordable housing and life skills for homeless and unemployed men, women and youth. The mission is reached by offering job readiness training, job placement, affordable housing, mental health counseling, case management, and financial literacy to men, women and at-risk youth who desire to change their lives. Since 1993, over 30,000 men and women have been served through a myriad of supportive services for those who have been chronically unemployed. The organization's programs have a tough-love, high accountability approach and partners with a wide variety of community, county and state partners. Second Chance, its staff and Executive Director have been recognized by local, state and national organizations and leaders.

St. Vincent De Paul Village (www.svdpv.org) - Counseling Services at St. Vincent de Paul Village is staffed by a multi-disciplinary team of supervisors licensed in medicine, psychology, social work and marriage & family therapy. Interns provide much of the direct service to the client population of homeless men, women, children and seniors. At our Assessment Center, interns conduct psychosocial assessment of single men and women, as well as family assessment. At our Counseling Center, interns work with clients in the modalities of individual, couple, family, group and multi-family group therapy. Our SAFECHILD program offers interns clinical experiences with young children and their parents. Because of our multi-disciplinary approach to treatment, collaboration with professionals and students in medicine, psychology, social work, case management and addictions routinely occurs through staff/intern training, case conferencing, treatment planning and consultation.

UCSD Division of Family Medicine (<http://familymedresidency.ucsd.edu>) - The mission of the UCSD Family Medicine Residency Program is to foster resident individuality and growth in an academically rich and culturally diverse environment, emphasizing the development of excellent clinical skills and evidence based analysis, community service to underserved populations and preventive medicine in the context of the entire human lifecycle. USD students work collaboratively with residents and attending physicians in the Hillcrest and Scripps Ranch clinics.

UCSD Outpatient Psychiatric Services (<http://psychiatry.ucsd.edu/adultOutpatient.html>) - UCSD Outpatient Psychiatric Services, also known as "Gifford Clinic" is an outpatient mental health and dual diagnosis center located in the UCSD Medical Center in the Hillcrest area of San Diego. For over 25 years, it has also been well-known and respected in the clinical community for providing excellent training for Psychiatry Residents, Psychology Interns, Marriage and Family Therapy Trainees, and Social Work Interns. Their primary mission is to provide treatment, rehab and recovery services for indigent and low income adults with severe and persistent mental disorders or dual diagnosis. Client composition includes adults, couples, and families of all ethnic and racial backgrounds, a large gay and lesbian population, and many patients with coexisting Axis I and Axis II disorders. The Clinic provides such services as

multidisciplinary treatment teams, medication management, supportive group psychotherapy, psychoeducation groups for patients and significant others, case management, social services and advocacy.

UCSD Pediatrics (<http://www-pediatrics.ucsd.edu/>) - UCSD Pediatrics is a Collaborative Care Program between the University of San Diego's MFT Program, and UCSD's Residency Training in Primary Care Pediatrics, providing MFT students with the opportunity to assess and treat children, adolescents, and their families. The program, which is continuing in its development, seeks to create a partnership between UCSD pediatric residents and USD family therapy trainees and interns with the shared goal of improving access and quality of care for mental health needs that present in primary care. Patients range from about 4-18 years of age, and are involved in individual and family therapy, provided in both English and Spanish, for a variety of mental health issues. Common presenting problems include relational problems within the family, lifestyle transitions, anxiety, depression, Attention Deficit Hyperactivity Disorder, and bereavement. Patients may also present with comorbid physical and mental illnesses, such as chronic illness and depression, and benefit from coordinated treatment services between their physicians and therapists. MFT trainees and interns conduct routine assessments, utilizing screening instruments such as the SANDAP, Family Assessment Device, Stressor Scale, and Current Problems Checklist, providing for effective treatment planning and further research. Currently, there is one MFT trainee, who works approximately 25 hours per week for a one-year, unpaid traineeship, and one part-time MFT intern. Due to ongoing grant writing for funding and support services, interns are able to receive a stipend for their services. Hours spent at the clinic are divided between client contact, group and individual supervision, and consultation with medical staff regarding patient care. PENDING AVAILABLE FUNDING

III. Evaluations

Evaluation of Students

Students are evaluated for their academic and clinical progress in several ways.

- Students are evaluated in each course they take by their instructors, who assess their assignments and assign grades.
- During each semester, the faculty conjointly reviews the semester progress of each student in the program. If areas of concern are identified with respect to a particular student, the advisor will contact the student to arrange a meeting. Within the context of the meeting, the Program Director and advisor will articulate the concerns that have been identified and will work with the student to develop a remediation plan for addressing these. Following this meeting, the Program Director will write a letter to the student summarizing the meeting and clarifying the terms of the remediation plan. The letter will become part of the student's permanent file.
- During their practicum, students are evaluated clinically by their site and faculty supervisors. In addition to providing oral feedback throughout the semester, on-site supervisors provide written feedback at the end of the semester using a Trainee Evaluation form.

Evaluation by Students

Students have the opportunity to offer feedback to the program and faculty in several ways:

- At the end of each course, course/instructor evaluation forms are distributed online that allow students to offer specific feedback about the quality of their course experience. These anonymous evaluations are reviewed by the Dean of the School of Leadership and Education Sciences, the Program Director, and the instructor.
- At the completion of their practicum, students will provide the Program Director with specific feedback about the nature of their practicum experience.
- Graduating students are required to complete an exit survey to provide feedback about the quality of the MFT program and University of San Diego.

In the second year following graduation from the program, the Program Director will send former students a survey that includes questions about their satisfaction with the program and the education they received post-graduation. The raw data will be returned to the Program Administrative Assistant who will collate this data and make copies available to the Program Director and program faculty. Moreover, this data may be made available to the Commission on Accreditation for the American Association for Marriage and Family Therapy and will be included in USD's Program Review Process.

***IV. Policy for Obtaining Clinical Hours Prior to
Beginning Practicum***

**UNIVERSITY OF SAN DIEGO
MARITAL AND FAMILY THERAPY PROGRAM**

**Procedures for Accruing Clinical Hours of Experience as a Volunteer
Prior to Commencing Practicum**

Students may accrue clinical hours of experience and supervision by engaging in volunteer work prior to practicum. Volunteer sites must meet the requirements of the California Board of Behavioral Sciences (“BBS”). Hours obtained at these sites may be counted toward the 3,000 hours needed for MFT licensure in the State of California. Volunteer sites may also meet the requirements of the American Association for Marriage and Family Therapy (“AAMFT”). If a site meets the requirements of both the BBS and the AAMFT, hours may be counted toward both the hours needed for licensure in California and the hours required for graduation from USD. A site agreement is available for each situation. Consult with your advisor, and carefully comply with the following steps in order to “count” clinical hours of volunteer experience acquired prior to practicum. All forms and agreements mentioned may be obtained from the MFT Program Administrative Assistant.

Step 1

Complete at least twelve (12) semester units in the MFT program and have your advisor sign a form entitled “Certification of Minimum Credit Hours Completed.” This form must be filed in your MFT Program file.

Step 2

Ensure that your volunteer site satisfies the following BBS requirements. Before you begin at the site, a site representative must sign a Volunteer Site Agreement (for sites meeting BBS requirements).

- a. Supervisors must have been licensed and in good standing with the BBS for at least two years.
- b. You must obtain at least one hour of direct supervision* during each week of experience obtained.
- c. You must receive an average of at least one hour of direct supervision* for every five hours of client contact.

*“Direct supervision” means either one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than six students.

Step 3

For each week of your volunteer experience, complete the weekly log/report form approved by the BBS and have your supervisor approve your hours by signing the form. By the first Monday of each month, submit copies of your forms covering the previous month to the MFT Program Administrative Assistant.

If you desire to accrue BBS and AAMFT hours, you must also follow Steps 4 and 5:

Step 4

Complete Step 1 above. Then, ensure that your volunteer site satisfies **both** the BBS requirements in Step 2 **and** the following AAMFT requirements. Before you begin at the site, a site representative must sign a Volunteer Site Agreement (for sites meeting both BBS and AAMFT requirements).

- a. Your supervisor must be an AAMFT Approved Supervisor.
- b. At least one-half of your supervision hours must be videotape or live supervision.
- c. You must receive at least one hour of individual supervision every week.
- d. For AAMFT purposes, group supervision must consist of not more than six student trainees. Important: Note that group supervision is defined differently for sites meeting AAMFT requirements.

Step 5

Follow the hours reporting requirements in Step 3. In addition, along with your BBS reports include copies of the required AAMFT report forms covering the same hours. Classification of hours for AAMFT and BBSE purposes differ somewhat on the forms. Consult your advisor if you have questions.

**UNIVERSITY OF SAN DIEGO
MARITAL AND FAMILY THERAPY PROGRAM**

**SITE AGREEMENT FOR NON-PRACTICUM VOLUNTEER HOURS
(Meeting BBS Requirements)**

Student trainees (“Trainees”) in the University of San Diego Marital and Family Therapy Program (“USD”) seek out volunteer opportunities in community sites (“Sites”) in order to accrue clinical hours of experience. As consideration for receiving one or more USD Trainees, the undersigned Site agrees to satisfy the requirements set forth below for the USD Trainees, which it employs.

1. Licensing. The Site must be chartered or licensed by the appropriate state authority, if applicable, and must have been in operation for at least two full years. The agency must have a governing board, which includes representation reflecting the public interest. Upon request by USD, the Site shall provide USD with documentation evidencing the foregoing.
2. Supervision Requirements. All Sites shall satisfy supervision requirements of the California Board of Behavioral Sciences (“BBS”). Such requirements include, but are not limited to, the following:
 - a. Ratio of Supervision to Treatment Hours. Each Trainee will receive at least one hour of direct supervision for each week of experience claimed. In addition, each Trainee shall receive an average of at least one hour of direct supervision for every five hours of client contact. “One hour of direct supervision” means either one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group of not more than eight Trainees.
 - b. Approved Supervisors. Each supervisor of Trainees at the Site must satisfy the supervisory requirements imposed by the BBS for the supervision of Trainees. Such requirements include, without limitation, the requirement that the supervisor must have been licensed and in good standing with the BBS for a minimum of two years.
3. Facilities. The Site shall provide and maintain facilities and equipment that are adequate for Trainees to carry out their designated responsibilities.
4. Evaluations. At the end of each academic semester, the Site shall provide to USD written progress reports and evaluations of the performance of the Trainees. In addition, the Site shall cooperate with USD in obtaining Trainee evaluations of the Site and the quality of supervision available at the Site. USD shall provide appropriate evaluation forms for the Site and the Trainees.
5. Liability Insurance. The Site shall provide to USD documentation of liability insurance for the Trainees it employs. (Trainees will receive information regarding their responsibility for personal liability insurance at the beginning of their volunteer work.)

**UNIVERSITY OF SAN DIEGO
MARITAL AND FAMILY THERAPY PROGRAM**

**SITE AGREEMENT FOR NON-PRACTICUM VOLUNTEER HOURS
(Meeting both BBS and AAMFT Requirements)**

Student trainees (“Trainees”) in the University of San Diego Marital and Family Therapy Program (“USD”) seek out volunteer opportunities in community sites (“Sites”) in order to accrue clinical hours of experience. As consideration for receiving one or more USD Trainees, the undersigned Site agrees to satisfy the requirements set forth below, and in Exhibit A to this Agreement, for the USD Trainees which it employs.

1. Licensing. The Site must be chartered or licensed by the appropriate state authority, if applicable, and must have been in operation for at least two full years. The agency must have a governing board, which includes representation reflecting the public interest. Upon request by USD, the Site shall provide USD with documentation evidencing the foregoing.
2. Supervision Requirements. The Site shall satisfy supervision requirements of both the California Board of Behavioral Sciences (“BBS”) and the American Association for Marriage and Family Therapy (“AAMFT”). AAMFT supervision requirements are set forth in Exhibits A and B. Supervision requirements include, but are not limited to, the following:
 - a. Ratio of Supervision to Treatment Hours. Each Trainee will receive at least one hour of direct supervision for each week of experience claimed. In addition, each Trainee shall receive an average of at least one hour of direct supervision for every five hours of client contact. “One hour of direct supervision” means either one hour of face-to-face contact on an individual basis or two hours of face-to-face contact in a group. AAMFT requires that a “group” consist of not more than six Trainees.
 - b. Videotape/Live Supervision. At least one-half of the total supervision hours will be raw data supervision (i.e., videotape or live supervision).
 - c. Approved Supervisors. Each supervisor of Trainees at the Site must satisfy the supervisory requirements imposed by both the BBS and the AAMFT for supervision of Trainees. BBS requirements include, without limitation, the requirement that the supervisor must have been licensed and in good standing with the BBS for a minimum of two years.
3. Facilities. The Site shall provide and maintain facilities and equipment that are adequate for Trainees to carry out their designated responsibilities.
4. Evaluations. At the end of each academic semester, the Site shall provide to USD written progress reports and evaluations of the performance of the Trainees. In addition, the Site shall cooperate with USD in obtaining Trainee evaluations of the Site and the quality of supervision available at the Site. USD shall provide appropriate evaluation forms for the Site and the Trainees.

Exhibit A

AAMFT Equivalency Standards for Supervisors

The University of San Diego will grant Approved Supervisor Equivalency to a supervisor provided he or she meets the criteria for both clinical experience and supervisory experience as outlined below:

In order for a supervisor to demonstrate sufficient clinical experience as an MFT, he or she must meet one of the following criteria:

- A. Clinical membership in AAMFT.
- B. Licensed MFT in California – To obtain licensure as an MFT in California, 3000 hours of experience are required, of which a minimum of 2000 must be direct client contact hours. Licensed MFTs in California must also pass exams required by the Board of Behavioral Sciences to demonstrate competent knowledge and skills in MFT.
- C. Licensed Social Worker, Psychologist, or Psychiatrist with a minimum ten years experience working with couples and families. This allows for supervisors who may have considerable experience working with couples and families, but may not have had their initial training in family therapy.

and

In order for a supervisor to demonstrate equivalent supervisory experience, he or she must meet one of the following criteria:

- A. Certification through the CAMFT Supervisor Program – To become a CAMFT certified supervisor, the supervisor must 1) complete a minimum of 21 hours of training/education/coursework on supervision; 2) complete 52 weeks of supervision, with not less than one hour per week of individual supervision or two hours per week of group supervision; 3) complete a minimum of 12 hours of individual supervision of supervision (or 24 hours if group supervision of supervision); and 4) complete a written summary. (See CAMFT website for further details.)
- B. Have over 10 years of experience supervising MFT students. This allows for supervisors who have considerable experience supervising MFT students.

V. Professional Organizations

Important MFT Professional Organizations

1. Board of Behavioral Sciences (BBS) - This is the state organization that regulates the practice of Marriage and Family Therapists in California. The BBS oversees the licensing of MFT's in California. The program has been designed to meet requirements set forth by BBS so that you can become licensed in California. If you would like a copy of the laws and Regulations for MFT's, send a written request along with a \$4.00 fee to:

Board of Behavioral Sciences
1625 N Market Blvd., Suite S-200 Phone: (916) 574-7830
Sacramento, CA 95834 www.bbs.ca.gov

2. California Association of Marriage and Family Therapists (CAMFT) - This organization provides services and advocacy for MFT's in California. It is strongly recommended that you join CAMFT as soon as possible since they are a valuable professional resource, particularly in understanding and navigating through BBS requirements.

California Association of Marriage and Family Therapists
7901 Raytheon Road Phone: (619) 292-2638
San Diego, CA 92111-1606 www.camft.org

3. American Association for Marriage and Family Therapy (AAMFT) - This is the national professional organization for marital and family therapists. AAMFT provides services and advocacy for family therapists on a national basis. AAMFT has also helped define standards for the profession. The USD program is designed to meet the requirements for an AAMFT accredited program. It is strongly recommend that you join AAMFT as a student member.

American Association for Marriage and Family Therapy
112 South Alfred Street Phone: (703) 838-9808
Alexandria, VA 22314-3061 www.aamft.org

4. CPH & Associates – This is the CAMFT-recommended professional liability insurance carrier for student and licensed therapists. Each student must obtain personal professional liability insurance before beginning clinical work as a Trainee.

CPH & Associates Phone: (800) 875-1911
711 S. Dearborn, Suite 205 Fax: (312) 987-0902
Chicago, IL 60605 www.cphins.com

VI. Graduate Student Policies

SOLES GRADUATE STUDENT POLICIES:

In addition to General Policies and Procedures in this handbook, students are required to adhere to the **School of Leadership and Education Sciences Graduate Student Policies**, which can be found on our website at <http://www.sandiego.edu/soles/students/policies.php>

A. ACADEMIC INTEGRITY, SUMMARY

(Complete policy available at: www.sandiego.edu/honorcouncil/integrity.php)

All members of the University community share the responsibility for maintaining an environment of academic integrity since academic dishonesty is a threat to the University. Acts of academic dishonesty include: a) unauthorized assistance on an examination; b) falsification or invention of data; c) unauthorized collaboration on an academic exercise; d) plagiarism; e) misappropriation of resource materials; f) any unauthorized access of an instructor's files or computer account; or g) and other serious violation of academic integrity as established by the instructor.

It is the responsibility of the instructor to determine whether a violation has occurred. An act of academic dishonesty may be either a *serious violation*, or, if unintentional, an *infraction* (a non-serious violation of course rules). If the instructor determines that an infraction (as opposed to a serious violation) has occurred, the instructor can impose penalties that may include: a) reduction in grade; b) withdrawal from the course; c) requirement that all or part of the course be retaken; and d) a requirement that additional work be undertaken in connection with the course or exercise. Students may formally challenge the instructor's determination of infraction (see below). Instructors shall report all violations, whether, infractions or serious violations, both to the Dean's office and the student using the **Academic Integrity Violation Preliminary Worksheet**. The Associate Dean will contact the student and ensure she or he is aware of the Academic Integrity policy. The Associate Dean will appoint a hearing committee *only* when: 1) the instructor reports that a serious violation occurred, or 2) the instructor reports that an infraction occurred *and* the student wishes to appeal the determination of infraction.

The hearing committee will include, in addition to the Associate Dean, a faculty member and two students from the School of Leadership and Education Sciences, and a faculty member from outside the School of Leadership and Education Sciences. If the hearing committee determines that a serious violation has occurred it also will determine sanctions to be applied which may include: a) expulsion from the University; b) suspension from the University for up to one year; c) a letter of censure; and d) imposition of a period of probation. If the hearing committee determines an infraction has occurred the penalty imposed by the faculty member will be upheld. If the hearing committee determines that no serious violation or infraction has occurred, it will request the instructor to take action consistent with that determination. If the hearing committee determines that expulsion is the appropriate sanction the student may appeal to the Provost.

B. ACADEMIC PROBATION

To be in good academic standing and to be eligible to graduate, graduate students in the School of Leadership and Education Sciences must maintain a 3.00 semester and cumulative Grade Point Average (GPA) in their programs. A student who has completed at least six (6) units of course work and whose cumulative USD GPA for graduate program courses falls below a 3.00 will be placed on academic probation. At the end of each semester the Registrar notifies the School of Leadership and Education Sciences Dean's Office of students eligible for probation. The Associate Dean will send a letter to the student indicating probationary status and copies to the appropriate Department Chair or Program Director, and advisor. The student should meet with her or his faculty advisor to develop a plan for academic success. A review will take place at the end of the next term in which the probationary student has registered for six (6) units. If students have not raised the cumulative

USD GPA for graduate program courses to at least 3.00 at the end of the subsequent academic term they will be disqualified from the program. Students who wish to appeal their disqualification must do so in writing to the Associate Dean within ten calendar days of receiving such notice.

C. ADDING AND/OR DROPPING COURSES

Students who wish to change their registration must do so on the appropriate form within the stipulated time period. Students are allowed to add and/or drop courses during the pre-registration period at the One-Stop Student Center. During the Fall and Spring semesters, courses may be added during the first eight days of class (advisor's signature required), dropped until the tenth week of the semester (advisor's signature not required), and withdrawn until the tenth week of the semester (advisor's signature not required). Courses officially dropped between the last day to add classes and the last day to withdraw from classes will receive a grade of "W" (not included in GPA). After the withdrawal deadline the student will receive a grade for the course. Withdrawal after the deadline (with a "W") is only granted when there is written documentation of a major injury, serious illness or similar factor beyond the student's control which precludes her or his continuing in the class.

Students who discontinue class attendance and neglect to withdraw ("drop") officially from the course are subject to failing the class. Registered students who withdraw from the University (i.e., terminate all courses in progress) must officially drop their courses by filing a **Notice of Withdrawal** form in the One Stop Student Center. The same drop policies and deadlines apply to students who withdraw from the University as for those who drop only one course.

Tuition is fully or partially refundable only when a student officially withdraws. The student must present a **Notice of Withdrawal** form to the One Stop Student Center where it will be date stamped. The following tuition refund schedule applies to the regular academic semester:

- 100% refund for withdrawal during the first two weeks of classes;
- 90% refund for withdrawal during the third week of classes;
- 80% refund for withdrawal during the fourth week of classes;
- 70% refund for withdrawal during the fifth week of classes;
- 60% refund for withdrawal during the sixth and seventh weeks of classes;
- 50% refund for withdrawal during the eighth week of classes; and
- No refund will be made for withdrawal after the end of the eighth week of classes.

The date of withdrawal for refund purposes is considered the date the "Notice of Withdrawal" form is received and date stamped in the One Stop Student Center.

Students must secure all required signatures prior to submitting the form to the One Stop Student Center. For deadlines and tuition refund policies during Summer and Intersession, see the relevant Summer and Intersession bulletins. Condensed or abbreviated sessions (e.g. five week, one week, weekend...etc.) also require that students register and/or withdraw by the posted deadlines in the relevant Summer or Intersession bulletin. Read semester course schedules carefully. Posted deadlines may differ for undergraduate and graduate students. For details please contact the One Stop Student Center, Hahn University Center, Room 126, (619) 260-2700.

Students who receive any form of financial aid must consult with the Office of Financial Aid if their registered units drop below the required number of units for continuation of aid.

Students withdrawing from their current classes will lose eligibility for Federal financial aid, and depending on the time of their withdrawal, will be required to return either all, or part, of the Federal financial aid they received for that semester.

D. CHANGE OF ADVISOR

Students may change advisors by submitting the **Change of Advisor** form available from the administrative assistant of each program. After obtaining the new advisor's signature, the student needs to return the form to the administrative assistant of her or his program. The administrative assistant will distribute completed forms to the program office, previous advisor, new advisor, and One Stop Student Center.

E. CHILDREN

SOLES provides a supportive environment for parents attending SOLES programs and classes. However, children of students are not permitted to attend class or course activities except in the case of a last-minute, unforeseen emergency.

SOLES offers family-oriented activities throughout the school year and encourages students to participate with children in these extra-curricular events.

F. CONTINUOUS ENROLLMENT/LEAVE OF ABSENCE

Upon matriculation, students are expected to register in at least one (1) unit of coursework every Fall and Spring semester until all degree requirements have been completed. Doctoral students who are in the dissertation stage must continue to enroll in at least one (1) unit of dissertation every Fall and Spring semester until the dissertation is completed. Students are not required to enroll during Intersession or Summer, although some courses may only be taught during those times.

Students who are unable to maintain continuous enrollment need to complete a **Petition for Leave of Absence** form (available from SOLES program assistants, One Stop Student Center, and at the Office of Graduate Records or its website). The advisor, Program Director or Department Chair, and the SOLES Associate Dean must approve the leave of absence. Failure to maintain continuous enrollment may result in suspension from the program. Students who have been dropped from the program must apply for readmission unless a **Petition for Leave of Absence** form is on file and current. A leave of absence may be granted for up to one year, and only under extreme circumstances will a student be granted a second leave of absence. Students on academic probation are not normally eligible for a leave of absence. Students in the dissertation or thesis stage are not eligible to take a leave of absence.

Because students are not registered during a leave they may not be eligible for the campus privileges for which a current ID card is necessary. Financial aid and international student visas are typically suspended for students on leave of absence. In addition, the leave may trigger the beginning of the loan repayment period for students with loan deferments.

Students should petition for leave prior to the requested leave period. Students who find it necessary to discontinue enrollment during a term may also petition for a leave, however, they must be in good standing and officially withdraw from their courses by submitting a Notice of Withdrawal form within the approved deadline.

Please see the Graduate Bulletin for further information related to international students.

G. GRADE GRIEVANCE PROCEDURES

Grading criteria, course content, assignments and other requirements are set by instructors and provided to students in writing. The presumption is that students have been given ample opportunity for clarification of class requirements, including assessment, at the beginning of a given course. The instructor's judgment regarding assessment and grading is presumed to be correct. Therefore, the burden of qualifying a grievance rests with the student. At every level in the grievance procedures all participants should understand this presumption.

A student has the right to question a final grade given by a faculty member.

1. Any student may at any time consult her or his instructor about a grade. The exercise of this right does not require a fixed procedure nor is it subject to procedural conditions.
2. If a student feels that she or he has been given an unjust grade, the student should first approach her or his instructor to resolve the difficulty. However, if the student believes she or he has reason not to approach the instructor, the Department Chair/Program Director (or her or his delegate) shall be the judge of the advisability or inadvisability of making this first step.
3. In cases where the Department Chair or Program Director has ruled that direct consultation with the instructor is inadvisable, the student may present her or his case, along with any graded work, to the Chair or Director. The student may request that the instructor provide the student with a copy of the work in question. The Chair or Director shall review the disputed grade in consultation with the instructor. After this review, the instructor may decide to change the original grade or not. The Chair or Director will communicate the instructor's decision to the student.
4. If the matter is not satisfactorily settled at number "3" above, the student may present his/her case to the Associate Dean for review.
5. If the efforts described in steps "2" through "4" do not resolve the dispute, the student may formally challenge the assigned grade. The policy regarding a formal challenge of a grade in the School of Leadership and Education Sciences is as follows:
 - a) An academic grade may only be formally challenged on grounds that it reflects other than appropriate criteria as stated on the course syllabus.

b) Students may only challenge grades when they claim to have earned a grade at least one full letter higher than the grade assigned by the instructor (e.g., the student is assigned a grade of C+ and alleges that the actual grade should have been B+ or higher).

c) A written petition presenting evidence concerning step “5.a.” must be submitted to the School of Leadership and Education Sciences Associate Dean no later than the end of the seventh full week of instruction in the semester following that in which the grade was given.

6. The procedure following submission of the petition by the student is as follows:

- a) On receipt of the petition, the Associate Dean will promptly appoint a committee consisting of two SOLES faculty members and one student. The student and at least one of the faculty members will be associated with the student’s program. The committee’s membership is privileged information.
- b) The committee will promptly decide whether the evidence presented by the student warrants an investigation. If it does not so find, the committee will take no further action on the case and the student will be so notified. If the committee so finds, it will conduct an investigation.
- c) During the investigation, the committee must provide a fair proceeding for instructor and student, including information as to the character and object of the proceedings, knowledge of the allegations and evidence produced by the student in making out her or his case, and an opportunity for both parties to respond in writing and/or orally.
- d) If, during the course of this investigation, the instructor voluntarily decides to change the original grade assigned the instructor will report this decision to the student and the Associate Dean, and the committee will take no further action.
- e) If no agreement is reached, the committee must decide whether the grade reflected criteria other than those stated on the syllabus, and if so, the criteria that were reflected.
- f) Their conclusions shall be made in the form of a preliminary written report, copies of which are to be sent to the Associate Dean, the instructor and the student. The instructor and the student will have the opportunity of submitting written responses to the committee within ten days of receipt of the preliminary report. The committee will review the written responses, if any, before issuing its final report to the Associate Dean.
- g) Submission of the final written report to the Associate Dean will be the final action taken by the committee.

NOTE: All other student academic appeals in SOLES will follow a similar process.

H. INCOMPLETE GRADES

The grade of “Incomplete” (“I”) may be recorded to indicate that the requirements of a course have been substantially completed, but, for a legitimate reason, a small fraction of the work remains to be completed; and that the record of the student in the course justifies the expectation that he or she will complete the work and obtain a passing grade by the deadline. It is the student's responsibility to explain to the instructor the reasons for non-completion of the work and to request an “Incomplete” grade **prior** to the posting of final grades. The instructor should discuss with the student the conditions and deadline for completion, whenever possible, and should document the conditions and deadline using the **Petition for Grade of Incomplete**. The “Incomplete” grade is not counted in the computation of the grade point average, nor is credit earned for the semester/session for which the grade was authorized.

Students who receive a grade of “Incomplete” must submit all missing work no later than the end of the tenth week of the next regular semester; otherwise, the “I” grade will be counted as an “F”. (Students who receive a grade of “Incomplete” in the Spring semester need to complete their work by the tenth week of the Fall semester.) A faculty member assigning a grade of “Incomplete” will complete a **Petition for Grade of Incomplete**, indicating the reason for the “Incomplete”, and attach a copy of the form to the grade roster when turning in grades. A copy of this form will be placed in the student’s file. Disqualification or Scholastic Probation may be the result if the work is not finished within the posted deadlines and the “Incomplete” turns into an “F.”

Students receiving financial aid should be aware that taking an “Incomplete” grade may affect their eligibility for financial aid by their failure to earn the appropriate amount of credit within a year. When the work is completed, a **Removal of Incomplete or Change of Grade** form will be completed by the instructor and signed by the Associate Dean. One copy is then placed in the student’s file and the original is sent to the Registrar.

I. PETITION TO GRADUATE

In order to be cleared for degree completion, students, in consultation with their advisor must file a **Petition for Graduation** form with the One Stop Student Center, Hahn University Center 126, by the deadlines outlined in the *Graduate Bulletin Academic Calendar*. The following instructions have been published by the Graduate Records Office:

1. Complete Petition with the requested information.
2. Proceed to the One Stop Student Center and request copies of your current “Academic Record” and “on-line” USD transcript. These may be picked up in person on the same day. A valid picture ID is required. If you are out of town or unable to come in during regular office hours, you may fax a written request (please include your signature) to (619) 260-4649 to request for them. There is a minimum two (2) day turnaround to have it faxed back. Due to the Privacy and Patriots Acts, requests made without the student’s signature will not be accepted.
3. Attach these copies to your petition form.

4. Call your academic advisor and/or program director for an appointment to review your file and complete the remaining sections of the petition form.
5. Retain “Student Copy” (pink sheet) for your reference after the petition is signed by your advisor and the program director.
6. Return original copy of your petition form with all the attached documents to the One Stop Student Center in Hahn University Center 126. These are time-sensitive; please observe submission deadlines posted in the *Graduate Bulletin*.

There are three annual graduation dates at the end of January, May, and August. The effective degree date for students who complete their program requirements by the posted deadline for the Fall semester and Intersession will be January 31. Those who meet the deadline for May graduation will receive their degree at that time and students who fulfill all requisites for their degree in the Summer will have their degree recorded in their transcript effective August 31. Deadlines for defense and submission of theses and dissertations are also listed in the *Graduate Bulletin*.

Students who fail to meet the stipulated deadlines will not be permitted to graduate, even if all other graduation requirements have been met. In order to receive permission to attend Commencement, eligible students must register and pay in full for their remaining units at USD no later than May 1. The University of San Diego holds only ONE graduation ceremony each year. All graduates during the relevant academic year are welcome to participate in this May graduation ceremony.

Graduate students scheduled to receive their degree the following August who have nine (9) units or fewer of remaining work may participate if their work falls in the category of coursework, portfolio, practicum/fieldwork/student teaching, or internship. Such August graduates must take the remaining Summer work at USD and they must register and pay for their remaining units by May 1. Students scheduled to graduate in August whose remaining program requirements include any of the following will not be allowed to participate in the preceding May Commencement: comprehensive exam; final project, or paper; master’s thesis; or doctoral dissertation.

If a candidate does not graduate at the expected time, the Registrar will automatically roll the **Petition for Graduation** over to the next graduation period if it is in the same calendar year. If the graduation period extends beyond the calendar year for which the petition was filed, a new petition must be completed.

J. MFT STUDENT DISMISSAL

Students may be dismissed from the Marital and Family Therapy program in the School of Leadership and Education Sciences for the following reasons:

1. Failure to maintain established grade point average of 3.0 for all coursework in accordance with university policy.
2. Failure to make satisfactory academic progress toward their degree. This includes, but is not limited to the following:

- a. Students who obtain less than a B- in two or more classes (when taking the courses for the first time) can be dismissed from the program.
- b. Students who do not successfully pass the comprehensive exams after two attempts can be dismissed from the program.
3. Failure to complete time limits for degree.
4. Failure to make satisfactory progress in the development of academic and practitioner skills as judged by the faculty.
5. Violation of the Code of Ethics for the American Association of Marriage and Family Therapy or the California Association of Marriage and Family Therapists.
6. Violation of a USD policy or the Student Code of Rights and Responsibilities, including but not limited to academic dishonesty and plagiarism, as listed in the Student Handbook that is published online at <http://www.sandiego.edu/archways>.
7. Failure to maintain cooperative relationships with other students, faculty, supervisors, or other professional colleagues.
8. Failure to maintain satisfactory delivery of services to clients during practicum or other clinical work. Examples include, but are not limited to the following:
 - a. Being dismissed from a practicum site due to poor performance.
 - b. Receiving one or more poor evaluations from a practicum site.
 - c. Failing to pass a practicum class.
9. The unlawful possession, use, manufacture, sale, distribution or promotion of illegal drugs, drug paraphernalia, or alcohol.
10. Possession, being under the influence, or distribution of alcohol during any coursework, practicum, clinical work, or professional activities of any nature.
11. Failure to return from an approved Leave of Absence.

Violations of the Student Code of Rights and Responsibilities will be subject to the procedures set forth in the Student Code. Academic integrity violations will be handled in a manner consistent with the Academic Integrity Policy. When any of the other above concerns are raised, the student will meet with her or his advisor and/or the Director to discuss the concern.

If the cause for dismissal cannot be remediated or is severe in nature, the student will be provided with written notification of the dismissal. Otherwise, the Director or her or his faculty designee(s)

will provide the student with a written plan for improvement that specifies the nature of the concern(s) along with required steps for remediation for successful completion of the program (See **Student Assistance Plan** form in Appendix). The Director or her or his faculty designee(s) will, on an ongoing basis, evaluate the student's progress and provide written feedback to the student regarding his or her progress. The written feedback will be placed in the student's file. In the event that satisfactory progress is not made within the time limits set by the plan, the student may be dismissed from the program. The student will be provided with written notification of the dismissal.

Students who are dismissed for any reason may appeal for reinstatement in writing to the Associate Dean in the School of Leadership and Education Sciences within ten calendar days of receiving notice of dismissal.

K. STUDENT REINSTATEMENT

Students may apply for readmission. Depending upon the time and circumstances, the procedure for readmission may require a new personal statement of interest in the program, three (3) new letters of recommendation and a complete set of current transcripts.

In considering the readmission request, faculty will evaluate previous coursework, clinical/field/practicum/internship work, and other activities both in and out of the program. If the student is re-admitted, the faculty may recommend redoing any or all of the student's coursework and clinical/field/practicum/internship work depending on the length of the time away from the program and the circumstances for leaving the program. There is no guarantee of readmission.

L. TRANSFER OF GRADUATE CREDIT

It is recommended that students petition during their first semester in order to plan their academic program accurately. Transfer petitions for previous work will not be accepted in the student's final term unless the transfer course is being taken in the final term. Upon matriculation at USD, students must receive approval prior to taking course work outside USD if they plan to transfer it into a degree program. Immediately upon completion of the course, the student must request that an official transcript be sent to the USD Graduate Records Office.

Students may petition the Associate Dean in the School of Leadership and Education Sciences for an exception to these regulations, but should do so only after consulting with the advisor and department chair or director of the graduate program, whose recommendations must appear on the **Petition for Transfer of Graduate Credit**. The student must also request that an official transcript of the course be sent to the Graduate Records Office if the transcript was not included among the admissions documents. When both the petition and transcript are on file they will be reviewed in the Graduate Records Office for conformity to USD policies. Grade(s) awarded by the issuing institution will not be calculated in the student's overall grade point average or taken into account during probationary review.

Students may petition to transfer credit from another university under the following conditions:

1. Credit must be from an accredited, USD-approved university.

2. Credit must be at the graduate-level at the university of origin. The student is responsible for submitting acceptable supporting documentation.
3. Credit must be relevant to the USD degree program and be approved by the department chair or program director.
4. Transfer courses cannot repeat essentially the same content of work taken at USD.
5. Credit may not be used (or have been used) toward any other degree.
6. Credit earned more than five (5) years prior to matriculation at USD will not be accepted.
7. A grade of “B” or higher must have been earned (grade of “Pass” or “Satisfactory” ordinarily is not acceptable).
8. Students must supply satisfactory documentation regarding course content for independent study or self-directed courses).
9. The number of credit hours transferred will be based on USD’s semester credit system rounded down to the nearest full or half unit (multiply the number of quarter hours by .67 and round down). For example, four (4) quarter-hours x .67 = 2.68 which will be recorded as 2.5 USD semester-hour units). It is the student’s responsibility to make up the difference if the total number of degree credits falls short of the requirement for the degree. The amount of USD credit awarded may not exceed the equivalent amount on the originating transcript.
10. Although transfer credit from other universities will be posted on the USD transcript, grades will not be posted or computed in the USD grade point average for probation/disqualification review.
11. See table below for the maximum number of non-USD credits allowed:

<i>Maximum Number of Semester Units Transferable</i>	<i>Program</i>
6	30-44 unit Master’s
9	45-53 unit Master’s
12	54-63 unit Doctorate

Courses Taken After Enrollment at USD

USD students planning to take a degree requirement or elective at another university must process the transfer petition as described above prior to taking the course. Immediately upon completion of the course, the student must request that an official transcript be sent to the USD Graduate Records Office. A grade of “B” or better is required in order to receive credit (units only) when transferring a course from another institution. Grade(s) awarded by the issuing institution will not be calculated in the student’s overall grade point average. After the petition and transcript are on file they will be reviewed by the Graduate Records Office for conformity to USD policies.

M. USD E-MAIL ACCOUNTS FOR GRADUATE STUDENTS

All USD graduate students are required to have a USD e-mail account. The University may conduct official business by sending notices or other information to the student's USD e-mail address. It is the student's responsibility to check regularly his or her account and to respond to any notices or information in a timely manner. Failure to do so will not be considered a legitimate reason for a policy exception.

N. WAIVER OF REQUIREMENTS

Students who have taken an equivalent course prior to enrollment at USD may petition to waive a course requirement; however, the number of required credit hours remains the same. Consequently, students must enroll in approved course work to make up the difference in the total number of units required. USD has discretion to approve or deny course waivers based on the content of the course and when or where it was taken. The administrative assistant for your program can provide you with a **Request for Substitution/Waiver of Graduation Requirements** form. The completed form with appropriate signatures from the department chair or program director and the SOLES Associate Dean must be submitted to the One Stop Student Center.

O. STUDENT COMPLAINT PROCESS

SOLES encourages students to give voice to concerns that arise in the course of their programs of study. The SOLES Graduate Student Association (SGSA), consisting of elected student representatives, is one vehicle for raising issues of general concern to students. The SGSA President's report of student activities and issues is a standing agenda item at monthly SOLES faculty/administrator meetings.

When individual student complaints are governed by another University or SOLES policy, the complaint will be handled in a manner consistent with that policy. Examples include but are not limited to grade grievances, complaints of harassment, discrimination, or research misconduct. Complaints about courses, other than grade grievances, should be brought directly to the instructor of the class in question to seek resolution through a face-to-face discussion. If this meeting does not resolve the student's concern he or she should meet with the appropriate program director or department chair to seek assistance. If, after taking this step, the student's concern is still unresolved, he or she should contact the Associate Dean of SOLES who will work to resolve the issue in conformance with the policies of USD, SOLES, and the student's program. There is no appeal beyond this level.

Complaints of a non-academic nature, as well as personal issues that are interfering with academic progress should be brought directly to the Assistant Dean of SOLES.

SCHOOL OF LEADERSHIP AND EDUCATION SCIENCES
STUDENT ASSISTANCE PLAN

Student _____
Program _____

ID# _____
Date _____

Faculty/instructor: _____

Area(s) in need of improvement (describe all that apply)

Academic (e.g. writing skills, oral communication, knowledge integration): *Knowledge*

Professional: *Skills*

Interpersonal: *Dispositions*

Personal:

Action Steps:

- | | |
|---|-------------|
| <input type="checkbox"/> Student notified | Date: _____ |
| <input type="checkbox"/> Written feedback to student (attach copy) | Date: _____ |
| <input type="checkbox"/> Program Director/Department Chair notified | Date: _____ |
| Signature: _____ | |
| <input type="checkbox"/> Copy to Dean's Office | Date: _____ |

Plan for remediation (describe – use back if necessary):

VII. *IMPORTANT SOLES CONTACT INFORMATION FOR MARITAL AND FAMILY THERAPY STUDENTS*

SOLES ADMINISTRATION

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MARITAL AND FAMILY THERAPY PROGRAM

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MFT Program Specialist
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VIII. Student Learning Outcomes

The educational goals of USD's MFT program, which provide for and embody the program's expectation of student learning outcomes, are as follows:

- Prepare future professionals who will identify as marriage and family therapists and practice a biopsychosocial, systems approach to family-oriented mental health care.
- Prepare future professionals who are ethical clinicians and sensitive to the diversity of their clients.
- Prepare future professionals who will draw upon knowledge from a variety of disciplines and integrate empirical based research into their clinical practice.

Regarding expected student learning outcomes, given the above listed educational goals of the MFT Program, it is expected that students will graduate from the program with the ability to do the following:

Student Learning Outcome 1: Graduates of the Marital and Family Therapy program are able to critically analyze field-related research and its applications to practice.

Indicators assessed in the program assure that students:

- know the major concepts in research so that one can evaluate an empirical study.
- can identify the key strengths and limitations in an empirical study.
- know what are the key empirically supported treatments for a variety of issues that MFTs frequently encounter.
- know how to access and use information from research to inform one's clinical work.
- value using research to inform one's clinical work.

Student Learning Outcome 2: Graduates of the Marital and Family Therapy program conduct clinical assessment that is grounded in theory and integrates a biopsychosocial perspective.

Indicators assessed in the program assure that students:

- know the key concepts used by major models of family therapy for understanding individual and relational well-being.
- can use theory to guide assessment.
- know the key DSM IV-TR disorders encountered by MFTs.
- can effectively assess and diagnosis DSM IV-TR disorders.
- can recognize the role that biology/physical illness may have on individual and relational well-being.
- are familiar with commonly used instruments in the MFT field.
- can conduct an assessment from a biopsychosocial perspective.

- value using a biopsychosocial perspective for assessment, with particular emphasis put on assessing conceptualizing from a systemic perspective.

Student Learning Outcome 3: Graduates of the Marital and Family Therapy program use theory and current treatments to develop effective treatment plans.

Indicators assessed in the program assure that students:

- know the key concepts and interventions used by major models of family therapy.
- can develop an effective treatment plan or treatment focus.
- can use theory to guide treatment and development/use of interventions.
- know the current treatments used to treat DSM IV-TR disorders, including psychosocial and pharmacological treatments.

Student Learning Outcome 4: Graduates of the Marital and Family Therapy program apply individual and family development in the assessment and treatment of cases.

Indicators assessed in the program assure that students:

- know the key life cycle issues that families face.
- are able to recognize the role of life cycle issues in the conceptualization and treatment of cases.
- know the key stages of individual development from childhood through adulthood.
- are able to effectively use knowledge of development in the assessment and treatment of cases.

Student Learning Outcome 5: Graduates of the Marital and Family Therapy program demonstrate commitment to the legal, ethical, and professional standards of the MFT profession.

Indicators assessed in the program assure that students:

- know the key ethical principles and laws relating to the practice of MFT.
- are able to recognize when a legal or ethical issue exists.
- are able to effectively respond to when an ethical or legal issue exists.
- are committed to following the legal, ethical, and professional standards of the MFT profession.

Student Learning Outcome 6: Graduates of the Marital and Family Therapy program demonstrate competence working with clients from diverse backgrounds.

Indicators assessed in the program assure that students:

- know the key concepts and idea that are necessary when working with clients from diverse backgrounds (e.g., race/ethnicity, gender, religion, socioeconomic status, sexual orientation).

- observed competence in working with clients from diverse backgrounds.
- value looking at contextual factors to understand individuals and relational systems

In addition to the central student learning outcomes, the Marital and Family Therapy program expects graduates who:

- are able to develop an effective client-therapist relationship.
- are able to effectively structure therapy, including setting appropriate boundaries.
- recognize when and how to make appropriate referrals for assessment and/or treatment.
- are able to identify when self of the therapist issues arise in therapy.
- are committed to examining and addressing self of the therapist issues as they arise.
- demonstrate an ability to learn and enhance their skills through reading, workshops, supervision, etc.

These expected student outcomes are facilitated by the program's educational goals, which are ultimately aimed towards achieving the mission and visions of the Program, SOLES, and USD, creating post-graduates who are highly competent, curious, ethical, and prepared to serve diverse communities.