

**NOTE: Effective Fall 2020 this document will become an on-line document**

**Please upload a head and shoulder photograph of yourself at the time you submit this to the Counseling Department, Clinical Training Director**



This document must be completed and on file in the Clinical Training Director's (CTD) office before the Trainee's hours may count towards MFT/PCC licensure. *California State University, Fullerton (CSUF) Department of Counseling has no authority to approve hours.* CSUF is only responsible for coordinating students' clinical experience and approving students to go into sites. Thus, we do our best to find sites whose clientele and methods of practice fall within the scope of the LMFT and LPCC license. Under penalty of perjury, supervisors attest that they are legally suitable to supervise MFT Trainees, and that they will insure that their Trainees practice within the law. We approve students' choices of sites and supervisors based upon the information provided to us by the site supervisor. *CSUF assumes no responsibility for the loss of hours caused by misstatements, incorrect information*

*and/or negligence on the part of a supervisor and/or program supervisor.* Approval of hours is, and always has been, the purview of the Board of Behavioral Sciences (BBS). **NOTE:** Trainee hours, while required for graduation, do not count toward LPCC licensure as they are earned pre-degree.

**California State University, Fullerton**

Clinical Mental Health Counseling with a Specialty in Marriage and Family Therapy

Agreement between the

**QUALIFYING DEGREE PROGRAM, CLINICAL TRAINING DIRECTOR,  
SITE SUPERVISOR, AND MFT TRAINEE/PROFESSIONAL CLINICAL COUNSELOR (PCC)  
TRAINEE**

**"4-Way Agreement"**

Trainee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street, City & Zip Code: \_\_\_\_\_

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Clinical Site Supervisor Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor E-mail Address: \_\_\_\_\_

**MFT LAW:** The California legislature would like the educators and supervisors of LMFT and LPCC students to work cooperatively in training their student/ trainees. Therefore, all hours of experience gained as a trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party's responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular process reports and evaluations of the student's performance at the site. "Process reports" refers to the monitoring of the student, as they learn to become an effective psychotherapist/counselor.

Instructions to the Student: First, read and sign this document. Once signed, the form will then be forwarded to your clinical supervisor, the program supervisor and, finally, the CSUF Clinical Training Director (CTD). After the CTD has signed your agreement, the completed (fully signed) pdf form will be available to you in your student portal. Please also download and save the completed pdf for your future reference.

**Note:** The "4-Way Agreement" must be completed and saved to your student portal by the second week of classes.

| <b>Clinical Training Director</b> | <b>Office</b> | <b>Phone#</b>  | <b>Mailbox Location</b> |
|-----------------------------------|---------------|----------------|-------------------------|
| Mary M. Read, Ph.D.               | EC-484        | (657) 278-2167 | EC-405                  |

| <b>Fieldwork Coordinator - Counseling</b> | <b>Office</b> | <b>Phone#</b>  | <b>Mailbox Location</b> |
|-------------------------------------------|---------------|----------------|-------------------------|
| Nicole Folmer, M.S.                       | EC-479C       | (657) 278-7376 | EC-405                  |

Please note: The "4-Way Agreement" is proof to the BBS that CSUF and you have complied with state law. You **must** notify your CTD upon early termination at your agency should that circumstance arise.

## **SECTION I RESPONSIBILITIES OF THE PARTIES (Students are responsible for reading all sections of this agreement.)**

CSUF, Department of Counseling, the QUALIFYING DEGREE PROGRAM:

- a. Shall approve the placement of each trainee at the supervised practicum setting;
- b. Shall have this written agreement with the supervised practicum setting, supervisor and trainee that details each party's responsibility, including the methods by which supervision will be provided;
- c. Shall provide forms for regular evaluations of the student's performance at each supervised practicum setting;
- d. Shall coordinate the terms of this agreement with each of the named parties;
- e. Shall evaluate the appropriateness of the supervised practicum experience for each trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a Professional Clinical Counselor (LPCC) or a Marriage and Family Therapist (LMFT) as set forth in the California Business and Professions Code;
- f. Shall require that each student gaining clinical hours in a supervised practicum setting procure their own individual professional malpractice liability insurance coverage;
- g. Shall have a designated liaison to the practicum setting and clinical supervisors called the Clinical Training Director, who shall assume major responsibility for the coordination of this arrangement between students and clinical training sites in the Counseling Department's catchment area.

\_\_\_\_\_Initials of the Clinical Training Director, CSUF, Department of Counseling

**THE SUPERVISED PRACTICUM SITE/PROGRAM SUPERVISOR**

- a. Shall provide the trainee and the supervisor with the documentation necessary to verify to the Board of Behavioral Sciences (BBS) that the placement is one that is named in law as appropriate for an MFT Trainee or Professional Clinical Counselor Trainee and that the trainee is employed in the manner required by law. Such documentation, specified by the LMFT Experience Verification Form and by the BBS regulations for PCC trainees may include but is not limited to the agency's 501c3, 1250, 1250.2 or 1250.3. A copy of this documentation is kept on file in the CTD office;
- b. Shall evaluate the qualifications and credentials of any employee who provides supervision to MFT or Clinical Counselor trainees;
- c. Shall provide adequate resources to the trainee and the supervisor in order that they may provide clinically appropriate services to clients;
- d. Shall orient the trainee to the policies and practices of the agency;
- e. Shall notify the qualifying degree program in a timely manner of any difficulties in the work performance of the trainee;
- f. Shall provide the trainee and the supervisor with an emergency response plan which assures the personal safety and security of trainee, supervisor and trainee's clients in the event of a fire, earthquake or other disaster;
- g. Shall provide the trainee with experience within the scope of practice of a Professional Clinical Counselor or Marriage and Family Therapist;

**Note:** The minimum requirement is 280 hours of direct client contact (DCC) per practicum year, related to the following guidelines:

1. An average of eight (8) direct client contact hours per week, after the first semester;
  2. one (1) hour of individual supervision per five (5) hours of client contact and two (2) hours of group supervision, with no more than 8 trainees or one (1) hour of individual supervision for client contact hours that exceed five (5) hours but do not exceed ten (10) client contact hours. If client contact hours exceed ten (10) hours per week, student will be provided appropriate supervision as stipulated by BBS regulations;
  3. additional activities may include: additional group supervision, staff meetings, case conferences, case management, seminars, and documentation (note writing);
- h. Shall be familiar with the laws and regulations that govern the practice of licensed Professional Clinical Counselors or licensed Marriage and Family Therapists in the State of California, and in particular, those that directly affect the MFT or PCC trainee;
  - i. Shall provide the qualifying degree program with a photocopy of the current license of each supervisor who will be supervising the degree program's trainees;
  - j. Shall provide the qualifying degree program with whatever documents are necessary to assure that the trainee's performance of duties conforms to BBS laws and regulations;
  - k. Shall notify the qualifying degree program and the trainee of change of address, phone, ownership, or any other status that may affect the ability of the trainee to count hours gained at the practicum setting;
  - l. Permit in-vivo supervision by the practicum supervisor, as needed;
  - m. Provide access for the trainee to video record current clinical cases for practicum class review.

\_\_\_\_ Initials of Program Supervisor

## THE CLINICAL SITE SUPERVISOR

- a. Shall sign and abide by the "Responsibility Statement for Supervisors of the MFT License" as described in the California Code of Regulations (CCR); The supervisor is responsible to the BBS for the trainee's legal practice as a trainee. [NOTE: There is no equivalent form for LPCC supervision, being pre-degree.];
- b. Shall be responsible for assuring that all clinical experience gained by the trainee is within the parameters of marriage and family therapy;
- c. Will have been licensed for at least two years in California as a marriage and family therapist, professional clinical counselor, clinical social worker, psychologist or physician who is certified in psychiatry by the American Board of Psychiatry and Neurology;
- d. Will have completed and remained current with the appropriate "supervisor" continuing education requirements required by the BBS;
- e. Shall review and sign the "Weekly Summary of Hours of Experience" log on a weekly basis;
- f. Shall complete the "LMFT Experience Verification Form" upon termination of trainee's supervision, the totals of which should match the totals of the collected Weekly Summary of Hours of Experience;
- g. Shall describe in writing on Section II of this document the methods by which supervision will be provided;
- h. Shall provide regular process reports and evaluation of the student's performance at the site to the qualifying degree program at the middle and end of each semester;
- i. Shall provide the trainee with one (1) hour of individual for five (5) hours of client contact provided by the trainee and one (1) hour of individual or two (2) hours of group supervision for client contact hours that exceed the five (5) hours but do not exceed ten (10) hours. If client contact hours provided by student exceed ten (10) hours, then supervision will be provided as stipulated by BBS regulations. This may be averaged over a period of 14 weeks;

**IMPORTANT:** Although client contact hours may be averaged across each semester, supervision may not. In other words, trainees *must* have either one hour of individual or two hours of group each week that they see clients. No hours of *any* kind will count if supervision has not occurred during the week they were claimed. The Department of Counseling at CSUF requires that both individual and group supervision be provided every week (even when this exceeds the 5:1 minimum ratio), while students are accruing their required CACREP hours toward graduation. Once student completes CACREP required hours, BBS minimums for supervision may apply.

- j. Shall abide by the ethical standards promulgated by the professional association to which the supervisor belongs (e.g., AAMFT, CALPCC, CAMFT, ACA, NASW, APA, AMA etc.);
- k. Shall provide the agency with a current copy of their current license and resume and notify the qualifying degree program and the trainee immediately of any action that may affect their license;
- l. Shall be familiar with the laws and regulations that govern the practice of Professional Clinical Counselor or Marriage and Family Therapy in the State of California, and in particular, those that directly affect the MFT or PCC trainee;
- m. Shall provide the trainee with a policy and procedure for crisis intervention and other client/ clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.);

- n. Shall, if providing supervision on a voluntary basis attach the original written agreement between you (the supervisor), and the trainee's employer as required by the BBS;
- o. Shall complete all the required trainee evaluation forms (due at mid-semester and finals week) by their prescribed time.

\_\_\_\_\_ Initials of Clinical Site Supervisor

## THE TRAINEE

- a. Shall have each supervisor complete and sign the "Responsibility Statement for Supervisors of the LMFT License" before gaining supervised experience. Trainees are to retain this original, signed document in order to send this form to the BBS when required. All trainees, however, must file a copy of this form with the CSUF Clinical Training Director. The trainee must verify that the supervisors' license is current (see note);

**Note:** A supervisor's license can be verified by contacting the BBS by telephone or via the Internet. The BBS website address is <http://www.bbs.ca.gov>. Click on "verify license" for LPCCs, LMFTs, or LCSWs and check that the supervisor's license is current. For a Licensed Psychologist, contact the Board of Psychology via phone or the Internet at <https://search.dca.ca.gov/>.

- b. Shall maintain a weekly log of all hours of experience gained toward licensure;
- c. Shall be responsible for learning those policies of the supervised practicum setting which govern the conduct of regular employees and trainees, and for complying with such policies;
- d. Shall be responsible for participating in the periodic evaluation of their supervised practicum experience and delivering it to the qualifying degree program;
- e. Shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties which may affect the performance of their professional duties and responsibilities;
- f. Shall abide by the ethical standards of the Board of Behavioral Sciences and the professional association of which the student is a member (e.g., AAMFT, CALPCC, ACA, CAMFT) and the CSUF Department of Counseling ethical/legal guidelines (see the Clinical Training Handbook).
- g. Shall have completed all prerequisite courses for COUN 530 Beginning Practicum, before providing supervised psychotherapeutic services to clients. If the student has not completed all prerequisite courses, they shall obtain written permission from the Clinical Training Director and the Site Supervisor acknowledging this fact. This letter must be filed with the Clinical Training Director;
- h. Shall be aware that the qualifying degree program requires that they obtain individual professional liability insurance coverage while working in a clinical placement. Student rate malpractice coverage can be obtained through professional associations (e.g., ACA, CALPCC, CAMFT);
- i. Shall gain a total number of 280 direct client contact (DCC) hours as required for nine units of practicum. These hours have been supervised during the week they were gained and supervision must average to a 5:1 ratio each week;
- j. Shall be aware that **practicum is a COURSE**, and to receive a grade of "Credit" for this course, the following criteria must be met:

1. the student must attend the practicum classes and gain hours at an approved clinical placement *concurrently*; that is, at the same time;
2. the student must have earned the required number of hours (item i above);
3. the supervisor's evaluations and process reports must be favorable;
4. the practicum instructor's evaluation must be favorable;
5. no other data exists that questions the student's suitability for the psychotherapy/counseling profession and for the license of marriage and family therapist and/or license of professional clinical counselor.

\_\_\_\_\_ Initials of the Trainee

## SECTION II METHODS OF SUPERVISION

The supervisor shall monitor the quality of counseling or psychotherapy performed by the trainee by direct observation, audio or video recording, review of progress and process notes or records or by any other means deemed appropriate by the supervisor, and furthermore that the supervisor shall inform the trainee prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling or psychotherapy being performed.

Instructions to Supervisor: Section II of this agreement will serve to inform the trainee about the methods you will use to monitor the quality of their performance with clients. (Note: Supervision *must* include direct observation or audio or video recording).

Check all that apply:

\_\_\_\_\_ Direct Observation

\_\_\_\_\_ Student Verbal Report

\_\_\_\_\_ Audio Recording

\_\_\_\_\_ Role Play

\_\_\_\_\_ Video Recording

\_\_\_\_\_ Other (Describe) \_\_\_\_\_

\_\_\_\_\_ Evaluate Trainee's Process and Progress Notes

## SECTION III ADDITIONS

### a. TERMINATION

The expectation of all parties is that this agreement will be honored mutually. Termination of this agreement *with cause* shall be in accordance with the academic policies of the qualifying degree program or the employment or volunteer policies of the supervised practicum setting. Any party may terminate this agreement *without cause* by giving all other parties 30 days' notice of the intention to terminate. Termination of the trainee's or supervisor's employment under terms of this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is an early termination of this agreement on the part of the trainee, the supervised fieldwork setting or the supervisor, such a decision must include prior consultation with the qualifying degree program.

**b. CHANGES IN THE AGREEMENT**

This agreement must be amended in writing and signed by each party.

**c. INDEMNIFICATION**

The qualifying degree program requires that each student trainee procure individual professional liability malpractice insurance coverage before working with clients in a supervised practicum setting. The supervised practicum setting assumes all risk and liability for the student's performance of services while at the supervised practicum setting.

**SECTION IV ADDITIONAL TERMS AND COMMENTS**

(This space is to be used for additional notes on the student's clinical training experience.)

**SECTION V TERM OF THE AGREEMENT**

**Note to Trainee:** Please enter the participation dates as discussed with and approved by your supervisor prior to signing this form.

**Note to Agency:** **Important: Clinical Supervisor,** please review with the trainee their time commitment to your agency and confirm the dates below by initialing the start and expected end date of this agreement.

FROM \_\_\_\_\_ (Date this agreement is valid) \_\_\_\_\_ (Initials) TO \_\_\_\_\_ (Date trainee expected to leave agency) \_\_\_\_\_ (Initials)

**SECTION VI SIGNATURES**

By signing this form, you are indicating that you have read, understood, and agreed to the terms specified.

**I. Program Supervisor:**

\_\_\_\_\_  
Name (please print) Title

\_\_\_\_\_  
Signature

**II. Primary Clinical Site Supervisor:                      Initials of other supervisors: \_\_\_\_\_**

\_\_\_\_\_  
Name (please print) Title

\_\_\_\_\_  
Signature Date

**Note:** Write license number for each license held:

License(s) held: #

|            |                           |
|------------|---------------------------|
| _____ LMFT | _____ Psychologist*       |
| _____ LCSW | _____ Psychiatrist (M.D.) |
| _____ LPCC |                           |

**III. Trainee:**

\_\_\_\_\_  
Name (please print) CWID#

\_\_\_\_\_  
Signature Date

**IV. For qualifying degree program: CSUF Clinical Training Director**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature Date

\*Please note that Licensed Educational Psychologists (LEPs) may only supervise MFT/PCC Trainees for education-related issues in a school setting for a max of 1,200 Direct Client Contact hours.