Licensed Professional Clinical Counselor (LPCC) and/or
Marriage and Family Therapy (LMFT) Program

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I. INTRODUCTION

History of California State University, Fullerton and the Department of Counseling

In 1957, Cal State Fullerton became the 12th State College in California to be authorized by the Legislature. The following year a site was designated in northeast Fullerton and subsequently purchased in 1959. That year Dr. William B. Langsdorf was appointed as founding president and Orange County State College started classes for 452 students in September. In the fall of 1960, the college opened classes on its own campus, where it occupied 12 temporary buildings. The name changed to Orange State College in July 1962, to California State College at Fullerton in July 1964, to California State College, Fullerton in July 1968 and to California State University, Fullerton in June 1972. The first permanent building, the six-story Letters and Science Building (now known as McCarthy Hall), was occupied in 1963.

In May 1971, Dr. L. Donald Shields, who had served as acting president for seven months, was appointed the second president of Cal State Fullerton. Dr. Miles D. McCarthy became acting president in January 1981; Dr. Jewel Plummer Cobb took office as the third president in October 1981; Dr. Milton A. Gordon was appointed the fourth president in August 1990; and in February 2013, Dr. Mildred Garcia became the fifth president of CSUF.

Within the University, the Department of Counseling is located in the College of Health and Human Development (HHD). The mission of the College of Health & Human Development is to provide exemplary education, research, and community outreach related to the health, development, and well-being of all people. Emphasis is placed on both theory and practice, with special attention to the development of critical thinking, leadership, and humanistic skills needed to function in a widely diverse and ever-changing society.

The Counseling Department was begun in the late 1960’s by David Keirsey and Marilyn Bates, both famous for their work with Myers-Briggs Temperament Theory. The program prepared graduates for the Marriage Family & Child Counselor (MFCC) license (now LMFT) and/or the California Pupil & Personnel Services credential (PPS). The PPS credentialing program option was later removed as fewer and fewer jobs were available for graduates. As the marriage and family therapy profession expanded, so did the Counseling program’s length and scope, becoming a full-fledged Department in 1973. Counseling students serve the communities in Southern California in their practicum sites, dedicating many thousands of service-learning hours to the well-being and mental health of their clients. Graduates of the Counseling Program serve in community agencies, schools, industry, and in private practice all over the state and beyond, sharing their knowledge of communication skills and personal growth honed during their training.

The Counseling Department became a 60-unit degree program in 2005, with a focus on training students for entry into the counseling profession as LMFTs and LPCCs. With the awarding of CACREP accreditation in 2007 the Counseling program at CSUF achieved national recognition in the preparation of skilled counselors ready to affect their communities in positive ways, for the sake of increasing social justice. In 2011, the Department became an early adopter of the new curriculum required by the Board of Behavioral Sciences (BBS) for future LMFTs and LPCCs, infusing the concepts of the Recovery Orientation to Wellness throughout the curriculum for both licensure disciplines. And in 2013, the program expanded to 63 units, encompassing the entire core curriculum for LPCCs and LMFTs.
**Department of Counseling**
As mentioned above, the Department of Counseling is housed in the College of Health and Human Development (HHD). Counseling is a special relationship which develops between a person skilled in the art and science of helping and a person or group of persons desiring help with educational, career, emotional, behavioral, and/or relationship problems. Counselors understand that personal development is essential to effective professional development. Their focus on personal growth is balanced with their desire to facilitate individual, group, and family movement through the process of change. Counselors encourage personal development in clients facing difficult tasks or experiencing personal problems in life.

**Master of Science in Counseling: Marriage & Family Therapy (LMFT) & Licensed Professional Clinical Counselor (LPCC) Program**
The Department of Counseling at California State University, Fullerton meets the challenges of the changing dynamics of the field of professional counseling by offering a Master of Science degree in Clinical Mental Health Counseling with a Specialty in Marriage and Family Therapy, leading to potential licensure in either Marriage and Family Therapy (LMFT), Professional Clinical Counseling (LPCC) or both.

The philosophical orientation of the Counseling program is humanistic, systemic and community-centered. It is a fundamental belief of the program that individuals, families, and communities have their own inner wisdom, desire to grow, and capacity for solving life’s challenges. Further, the counseling program is based on the belief that therapists can most effectively assist people by understanding the relationship of emotional distress to family dynamics and the broader social and cultural forces that shape life in their respective communities.

The LMFT/LPCC Counseling program at CSUF is guided by the principle that professional development requires clinical skills, theoretical knowledge, cultural competence, ethical practice, and the capacity for continual self-reflection. Please see the Department Homepage for more information on the Department of Counseling/LMFT-LPCC Program, http://hhd.fullerton.edu/counsel/.

**Goal of Practicum Field Training in the Master of Science in Counseling Program**
The goal of practicum field training is to prepare graduate students to become competent and ethically mature professionals through practical training guided by the integration of classroom instruction and hands-on clinical/counseling work in a variety of settings. These training objectives including the following:

1. To enhance the ability to apply theoretical constructs to the practical aspects of training.
2. To consolidate a knowledge base of the critical aspects in the practice of marriage and family therapy (LMFT) and professional clinical counseling (LPCC) in the domains of clinical evaluation, crisis management, treatment planning, treatment, human diversity, law, and ethics.
3. To become knowledgeable and skilled in working in a wide range of settings with diverse populations.
4. To confront current issues and controversies in the field and to provide effective solutions through a process of exploring one’s own theoretical perspective, utilizing/applying the legal and ethical guidelines in the field, and consulting with supervisors and other key participants.
5. To become engaged with positive role models in the field who will contribute to each student’s professional identity as a licensed marriage and family therapist (LMFT) and/or licensed professional clinical counselor (LPCC).

This Clinical Training Handbook
This Clinical Training Handbook is available to all students enrolled in COUN 530 A/B, COUN 584 A/B, COUN 590 A/B and COUN 591 A/B, and the content of the handbook will be discussed in the Practicum Orientation that takes place each Fall and Spring semester before students enroll in the respective practicum courses. This handbook will also be available to practicum supervisors at the various sites where students will complete their training requirements and can be found at: 
http://hhd.fullerton.edu/counsel/current-students/handbooks/clinicalhandbook/index.php

The purpose of this handbook is to provide information necessary for students to successfully complete the practicum field training requirements that have been established by the Department of Counseling at California State University, Fullerton, and the California State Board of Behavioral Sciences (BBS).

The instructions and procedures in this Handbook are based on the laws, regulations, and ethical standards most recently cited by the Board of Behavioral Sciences (BBS), the American Counseling Association (ACA), the California Association for Marriage and Family Therapists (CAMFT), and the California Association for Professional Clinical Counseling (CALPCC). The Chair of the Department of Counseling and the Clinical Training Director are in continual contact with the BBS, CAMFT & CALPCC and students will be updated regarding changes and/or amendments to the current rules and regulations pertaining to the training component of the LMFT/LPCC program.

This Handbook also provides pertinent information regarding the requirements and expectations of the Department of Counseling concerning clinical/counseling training, supervision, and professional development. Both students and practicum supervisors are encouraged to comply with the requirements and procedures which are defined and discussed in this handbook, along with any amendments that are forwarded to students and agencies at a later date.

Any requests for exceptions to the rules, guidelines, and procedures of this Handbook must be made in writing. All such requests must be reviewed by the Counseling Faculty at their next departmental meeting. The Counseling Faculty will notify students, in writing, of their decision within fifteen (15) working days from the date of that departmental meeting.

Terminology
The clinical practice of psychotherapy by unlicensed practitioners in California is permitted through the Board of Behavioral Sciences (BBS) Statutes and Regulations for Marriage and Family Therapists. California has regulated the practice of marriage and family therapy since 1963. The BBS, under the State Department of Consumer Affairs, issues the license for Marriage and Family Therapist (LMFT) and as of November 2009 legislation was passed for Licensed Professional Clinical Counselors (LPCCs) to be licensed and regulated by the BBS. The BBS also issues the license for Licensed Clinical Social Workers (LCSW) and Licensed Educational Psychologists (LEP). The BBS members are appointed by the governor and are either public representatives or licensed members of one of the professions. The BBS is in the continuous process of interpreting and implementing legislative amendments.
The California Board of Behavioral Sciences (BBS) distinguishes between two types of non-licensed individuals in clinical training. The department requires that students use the appropriate terminology in all written and verbal communications.

- **Trainee**: An individual gaining experience in professional clinical counseling and/or marriage and family therapy, who is enrolled in a graduate program, has completed 12 units and become “classified”, but has not yet received their degree, is designated by the BBS as a **trainee**.
- **Associate**: The BBS designates an individual working toward licensure, who has completed the M.S. degree and is registered with the BBS, as an **associate** (AMFT or APCC).

For purposes of clarity, an additional term is utilized:

- **Trainee Experience**: Trainee experience, trainee counseling/clinical experience, experience(s) of trainees are terms utilized in this Handbook to designate counseling experiences gained by a CSUF LMFT/LPCC student throughout their program of study. Specifically, this timeframe begins with the date of the first class and ends with the satisfaction of all degree requirements. The intent of this designation is to alert students that during their trainee experience (etc.), they are always under the jurisdiction of the requirements delineated in this Handbook.

## II. SUMMARY OF BBS LMFT/LPCC LICENSURE REGULATIONS

[NOTE: Please visit the BBS website and watch for new developments. This will be the fastest route to the new information. BBS Website: [www.bbs.ca.gov](http://www.bbs.ca.gov)]

**SUPERVISED EXPERIENCE REQUIREMENTS FOR LMFT AND LPCC APPLICANTS**

**EFFECTIVE JANUARY 1, 2016**

*Direct counseling experience (Minimum 1,750 hours)*: A minimum of 500 of the above hours must be gained diagnosing and treating couples, families and children.

*Non-clinical experience (Maximum 1,250 hours)*: May consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences

**Limitations on Experience Hours for trainees:**

- Maximum 1,300 hours gained pre-degree
- Maximum 750 hours of counseling and direct supervisor contact gained pre-degree
- Maximum 40 hours of experience earned in any week between all settings
- Maximum six (6) hours of individual, triadic or group supervision in any week
104 Supervised Weeks Required:
- These 104 weeks must contain: One (1) hour of individual or triadic supervision, or two (2) hours of group supervision during any week in which experience is claimed.
- 52 weeks in which the applicant received at least one (1) hour of individual or triadic supervision.

NOTE: An applicant for licensure cannot be approved to sit for the clinical exam without completing both the 3,000 hours of experience AND 104 supervised weeks.

How do I account for hours gained under different supervisors for the same group of clients?

When working with two or more supervisors, you should have two or more sets of weekly logs and experience verification forms, as well as a signed responsibility statement from each supervisor. When recording your hours it is recommended that you do the following:

1. Record all clinical and non-clinical supervised experience hours under one supervisor (the primary supervisor) and have him or her sign for the hours.
2. Hours of face-to-face supervision provided by the additional supervisor should be recorded separately, and that supervisor should only sign for those hours.
3. When the forms are turned in together, the Board’s evaluator will see that the additional supervisor is signing for a portion of the hours.

III. ORGANIZATIONAL STRUCTURE

The Department Chair, Clinical Training Director, Fieldwork Coordinator - Counseling, and Faculty are responsible for the fieldwork training components of the Department of Counseling, LMFT/LPCC preparation program at California State University, Fullerton.

**Department Chair**
The Department Chair is responsible for administering the Counseling program, and as such, the Clinical Training Director reports directly to the Chair. The Chair consults with and makes recommendations to the Clinical Training Director relative to training issues.

**Clinical Training Director**
The Clinical Training Director oversees the field-training component of the Counseling program. The Clinical Training Director is responsible for anticipating the needs and concerns of students relative to training, reporting on training issues and concerns at departmental meetings, meeting regularly with the department chair and dean as appropriate, and representing California State University, Fullerton and the Counseling program at the Regional Consortium meetings, which consist of community agency clinical directors and university clinical training directors.

The Clinical Training Director also serves as an agency liaison, which includes the following responsibilities:

1. Make initial contact with potential agencies and conduct site visits to ascertain appropriateness of the particular site for practicum training needs.
2. Work with agencies to meet the clinical training requirements for MFT Trainees and Professional Clinical Counseling (PCC) Trainees as set forth by the Department of Counseling and the Board of Behavioral Sciences (BBS).

3. Engage with practicum placement sites by informing them of CSUF’s policies and procedures, responding to agency and student needs when issues are not resolved by practicum instructors, and providing consultation to agencies to enhance their LMFT/LPCC clinical training programs.

4. Facilitate the Student Practicum Orientation each semester for students to assist MFT/PCC Trainees in their preparation for practicum.

5. Ensure that students and clinical training sites are in compliance with BBS rules and regulations, including legal and ethical guidelines.

6. Review all student evaluations of agencies and agency evaluations of students, and make recommendations as appropriate.

7. Evaluate feedback from practicum instructors about clinical training sites and students, and follow up as appropriate.

8. Conduct exit interviews and evaluations with each graduating student.

9. Facilitate the Internship Preparation Workshop (part of the Exit Interview event) for students during their last semester in the program to inform them about the Associate PCC/MFT registration process with the BBS.

10. Develop new practicum field placements for the LMFT/LPCC Clinical Training Site Directory.

Fieldwork Coordinator
The Fieldwork Coordinator - Counseling provides 20 hours per week of administrative, clerical and advisement responsibilities. The Fieldwork Coordinator has the following duties and responsibilities:

1. Assist the Clinical Training Director as needed.

2. Distribute COUN 530 A/B Selection Forms during Practicum Orientation in the Fall and Spring to all students planning to enroll in COUN 530 A/B the following semester. Note: COUN 530 A/B is not available in Summer.

3. Distribute COUN 584 A/B Selection Forms to all faculty teaching 530 A/B so they can distribute the forms to students planning to enroll in 584 A/B.

4. Meet with students who are preparing to enroll in COUN 530 A/B by reviewing the LMFT/LPCC Clinical Training Site Directory, providing
each student with information on the basic requirements before enrollment, and surveying their scheduling needs for the upcoming semester.

5. Meet with students who are preparing to enroll in COUN 584 A/B, 590 A/B, or 591 A/B if they have been approved by the Clinical Training Director to change their practicum site.

6. Ensure that each agency where trainees are placed has an up-to-date file in the Clinical Training office, including (but not limited to) the External Clinical Training Site application, and accompanying copies of current licenses of all community-based supervisors.

7. Maintain Clinical Training files for all those enrolled in COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B including student’s proof of malpractice insurance, “four-way agreements,” and responsibility statements showing supervisors’ names and license numbers.

8. Ensure that the Clinical Training Handbook is routinely updated and available on the web at: http://hhd.fullerton.edu/counsel/current-students/handbooks/clinicalhandbook/index.php

9. Assist the Clinical Training Director in surveying and distributing information to all instructors teaching COUN 530 A/B, 584 A/B, 590 A/B, or 591 A/B in order to track students in agencies and disseminate the latest information on teaching and licensure regulations.

10. Assist in the coordination of the Student Practicum Orientation, Practicum Instructors’ Workshop, Practicum Agency Faire, and Exit Interview each Fall and Spring Semester.

11. Attend meetings as directed.

12. Maintain an accurate listing of practicum students including Clinical Training Site placement on the Departmental database.

13. Maintain the highest level of professionalism.

Faculty
Each full-time faculty member is encouraged to teach one of five (5) practicum courses, (COUN 511 A/B, 530 A/B, 584 A/B, 590 A/B, or 591 A/B). Faculty who teach COUN 511 A/B, 530 A/B, 584 A/B, 590 A/B, or 591 A/B are expected to provide students with training in the following areas:

1. The ongoing procedures of the counseling setting, including the intake process, assessment/evaluation, case conceptualization, case management, record-keeping, and legal and ethical issues;

2. The effective use of supervision sessions;
3. Supervision for the development of self in the counseling process;

4. Experience in meeting the mental health needs of adults, couples, families, and children who come from culturally/ethnically diverse backgrounds;

5. Review of counseling modalities, strategies, and interventions, with an emphasis on evidence-based practices in the Recovery Orientation to wellness;

6. Continual awareness of one’s own personal strengths and limitations, and methods of self-monitoring;

7. Expanding awareness of one’s personal, ethical, ethnic and cultural biases and boundaries in clinical work.

Both full and part-time Faculty who teach COUN 511 A/B, 530 A/B, 584 A/B, 590 A/B, or 591 A/B are expected to adhere to the following guidelines:

1. Ensure that the following documents are submitted to the Clinical Training office no later than the second week of fall and spring semester, (or in the case of COUN 584 A/B, 590 A/B, and 591 A/B documents must already be contained in the students’ files unless the Clinical Training Director authorized a change of site, necessitating new documents).

   a. **Original** Declaration Statement (document verifying that students have read and understand the practicum guidelines set forth in the Clinical Training Handbook)

   b. **Original** Participation Consent Form

   c. **Original** Transportation/Storage Confidential Client Data Form

   d. **Original** 4-Way Agreement (with all appropriate signatures and dates)

   e. **Copy** of Supervisor Responsibility Statement (BBS form)

   f. **Copy** of Proof of Insurance for the students’ own malpractice coverage. (Note: Agency coverage alone is **not** sufficient.)

**NOTE:** After the 2\textsuperscript{ND} week of COUN 530 A/B, students will not be allowed to continue in their Clinical Training Site unless the Clinical Training Director has signed their paperwork, and all of the aforementioned documents are on file. Please contact the Fieldwork Coordinator- Counseling at ext. 7454 for assistance if needed.

**NOTE:** Students beginning Practicum at a site that is not listed in the LMFT/LPCC Clinical Training Site Directory, **may not** begin performing clinical hours until their 4-Way Agreement is signed by the Clinical Training Director.
2. Provide a syllabus that meets the standards and criteria as required in UPS 300.004. A copy of all syllabi must be submitted to the Program Chair of the Counseling Department.

3. In accordance with the CSUF Faculty Handbook, “faculty are expected to devote the amount of time to formal instruction that the course requires. In the event that a faculty member is unable to meet a class, the department chair must be notified, normally before the class meeting, and in any case, as soon as possible.”

4. Provide clear criteria for grading and deadlines for all assignments.

5. Provide clear written instructions and guidelines for videos, case presentations, and other assignments.

6. Require students to bring a minimum of two (2) videos of their sessions with clients for COUN 530 A/B and a minimum of three (3) videos of their sessions with clients for COUN 584 A/B/591 A/B to class during the semester and provide appropriate feedback regarding videos and case presentations.

7. Make one (1) introductory telephone call to site supervisors within the first two weeks of the semester, have email contact [see e-Form, Appendix B] every other week during the semester, and make one (1) site visit with the supervisor and student at the end of the semester of COUN 530 A/B. At the end of COUN 584 A/B, make one (1) site visit with both supervisor and student to discuss the student’s progress and experience at the agency, unless a student has changed agencies after completion of COUN 530 A/B. In such case, an introductory telephone call should be made to the supervisor within the first three (3) weeks of COUN 584 A/B. Maintain agency contact during COUN 590 A/B and 591 A/B.

8. Contact the Clinical Training Director immediately if problems arise that the instructor and student cannot resolve.

9. Verify students’ direct client contact (DCC) hours, and other practicum hours.

10. Assist students with case management.

11. Distribute the COUN 584 A/B Selection Form to students currently enrolled in COUN 530 A/B and return the completed form to the Fieldwork Coordinator – Counseling’s mailbox in EC 405.

12. Collect student’s Assessment of Clinical Training Site, Evaluation of Site Supervisor, and Practicum Summary Log and return with a completed End of Semester Check-Out form [see Appendix B] to the Clinical Training Director’s mailbox in EC 405 within two weeks after grades are due.

13. Provide individual feedback to students twice: at the mid-point and at the end of the semester. The midterm and end-of-semester feedback should be both oral and written. Please complete and sign the Practicum Instructor’s Final Evaluation of Student form (in consultation with the site
NOTE: Students must submit (or have on file) the following documents: 4-Way Agreement, Participation Consent Form, Transportation/Storage of Confidential Client Data Form, Supervisor Responsibility Statement(s), Proof of Malpractice Insurance, Practicum Summary Log/Semester Accounting Form, and Evaluations of Supervisor and Agency as outlined in the syllabus, [see Appendix B] in order to receive a grade of Credit in the practicum course. Faculty should track students’ compliance with this documentation requirement and notify the Clinical Training Director of any deficiencies in a timely way. Final semester Credit/No Credit (C/NC) grades should not be assigned until all required documentation has been presented.

IV. STUDENT RIGHTS AND RESPONSIBILITIES

Rights
Each student in the Counseling program has the following rights:

1. To know the criteria for evaluation in the course and to receive progress evaluations from the instructor on a regular, systematic basis.

2. To know the expectations and procedures established by the practicum instructor.

3. To expect supervision and feedback in the management of cases on both regularly scheduled and case need bases, as conforms to the ethical standards of ACA, CAMFT & CALPCC and the regulations outlined by the BBS.

4. To know the procedure for handling emergencies.

5. To ask questions regarding the counseling process and the correct handling of cases.

6. To have the rules and regulations of the BBS explained fully.

Responsibilities
Each student is expected to know and follow the contents of the guidelines contained in this handbook. Should an issue arise that is not covered in the handbook, the student should consult with the Fieldwork Coordinator-Counseling or the Clinical Training Director for assistance. Failure to follow the guidelines as set forth in this handbook may affect the student’s progress through the program. More specifically, students are expected to:

1. Attend the mandatory Practicum Orientation one semester prior to enrolling in COUN 530 A/B.

2. Submit Counseling 530 A/B/584 A/B Selection form to Counseling Field Placement Office in order to register for COUN 530 A/B or COUN 584 A/B.
3. If necessary, meet with the Fieldwork Coordinator-Counseling or the Clinical Training Director to discuss approved practicum sites.

4. Contact clinical training sites from our approved list and apply according to the guidelines of the agency. [See Appendix A for Clinical Practicum Training Sites]

5. Join ACA, CAMFT or CALPCC, and become familiar with the LMFT and/or LPCC rules and guidelines as set forth by the BBS.


7. Remain open to feedback.

8. Be willing to provide videos of sessions with clients. These will be needed for presentations in class. **NOTE:** As stated on the Transportation/Storage of Confidential Client Data Form [see Appendix B] client confidentiality must be maintained, so transport of client videos in locked or encrypted storage must be demonstrated, in compliance with ethical codes and professional practice.

9. Comply with the guidelines as set forth in the Clinical Training Handbook, and the course syllabi for COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B.

10. Submit the required paperwork to practicum instructor by the second class session for COUN 530 A/B:
   a. 4-Way Agreement [Original] Attach a photo (face only) of student, approx. 2” x 3”.
   b. Participation Consent Form [Original]
   c. Declaration Statement [Original]
   d. Transportation/Storage of Confidential Client Data form [Original]
   e. Proof of student’s own individual malpractice insurance coverage. [Copy] Note: Agency coverage alone is not sufficient.
   f. Responsibility Statement (each supervisor must sign a separate form) [Copy]
   [See Appendix B for all forms. Check BBS website for updated versions of BBS forms].

11. Provide services that are within the student’s scope of practice.

12. Be accountable for legal, ethical, and professional conduct at CSUF and all clinical training sites.

13. Advise the practicum instructor when placement conditions differ from those contracted for by the agency, student, and the school, or which interfere with proper training. Examples of such conditions may include the following:
a. Supervision that does not comply with the requirements of this handbook and the signed 4-way contract;

b. Insufficient training opportunities (e.g., in-service, case conferences, client load, supervision) to meet student’s training goals;

c. Any agency changes (e.g., financial or administrative problems, changes in personnel) that may adversely affect the professional standards and/or clinical or administrative functioning of the agency;

d. Any form of exploitation, which includes sexual harassment, workload, or any and all inappropriate requests, such as tasks that are unrelated to the training of a professional clinical counselor or marriage and family therapist;

e. Discriminatory practices based on race, color, national origin, age, gender, sexual orientation, religion, or physical disability.

Note: Since students are approved to go into agencies based on a goodness-of-fit with their specific training needs, information regarding the above issues (if they arise) should be brought to practicum instructors and the Clinical Training Director immediately.

15. Have clinical training site supervisors complete an evaluation of student’s training progress at the end of each semester using the Agency Supervisor Final Evaluation of Trainee form (primary supervisor). [See Appendix B].

16. Review the completed evaluations with student’s supervisor and submit them to the Practicum Instructor by stated deadlines.

17. Complete the Student Evaluation of Supervisor and Student Assessment of Agency forms. [See Appendix B].

18. Keep track of hours by using the BBS form titled “Weekly Summary of Hours of Experience”. [See Appendix B]. Hours must be signed by the supervisor(s) and should be maintained by the student for submission to the BBS at the appropriate time. NOTE: Keep a copy of this log to facilitate calculating cumulative totals as practicum progresses.

19. Have supervisor sign Practicum Summary Log/Semester Accounting Form [See Appendix B], and submit a copy to practicum instructor at the end of COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B. NOTE: Keep a copy of this log to facilitate calculating cumulative totals as practicum progresses.

20. Maintain confidentiality both in the classroom and out in the field.
V. CONFIDENTIALITY

Any communication between a student and the Program Chair, Clinical Training Director, and Faculty regarding training issues is not viewed as confidential. However, the welfare and training of the student as well as the needs of the profession, the public, and the university will be taken into consideration when determining how to use any shared information. The student may participate in discussions regarding the dissemination of information.

The supervision experience is generally considered open for discussion between supervisors, practicum instructors, and the Clinical Training Director. Supervisors will be instructed to use their discretion regarding the form and content of what they communicate, and students may request that certain personal information be treated as confidential by supervisors. However, each supervisor must consider whether the disclosure of information may be beneficial to the training of the student, as well as for the good of the public. It is recommended that the student and supervisor discuss these issues prior to the disclosure of sensitive information to the practicum instructors and the Clinical Training Director.

Practica placement evaluations are only available to the Counseling Faculty and are to be treated similarly to course evaluations. Disclosure of information is to be done among the Counseling Faculty, if deemed necessary for evaluation and Classification/Advancement to Practicum purposes, and to protect the university, student, and the public. Any other release of information requires that student’s request and consent.

As a function of the selection process, clinical training sites have the right to contact former supervisors at previous placement agencies. It is broadly assumed that the student’s listing of these placement agencies on their applications and vitae constitutes a tacit release of information.

VI. CLINICAL TRAINING SITE SELECTION PROCESS

Students are approved for placement sites on an individual basis, depending on their specific training needs and the site’s requirements (e.g., being bilingual). All students participating in their practicum experience year must choose a community setting that meets the following requirements:

1. The agency must be one of the following settings:
   a. Governmental entity;
   b. School, college, or university;
   c. A nonprofit and charitable corporation;
   d. A licensed health facility;
   e. A social rehabilitation facility or a community treatment facility;
   f. A pediatric day health and respite care facility;
   g. A licensed alcoholism or drug abuse recovery or treatment facility;

2. The agency must be devoted to training students to become marriage and family therapists and/or professional clinical counselors and must have a training program in place to meet this goal.
3. The agency must have the appropriate documentation necessary to verify to the BBS that the placement is one that is named in law as appropriate for an MFT/PCC trainee, and that the trainee is employed in the manner required by law. This documentation must be kept on file in the office of the Fieldwork Coordinator-Counseling.

4. The agency must provide the highest quality of supervision, and supervision and supervisors must meet the minimum requirements set forth by the BBS for MFT/PCC Trainees.

5. The agency must have an orientation process for trainees, as well as an emergency response plan.

6. The agency must be able to comply with the minimum requirements regarding hours of counseling and other practicum duties each semester, which are in accordance with the Department of Counseling guidelines, CACREP accrediting standards, and BBS regulations for LMFT/LPCCs.

7. The agency must allow students to video clients. An exception to this requirement is made in cases such as a domestic violence shelter program where there may exist legal mandates against any photographing or videoing of clients. Exceptions to the video rule must be processed through the Clinical Training Director such that videos may be replaced by audio taping.

Appendix A provides a directory of LMFT/LPCC Clinical Training Sites that meet these requirements and where previous CSUF MFT/PCC Trainees have gained practicum experience hours. Evaluations of the sites and supervisors (filled out by these former trainees) are kept on file in the COUN Clinical Training Office in EC 479 where they are available for reference. Students are strongly encouraged to make use of these feedback tools in forming their perceptions about potential training sites.

Students are responsible for selecting their own placement site; however, the Clinical Training Director must approve their selection by reviewing the application and signing the 4-Way Agreement. Note: Students are approved to go into sites that are mutually appropriate. Questions about the matching process should be referred to the Fieldwork Coordinator - Counseling and the Clinical Training Director.

If a student wishes to gain practicum experience hours at a site that is not listed in the LMFT/LPCC Clinical Training Site Directory, they may meet with the Clinical Training Director to determine if that site meets the student’s training needs. If so, the site must fill out and return appropriate documentation (e.g., site application). Please note that this process takes time to navigate, so ensure requests are made well ahead of planned enrollment in COUN 530 A/B.
VII. CLINICAL TRAINING COURSES

The four (4) practica courses totaling twelve (12) units listed and described below are designed to assist students in maximizing their counseling/clinical skills. An optional 5th class is available (591 A/B) for students who have completed their full practicum year but have not completed their required 280 DCC hours.

**COUN 511 A/B (3) Pre-Practicum**
This course will prepare students for conducting initial interviews and establishing therapeutic relationships in their practicum. Specifically, the course will introduce students to the initial phase of the counseling process, including forming a relationship with culturally diverse clients, facilitating client self-exploration, helping to establish client goals, and assessing for crisis (“red flag”) situations.

**COUN 530 A/B (3) Beginning Practicum**
This course provides Part I of the supervised counseling fieldwork experience (practicum) in appropriate community settings. This course will provide students with opportunities to: (1) acquire counseling experiences and competencies with a diverse clientele consisting of families, couples, children, and individuals, (2) develop a personal counseling style, (3) develop an understanding of and skill in writing case summaries and treatment plans, (4) participate in group supervision of cases, (5) participate in peer support groups (6) explore professional issues and development, (7) develop case presentation skills, (8) discover personal issues and triggers in counseling, including gaining an awareness of interpersonal processes that might impact therapeutic relationships, and (9) attend to legal and ethical issues.

**COUN 584 A/B (3) Advanced Practicum**
This course continues the supervised counseling fieldwork experience (practicum) in appropriate community settings. In addition to the opportunities provided in Counseling 530 A/B, students will become skilled in (1) making case conceptualizations that demonstrate the ability to integrate theory with practice; (2) conducting cultural formulations to ensure appropriate strategies and techniques are used; (3) appropriately using the DSM 5 in making treatment plans (when applicable); (4) formulating case conceptualizations; (5) complying with current BBS regulations and ACA, CAMFT & CALPCC ethical standards.

**COUN 590 A/B (3) Case Conceptualization and Advanced Counseling Techniques**
Prerequisites: enrollment in either COUN 530 A/B or 584 A/B. This course focuses on case conceptualization and the integration of advanced techniques into the student’s repertoire of counseling skills. Case presentations and analysis of video recorded sessions will be emphasized. This course must be taken as part of the year-long practicum experience and may precede or follow COUN 584 A/B, depending on the semester COUN 530 A/B is taken. (Ex: Spring COUN 530 A/B, Summer 590 A/B, Fall 584 A/B; Fall COUN 530 A/B, Spring 584 A/B, Summer 590 A/B). **Note:** Following the practicum year, COUN 590 A/B may be repeated for credit. Students who complete their practicum experience must continue to enroll in COUN 590 A/B until they graduate if they desire to continue performing/earning MFT/PCC trainee experience hours. All experience hours earned before graduation must be gained under the provision of a 4-Way Agreement, which includes registration in a practicum class.
COUN 591 A/B (3) Advanced Practicum II
Prerequisites: Completion of COUN 530 A/B, 584 A/B & 590 A/B. COUN 591 A/B is required if, after completing the full practicum year a student has not yet gathered all of the 280 required DCC hours. Students who have completed these hours would register for 590 A/B instead (see Note above). Topics from COUN 584 A/B & 590 A/B are continued in greater depth and complexity in 591 A/B. Students must enroll for the entire semester, even if they complete the 280 DCC hours before then.

Grading Policy for Practicum Students

The Department of Counseling faculty at CSUF is responsible for serving as gatekeepers to the profession of counseling and has therefore set high standards for the delivery of quality care to consumers of counseling services. Practicum is a performance-based course. Students are evaluated according to demonstrated learning of developmentally appropriate professional, ethical, and culturally sensitive counseling skills. The standards for credit/no credit grades based on this demonstration of learning follows:

Credit: A grade of “Credit” indicates that a student is making competent and appropriate progress in her or his development of counseling skills, professionalism, and legal and ethical behavior, as well as gaining sufficient Direct Client Contact (DCC) hours. The student is also engaged in a process of becoming culturally sensitive/responsive to clients’ needs. Examples of performance for which “Credit” is appropriate include the consistent integration of feedback into counseling performance, the use of questioning and self-reflection, and the ability to form a therapeutic relationship with clients within which the client can be understood and valued. As noted in the following Presentations Evaluation Rubric, in order to receive a grade of “Credit” students must score at a ranking of 3 or higher by the end of the semester in the areas being demonstrated in their presentations.

Note: The timely completion of all required class work may not necessarily result in the grade of “Credit”. Course credit will be based on the combination of participation, presentations, depth and quality of writing, and overall evaluation of therapeutic skills and professionalism.

No Credit: A grade of “No Credit” indicates that a student is making unsatisfactory progress in her or his development of counseling skills, professionalism, and legal and ethical behavior, or is unable to gain sufficient Direct Client Contact (DCC) hours. Additionally, examples of concern may include—but are not limited to—the over-anxious or over-timid student, the opinionated or domineering student, or the student who is unable to hear and incorporate feedback from supervisors, instructors, and fellow students. As noted in the following Presentations Evaluation Rubric, a student would earn a grade of “No Credit” if she or he is not able to merit a ranking of 3 or higher by the end of the semester in the areas being demonstrated in the presentations.
Practicum Presentations Evaluation Rubric

The following scale will be used in providing feedback on your presentations:

1 unacceptable performance  
2 needs improvement in performance  
3 appropriate performance *(expected level)*  
4 good demonstrated performance  
5 outstanding clinical performance  
N/A not applicable or insufficient evidence to make a rating

**Note that all skills demonstrated must reach the level of 3 (expected level) or higher by the end of the semester. Also, not all clinical skills are required for each presentation as some skills may not have a chance to be demonstrated—these are just possibilities—do not feel that you need to show all of these skills in your presentation.**

<table>
<thead>
<tr>
<th>Preparation/timeliness</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Openness to supervisor and peer feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Appropriate consultation with supervisor and/or colleagues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Awareness of strengths/growth areas for client</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Awareness of strengths/growth areas for counselor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Awareness of identity as a clinical mental health counselor and marriage and family therapist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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<tr>
<td>Active listening skills, verbal/non-verbal</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tr>
<tr>
<td>Ability to develop/maintain therapeutic relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Awareness of relevant legal/ethical issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Counselor presence, non-verbals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Use of silence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Timing of interventions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>Use of open-ended questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Being non-judgmental</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to explore affect</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to explore cognitions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to explore behavior</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Awareness of crisis issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Appropriate action regarding crises</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Balance of process and content comments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Appropriate use of process comments and/or immediacy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to be aware of and utilize</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
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</table>

20
<table>
<thead>
<tr>
<th>Interpersonal process between client and counselor</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of countertransference/bias issues</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to use countertransference awareness in the session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Awareness of any boundary issues between counselor and client</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Appropriate use of self-disclosure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Appropriate use of assessment/DSM diagnosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to develop appropriate case conceptualizations through use of theory that accounts for human development perspective</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to develop treatment planning responsive to assessment, conceptualization, and cultural factors [including Severe Mental Illness (SMI) and/or co-occurring disorders]</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to utilize evidence-based practices in clinical work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to link interventions to case conceptualization and treatment goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to use diversity awareness in all aspects of the clinical work</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Ability to empathically and appropriately challenge client</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Maintains timely and professional clinical records</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Provides advocacy for client when appropriate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>Provides appropriate referral sources when needed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Comments:**


VIII. PRACTICUM GUIDELINES

Practicum Defined
Practicum is field experience taken for academic credit that provides students with the opportunity to learn counseling skills under supervision. This experience may be with individuals, children, adults, and families. Consistent with BBS regulations for LMFTs, the focus will be on relationship problems/issues specifically. For sites training LPCCs, the focus will be on identifying and remediating cognitive, mental, and emotional issues.

Minimum Practicum Experience Defined
Students should plan to devote approximately 15-20 hours per week for three (3) consecutive semesters of supervised practicum. Please refer to Section II, Summary of BBS LMFT/LPCC Licensure Regulations or the BBS website for minimum/maximum experience requirements.

The Department of Counseling requires that students have a total of 700 Practicum hours (defined below) during their practicum year, with a minimum of 280 direct client contact hours during the course of COUN 530 A/B, 584 A/B, and 590 A/B. These totals meet or exceed the BBS regulations for LMFT/LPCCs and CACREP accreditation standards.

Direct client contact (DCC) hours are accrued through providing counseling services to clients in the following categories: individual children and/or adults, couples, families, and groups*.

*Groups should be facilitated by two clinicians (including, but not limited to, student trainees) as co-leaders whenever possible. NOTE: co-leaders for groups are mandatory during COUN 530 A/B and all students must lead a group at some point during their practicum year.

Students will gather all 280 of their direct client contact (DCC) hours during the (minimum of) 3 semesters in which they are enrolled in practicum courses COUN 530 A/B, 584 A/B, and 590 A/B. DCC hours may be performed and counted as of the date the semester begins [Note: Non-DCC hours may be counted from the date listed in the 4-Way Agreement]. Students in their first semester of practicum (COUN 530 A/B) need to earn a maximum of 40 DCC hours of the 280 required for graduation (by CACREP, not the BBS). The remaining 240 DCC hours will be gathered in COUN 584 A/B and COUN 590 A/B. If necessary, students will enroll in 591 A/B as they finish gathering their DCC hours. Students who have completed their required 280 DCC hours but wish to gain further practicum experience will enroll in 590 A/B. Students doing any clinical hours must be enrolled in practicum. Students enrolling in 591 A/B or extra semesters of 590 A/B may: 1) stay at their original site beyond the calendar year commitment: or 2) seek placement in another approved site. Either scenario requires consultation with the Clinical Training Director. In NO circumstances may a student change sites/begin at a new site without the express PRIOR knowledge of and permission from the Clinical Training Director.

The remaining 420 non-DCC practicum hours (of 700 total practicum hours) are made up of educational and service activities that further the student’s clinical knowledge and practical experience in the counseling field. These activities may include (but are not limited to) supervision, trainings, client-centered advocacy, staff meetings, readings and/or using multimedia for professional development, consuming and conducting research,
record keeping, administrative tasks, case reviews, and case management, interdisciplinary team meetings, community outreach, etc. The appropriateness of these ancillary activities (for 420 practicum hours) will be determined by the Site Supervisor based on the student’s training goals and approved by the Practicum Instructor and Clinical Training Director. **Note:** Of the 420 practicum hours that are not direct client contact hours, only those hours for supervision, client-centered advocacy, record keeping, and professional (CEU) workshops (authorized by Site Supervisor) count towards the BBS required 3,000 experience hours for LMFT licensure. Recall that no pre-graduation hours of experience may be counted toward LPCC licensure.

Students are responsible to keep their practicum instructors informed regarding the number of hours (DCC and total) being accumulated throughout the year. Students are highly encouraged to maintain a tracking system to calculate the accrued hours, and maintain a COPY of any logs turned in to the Practicum Instructor or Clinical Training Director.

**Note:** Remember the practicum experience lasts one full year, and even though CSUF may be on break, obligations at the agency remain. Students must adhere to the guidelines of the agency regarding holidays and breaks.

There are two (2) kinds of **COUNTABLE HOURS** you may earn as an MFT/PCC trainee that count toward licensure:

1. **Direct counseling experience** (counseling actually provided by you; no-shows do not count) of individuals (adults/children), groups, couples and families.  
   **NOTE:** Trainees are not permitted to perform telehealth counseling.  
   *This restriction has been temporarily lifted due to COVID-19 and will remain in effect until further notice.*

2. **Non-clinical experience,** defined as: 
   a. Supervision you receive (individual and/or group).  
   b. Administering and evaluating psychological tests, writing clinical reports, and writing progress or process notes.  
   c. Client-centered Advocacy [CCA is defined in Business and Professions Code (BPC) Section 4980.34(h) as including, but not limited to “researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.”]  
   d. Professional enrichment hours (training and workshops attended that are authorized and counter signed by your supervisor).

**Note:** Hours CANNOT BE COUNTED until students have completed 12 units and have been CLASSIFIED/ADVANCED TO PRACTICUM. After the Classification/Advancement to Practicum process is complete (note: this is not automatic) and the MFT/PCC trainee has a supervisor, these hours may be counted toward BBS licensure requirements. The Site Supervisor is always the one with discretion as to whether training hours listed in categories 1 and 2 are acceptable and may be counted.  
**Reminder:** For both MFT and PCC trainees, per the BBS, for purposes of enrollment in Beginning Practicum (COUN 530 A/B), direct client service hours may NOT be performed
or counted for fulfillment of the required hours until the official start of the semester (i.e., late August or January).

**Supervision**
To meet BBS licensure requirements, students (trainees) must obtain supervision at a 5:1 ratio, receiving 1 unit of supervision for every 5 client contact hours per week on the average. A unit of supervision consists of either 1 hour of individual face-to-face supervision or 2 hours of group supervision (with no more than 8 supervisees) per week. [Note: a minimum of 52 weeks of individual supervision must be included in the 3,000 hours of supervised experiences for licensure.] During the practicum year, students are required to schedule both individual and group supervision every week of each semester (even when this exceeds the 5:1 minimum ratio), while they are accruing their required CACREP hours toward graduation. Once student completes CACREP-required hours, BBS minimums for supervision may apply. For limitations on who can/cannot serve as your agency supervisor (e.g., your personal psychotherapist), please refer to the BBS website. In addition, students participate in practicum class in a discussion with their practicum instructor each week, to which students are required to bring a minimum of three videos during the semester reflecting their current counseling sessions with clients at their agency.

The BBS has established the following requirements for supervisors:

1. Has been licensed by a state regulatory agency for at least two years as a licensed marriage and family therapist, licensed professional clinical counselor, licensed clinical social worker, licensed psychologist, or licensed physician certified in psychiatry by the American Board of Psychiatry and Neurology.

2. Has not provided therapeutic services to the trainee or associate.

3. Has a current and valid license that is not under suspension or probation.

4. Complies with supervision requirements established by their professional organization’s ethical codes and by BBS regulations.

**Volunteer Supervision**
If the Site Supervisor is a volunteer (i.e., a licensed professional who is not self-employed or a paid employee) extra documentation is needed. Specifically, there needs to be an original written agreement that states the supervisor is a volunteer. Attach the original written agreement between the parties (trainee/associate, volunteer supervisor and the agency) to the BBS Experience Verification Form (for later hours verification – MFT/PCC Trainees only). The supervisor is asked on the Verification Form to declare if he or she worked as the student’s supervisor on a voluntary basis, as opposed to a self-employed basis in private practice or on a paid basis as an agency employee.

This letter of agreement is needed any time the trainee’s (or associate’s) supervisor is not paid by agency (trainees) or employer (associate) for the provision of supervision. The trainee/associate should maintain the original of this letter of agreement to submit with the application for licensure. Contact the BBS at [www.bbs.ca.gov](http://www.bbs.ca.gov) for additional clarification as to the requirement for this letter. This is one of the most overlooked pieces of documentation in the
application for LMFT/LPCC licensure. Please do not overlook this requirement.

**Change of Agency**
Students will interview for and sign a 4-Way Agreement with their clinical training site that encompasses a full calendar year. It is expected that students will remain in their clinical training site for the entire year. Commitments to community clinical training sites (with whom reciprocal trust is an essential ingredient), are to be honored except in the most extreme circumstances. In the rare case where it may be in the best interest of the student, agency or public to change agencies, students must contact the Clinical Training Director before any changes are made, to discuss possible resolutions to the situation. A change of agency would involve a student’s written request and would be considered by the full faculty. It is understood that any potential problems between a student trainee and their site would be immediately and continually discussed with the practicum instructor, who will then make the Clinical Training Director aware of the situation, as appropriate.

**NOTE:** If a student extends their time at an agency beyond the calendar year, only the “dates from and to” page (#7 of 8) of the 4-Way Agreement will need to be resubmitted to the Clinical Training Director, keeping the original start date and noting the “extended to” date. If the student changes agencies (for any reason) a new 4-Way Agreement is required, within two weeks of starting the agency. Students do NOT need to re-submit a new 4-way agreement when they change supervisors, only a new Supervisor Responsibility Statement.

**IX. PRACTICUM PLACEMENT PROCESS**
Students must go through the following practicum placement process:

1. Students must have achieved “Classified Standing/Advancement to Practicum” before they are eligible to enroll in Beginning Practicum, COUN 530 A/B. **[Note: Classified Standing/Advancement to Practicum is a departmental process, as specified by the BBS. It is not the same as the University’s Classified Standing, which refers to accepting one’s study plan.]** Students are eligible to Advance to Practicum after they have completed 12 units with a “B” or better average; however, it is recommended that they wait until the semester before they take COUN 530 A/B to apply to Advance to Practicum. A student begins the Advancement to Practicum process by scheduling an appointment with the designated faculty advisor during office hours. If the advisor agrees the student is ready to Advance to Practicum, they represent the student at a Counseling Department faculty meeting set aside for that purpose, usually held twice per semester. The full faculty votes on the student’s application for Classification/Advancement to Practicum. If the student’s application is accepted, he or she will receive a letter verifying their Classified Standing/Advancement to Practicum. If the faculty feels that the student is not suited for placement in an agency for practicum at that time, the student will be asked to meet again with their faculty advisor, to receive feedback and form a plan for remediation of any issues identified. Upon completing this remediation, the student may re-apply for Advancement to Practicum. Classified standing/Advancement to Practicum must be achieved before COUN 530 A/B begins, usually during the semester prior. **Note:** Do not wait to apply for a clinical training site until you are Classified/Advanced to Practicum. Instead, apply for Classification/Advancement to Practicum and proceed with interviews, etc.
2. Students must have successfully completed 500, 511 A/B, 518, 520, 522 A/B, 523, 524, 526 and 527 A/B prior to enrollment in COUN 530 A/B. COUN 528 is a pre- or co-requisite for COUN 530 A/B. **Note:** COUN 526 must be completed with a grade of “B” or better.

3. Students must attend Practicum Orientation the semester before they plan to enroll in COUN 530 A/B. The Clinical Training Handbook must be read prior to this orientation to facilitate questions. It is available on the web at: [http://hhd.fullerton.edu/counsel/current-students/handbooks/clinicalhandbook/index.php](http://hhd.fullerton.edu/counsel/current-students/handbooks/clinicalhandbook/index.php)

4. The Clinical Training Handbook is revised specifically for the Practicum Orientation and therefore contains any updated information on policy and procedure changes, so please download about one month before the Practicum Orientation and do not rely on earlier versions.

5. When students are ready to enroll in COUN 530 A/B, they must complete the **530 Selection Form**. This form is distributed at the Practicum Orientation and can be submitted to the Fieldwork Coordinator - Counseling in EC 479 or her mailbox in EC 405.

**NOTE:** This form must be submitted by the end of October in the Fall to enroll in COUN 530 A/B for the Spring Semester, and the end of March in the Spring to enroll in COUN 530 A/B in the Fall Semester. Students will be assigned a practicum class registration number and notified via email of that number before registration begins.

6. Students must secure an agency placement following the Clinical Training Site Selection Process (**see Section VI**). Placements must be secured no later than the first day of class in COUN 530 A/B.

**NOTE:** It is important to get an early start on this process as most sites will be interviewing a semester ahead to choose their trainees and associates, and many will want students to begin their training prior to the beginning of COUN 530 A/B class. It is also important to apply at more than one agency, since the process can be highly competitive.

7. Once students have secured a site, they must meet with the agency director and supervisor to have the following documents reviewed and signed:
   a. 4-Way Agreement
   b. Responsibility Statement for all supervisors, separate form for each. [See Appendix B].

**NOTE:** Students must have all paperwork on-file with the Clinical Training Office by the 2nd class session (Fall & Spring semesters) which include, Declaration Statement, Participation Consent Form, Transportation/Storage of Confidential Client Data Form, 4-Way Agreement, BBS Supervisor Responsibility Statement and Proof of Student’s Malpractice Insurance [copies]. Failure to submit the aforementioned by the 2ND class session may prevent students from continuing to participate in counseling activities at their sites, until the documentation is accurately submitted. Beginning Fall 2020 all CSUF practicum forms will be completed and signed on-line via the student practicum portal. Copies of non-CSUF forms (BBS Supervisor Responsibility Statement and Proof of Student’s Malpractice Insurance) are to be uploaded to the student practicum portal.
X. CHECKLIST FOR CLINICAL TRAINING SITE PROCESS

1. _______ Apply for Classification/Advancement to Practicum (prior to Practicum Orientation (SEPT/FEB).

2. _______ Attend Practicum Orientation (SEPT/FEB).

3. _______ Submit your COUN 530 A/B/584 A/B Selection Form (OCT/MAR).

4. _______ Join ACA, CALPCC, and/or CAMFT (by beginning of DEC/AUG).

5. _______ Obtain your own Malpractice Insurance through ACA, CALPCC or CAMFT by beginning of DEC/AUG. Student Malpractice insurance coverage is automatically provided with your ACA or CAMFT membership – be sure to keep your membership active while in practicum so your insurance coverage is continuous.

6. _______ If necessary, make appointment with the Fieldwork Coordinator - Counseling and/or Clinical Training Director (SEPT/FEB).

7. _______ View agency and supervisor evaluations for sites you may be considering (Located in EC-479).

8. _______ Create resume (SEPT/FEB) [See Sample in Appendix B].

9. _______ Contact (and make appointments with) several sites (beginning SEPT/FEB).

10. _______ Go on interviews.

11. _______ Have a site secured no later than the start of COUN 530 A/B. Once placement is secured, students must email both the Clinical Training Director and Fieldwork Coordinator indicating the agency with which they have been placed.

12. _______ Go to site to get the following documents signed before acquiring hours:
     a. 4-Way Agreement
     b. Supervisor Responsibility Statement(s).

13. _______ Place original (signed and stapled, please!) 4-Way Agreement in the Clinical Training Director’s mailbox (EC 405) for signature(s) any time prior to the first week of school [NOTE: Originals of the Declaration, Participation Consent, and Transportation/Storage of Confidential Client Data Forms are usually completed during the Practicum Orientation.]

14. _______ Submit copies of Proof of Coverage for Malpractice Insurance (Verification or Declaration page) and stapled copies of each Supervisor Responsibility Statement(s), to practicum instructor by 2nd class session.

15. _______ Maintain all original BBS forms in a safe place for future reference.

16. _______ Read and understand CAMFT and/or ACA ethical standards and the BBS regulations for MFT/PCC trainees.
XI. EVALUATION PROCESS

Practicum Instructor Evaluation of Student
Faculty evaluates students both orally and in writing at the end of each semester of COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B by using the form entitled Practicum Instructor Final Evaluation of Student [See Appendix B]. In addition, faculty conducts ongoing evaluations throughout the semester, both orally and in writing. During 530 A/B, this includes email contact with the student’s site supervisor [see e-Form in Appendix B] every other week.

Supervisor Evaluation of Student
Site supervisors evaluate students in mid-semester in COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B. Students must submit the Mid-Semester Evaluation by Supervisor form [See Appendix B] to their supervisor. The supervisor will evaluate the student, both orally and in writing, and the student then returns the form to the practicum instructor promptly.

Site supervisors will also provide an oral and written evaluation [See Supervisor Final Rating of Student in Appendix B] of students at the end of COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B.

A student who believes he or she has been evaluated unfairly or inaccurately by the faculty and/or supervisor should first attempt to discuss her or his concerns directly with the faculty and/or agency supervisor. If that process does not provide satisfactory resolution, the student should then discuss their concerns with the Clinical Training Director.

Student Evaluation of Agency
Students evaluate their clinical training site by using the form entitled Student Assessment of Site [See Appendix B] at the end of COUN 530 A/B, 584 A/B, 590 A/B, and 591 A/B. Students also evaluate their supervisor by using a form entitled Student Evaluation of Supervisor [See Appendix B]. These evaluations are taken seriously and are put on file for future use; therefore, students are encouraged to give open and honest feedback. The Clinical Training Director will follow up on the information supplied on the evaluations, as appropriate.

XII. PROFESSIONAL, ETHICAL, & LEGAL CONDUCT

Students are responsible for behaving in a professional, ethical, and legal manner in their practicum classes and sites. To fulfill this requirement, students are expected to be familiar with the professional guidelines established in the field, as well as the ethical and legal guidelines as set forth by the BBS, CAMFT and the ACA.

Students are expected to exhibit professional behavior at all times, both inside and outside of class. Unprofessional behavior includes but is not limited to: using electronics during class time, except for taking lecture notes; arriving late to class; returning late from break; missing classes for non-medical reasons; and turning in assignments late (even one minute late). Students are also expected to be professional in both written and verbal communication with each other, the department/university staff members, faculty members, and all practicum site personnel while in practicum. Students are advised to demonstrate sensitivity to all people from diverse cultural or political backgrounds, even with personal social media; one’s social media presence can be observed by others and therefore impact them.
In cases where a student fails to exhibit professional behavior, faculty members will document in their student file the date, class, specific behavior, and any reasoning the student provided for engaging in these behaviors. A single incident over the course of a year may not be a concern, depending on its severity. However, students who engage in patterns of unprofessional behavior may be subject to disciplinary action. Professional behavior is evaluated as part of each student’s continuation in the program, advancement to practicum, and eligibility for graduation.

Students may not engage in any unprofessional, unethical, or illegal practices at their placements even if such practices are condoned, expected, or encouraged by site supervisors and/or staff. Students must promptly notify their supervisors of any such practices that they observe at the site by staff or other trainees. The Practicum Instructor and the Clinical Training Director must also be notified immediately regarding these issues. In cases where the supervisor is suspected of unprofessional, unethical, or illegal practices, the student must directly notify the Clinical Training Director immediately.

Students who feel they would be in jeopardy or punished for reporting unprofessional, unethical, or illegal behavior to the site itself, must report these concerns to the Clinical Training Director immediately.

Students who engage in unprofessional, unethical, and/or illegal conduct may be removed from their practicum site, and in some cases, placed on departmental probation or dismissed from the Counseling Program (see Section XIII).

In addition, students are expected to maintain a professional and responsible demeanor at their training sites, including appropriate dress, good grooming, and courtesy. Students are expected to arrive on time for scheduled counseling appointments and other duties at their sites (e.g., staff meetings or trainings), and to familiarize themselves with the CAMFT Code of Ethics: https://www.camft.org/Membership/About-Us/Association-Documents/Code-of-Ethics

**Characteristics of a Counselor**

According to Schneider-Corey and Corey (2010) and Kottler, (2010) there are certain qualities, traits, attitudes, values, and convictions that are critical for counselors to possess:

- Sensitivity
- Personal presence
- Compassion and empathy
- Flexibility
- Integrity
- Ability to model functional human behavior and coping processes
- Insight
- Growth orientation for self and others
- Responsibility

**NOTE:** Professionalism, personal growth, and the development of these qualities must be demonstrated, both in the classroom and out in the field, for a successful practicum experience year.
XIII. UNACCEPTABLE AND/OR UNPROFESSIONAL BEHAVIORS AND THEIR CONSEQUENCES

While the range of unacceptable and/or unprofessional behaviors is practically limitless, certain behaviors are worth specifying as automatically problematic, unacceptable and unprofessional in class and in the field:

• Violence or harm to self, others or property;
• Aggressive, threatening or harassing behaviors;
• Unwanted and/or inappropriate sexual or personal touching of clients, fellow students, faculty or any other human being;
• Excessive performance anxiety;
• Discomfort with clients’ diverse lifestyles and ethnic backgrounds;
• Inappropriate response to feedback;
• Poor interpersonal skills in placement;
• Poor attendance;
• Excessive tardiness;
• Inappropriate attire;
• Lack of preparation;
• Lack of appreciation of clinical training site norms;
• Inability or unwillingness to acquire and integrate professional standards into one’s repertoire of professional behavior;
• Inability to acquire professional skills and reach an accepted level of competency;
• Inability to control personal stress, psychological dysfunction, or emotional reactions that may affect professional functioning;
• Disruptions of classes, activities, events, or other appropriate and sponsored functions at California State University, Fullerton, and/or sites off-campus;
• Inappropriate, illegal or dysfunctional use of drugs and alcohol that leads to either personal or professional impairment or are present and contribute to disruption in academic or professional settings;
• Continual failures to meet academic, scholastic, professional, or personal commitments when such failures suggest an essentially unprofessional approach to the field of counseling;
• Continued demonstration of either inappropriate behaviors and/or the absence of the attributes, which generally lead to the development of a quality counselor (see Section XII).

These unacceptable/unprofessional behaviors may fall into one of three categories: inappropriate behaviors, lack of competence, and student impairment, defined below.

Inappropriate Behaviors

Students that demonstrate behaviors, attitudes, or characteristics in the class and/or in the field where remediation becomes necessary fit into this category. These behaviors may not be considered excessive or unusual for Master’s level students in counseling programs. Therefore, inappropriate behavior may be successfully corrected through feedback from faculty and/or supervisors.

Lack of Competence

Students that continually fail to demonstrate acceptable knowledge, skill, and practice as it relates to counseling fit into this category. Attempts to provide services beyond the student’s scope of practice may also be a lack of competence issue.
**Student Impairment**
Students occasionally have difficulties beyond those expected for those in a Master’s program. When these difficulties are reported by a faculty member and/or supervisor, he or she is requested to clearly define the behaviors of concern. Students who are the subject of these concerns are asked to speak with their practicum instructor, Clinical Training Director and/or Department Chair, depending on the severity of the problem.

**Consequences**
The range of responses open to the faculty when confronted with a student who, in the faculty’s opinion, lacks appropriateness at a given time for the field of counseling is qualified by legal, university, professional, and ethical standards. That range, however, does include, but is not limited to, the possibilities of (a) advice and counsel leading to a recommendation that the student seek therapy, medical intervention, or remediation in academic skills training, as needed; (b) advice and counsel leading to a recommendation that a student leave the counseling program and/or seek another profession; (c) probation for academic deficiency or a lack of personal/professional fitness; (d) a decision not to advance a student to Practicum/Classified Status and/or to candidacy; or (e) a decision to revoke a student’s Advancement to Practicum/Classified Status within the Counseling program.

The appeals process for students is outlined in the **CSUF Student Handbook, UP 300.030**.

**XIV. PERSONAL PSYCHOTHERAPY**

While not required, students who are undergoing training as a counselor can greatly benefit from experiencing their own personal psychotherapy. Personal psychotherapy can be individual, group, marital, conjoint, or family.

**XV. MALPRACTICE INSURANCE**

Students are required to purchase their own individual professional malpractice insurance coverage while in their practicum placements. The program recommends that students join ACA ([www.counseling.org](http://www.counseling.org)) or CAMFT ([www.camft.org](http://www.camft.org)) where student malpractice insurance is an automatic benefit of membership, or CALPCC ([www.calpcc.org](http://www.calpcc.org)) and purchase the separate malpractice/liability insurance. Students who do not submit proof of insurance will not be eligible to provide counseling services, and therefore will not be eligible to count practicum hours for the BBS. **Note:** While many clinical training sites offer “umbrella” coverage to all their staff (including trainees), such group coverage alone is **not** sufficient.
XVI. SEXUAL HARASSMENT

Students are advised that sexual harassment is a violation of federal law and may violate the civil and criminal laws of the State of California. The following behavior may constitute sexual harassment: Lewd remarks, whistles, or personal reference to one’s anatomy, unwanted physical contact such as patting, pinching, or constant brushing against a person’s body; subtle or overt pressure for sexual favors, persistent and offensive sexual jokes and comments. Students should refer to the CSUF catalog for guidelines in handling alleged sexual harassment, in addition to bringing such behavior to the attention of the faculty in the Department of Counseling.

XVII. DUAL ROLE RELATIONSHIPS

Students must avoid dual role relationships, as engaging in such relationships is considered ethical misconduct and may affect a student’s status in the program.

Students may not be supervised by the following:
1. Student’s current or past psychotherapist.
2. Anyone with whom they have, or have had in the past, a business relationship outside the site.
3. Anyone with whom they have, or have had in the past, a sexual relationship or an emotional relationship.
4. A relative.

Students may not provide counseling/clinical services to the following:
1. Anyone with whom they have, or have had in the past, a business relationship outside the site.
2. Anyone with whom they have, or have had in the past, a sexual relationship or an emotional relationship.
3. A relative.
Bibliography
