This note is to acknowledge receipt of the 2015-2016 student handbook for the Marital and Family Therapy Program.

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

Signature:

________________________________________

Print Name:

________________________________________

Date:
# MFT PROGRAM HANDBOOK
## FALL 2015

## I. General Information about the MFT Program

A. The MFT Program at USD ........................................................................... 1  
   - MFT as a Profession ........................................................................... 1  
   - Clinical Emphasis in the MFT Program .............................................. 2  
   - Student Learning Outcomes ............................................................... 2  
   - The School of Leadership and Education Sciences ........................... 4  
   - Typical Course Load ........................................................................... 5  
   - MFT Licensure in California ............................................................... 5  

B. Frequently Asked Questions about USD’s MFT Program ......................... 6  

C. MFT Program Faculty ............................................................................. 8  

D. MFT Course Requirements ..................................................................... 22  

E. Prerequisite Courses for MFT Students ................................................ 23  

F. Planned Course Offerings ...................................................................... 24  

G. Course Descriptions ............................................................................. 25  

H. Continuing Education Course Descriptions .......................................... 28  

I. Comprehensive Examination ................................................................... 30  

J. International Requirement ...................................................................... 30  

K. Student Privacy Policy ........................................................................... 31  

L. AAMFT Code of Ethics .......................................................................... 32  

M. CAMFT Code of Ethics ........................................................................ 39  

N. Academic Integrity: Plagiarism .............................................................. 40  

O. Facebook and Other Social Media Sites Guidelines ................................ 42  

## II. MFT Practicum at USD

A. Overview of Practicum .......................................................................... 44  

B. Establishing Clinical Readiness for Practicum ...................................... 44  

C. Requirements for Beginning Practicum ................................................ 44  

D. Practicum Placement Match Day ........................................................... 45  

E. Practicum Class .................................................................................... 45  

F. MFT Practicum Settings ........................................................................ 46  

## III. Evaluations

A. Evaluation of Students .......................................................................... 51  

B. Evaluation by Students ......................................................................... 51  

## IV. MFT Professional Organizations ............................................................ 52  

## V. Graduate Student Policies .................................................................... 54  

## VI. Important Contact Information ............................................................ 56  

## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. General Information about the MFT Program</td>
<td>1</td>
</tr>
<tr>
<td>A. The MFT Program at USD</td>
<td>1</td>
</tr>
<tr>
<td>- MFT as a Profession</td>
<td>1</td>
</tr>
<tr>
<td>- Clinical Emphasis in the MFT Program</td>
<td>2</td>
</tr>
<tr>
<td>- Student Learning Outcomes</td>
<td>2</td>
</tr>
<tr>
<td>- The School of Leadership and Education Sciences</td>
<td>4</td>
</tr>
<tr>
<td>- Typical Course Load</td>
<td>5</td>
</tr>
<tr>
<td>- MFT Licensure in California</td>
<td>5</td>
</tr>
<tr>
<td>B. Frequently Asked Questions about USD’s MFT Program</td>
<td>6</td>
</tr>
<tr>
<td>C. MFT Program Faculty</td>
<td>8</td>
</tr>
<tr>
<td>D. MFT Course Requirements</td>
<td>22</td>
</tr>
<tr>
<td>E. Prerequisite Courses for MFT Students</td>
<td>23</td>
</tr>
<tr>
<td>F. Planned Course Offerings</td>
<td>24</td>
</tr>
<tr>
<td>G. Course Descriptions</td>
<td>25</td>
</tr>
<tr>
<td>H. Continuing Education Course Descriptions</td>
<td>28</td>
</tr>
<tr>
<td>I. Comprehensive Examination</td>
<td>30</td>
</tr>
<tr>
<td>J. International Requirement</td>
<td>30</td>
</tr>
<tr>
<td>K. Student Privacy Policy</td>
<td>31</td>
</tr>
<tr>
<td>L. AAMFT Code of Ethics</td>
<td>32</td>
</tr>
<tr>
<td>M. CAMFT Code of Ethics</td>
<td>39</td>
</tr>
<tr>
<td>N. Academic Integrity: Plagiarism</td>
<td>40</td>
</tr>
<tr>
<td>O. Facebook and Other Social Media Sites Guidelines</td>
<td>42</td>
</tr>
<tr>
<td>II. MFT Practicum at USD</td>
<td>44</td>
</tr>
<tr>
<td>A. Overview of Practicum</td>
<td>44</td>
</tr>
<tr>
<td>B. Establishing Clinical Readiness for Practicum</td>
<td>44</td>
</tr>
<tr>
<td>C. Requirements for Beginning Practicum</td>
<td>44</td>
</tr>
<tr>
<td>D. Practicum Placement Match Day</td>
<td>45</td>
</tr>
<tr>
<td>E. Practicum Class</td>
<td>45</td>
</tr>
<tr>
<td>F. MFT Practicum Settings</td>
<td>46</td>
</tr>
<tr>
<td>III. Evaluations</td>
<td>51</td>
</tr>
<tr>
<td>A. Evaluation of Students</td>
<td>51</td>
</tr>
<tr>
<td>B. Evaluation by Students</td>
<td>51</td>
</tr>
<tr>
<td>IV. MFT Professional Organizations</td>
<td>52</td>
</tr>
<tr>
<td>V. Graduate Student Policies</td>
<td>54</td>
</tr>
<tr>
<td>VI. Important Contact Information</td>
<td>56</td>
</tr>
</tbody>
</table>
I. General Information about the MFT Program
THE UNIVERSITY OF SAN DIEGO
MARITAL AND FAMILY THERAPY PROGRAM

The Master of Arts in Marital and Family Therapy (M.A. in MFT) is a non-thesis degree program requiring 60 units of coursework (includes 6 units in continuing education) and successful completion of a comprehensive written examination. As part of the program, students complete a 12-month clinical practicum where they accumulate 500 direct client contact hours of which at least 250 hours are with couples and families. Students also receive over 200 hours of supervision from both faculty and site supervisors. The MFT program at USD meets the guidelines for family therapy training set forth by the Board of Behavioral Sciences, which regulates licensure of marriage and family therapists in California. Additional requirements beyond the master's degree must be completed to obtain the license, primarily post-degree supervised clinical experience. The USD MFT program has also been ACCREDITED by the Commission on Accreditation for Marriage and Family Therapy Education. The Commission on Accreditation is the standard setting organization for family therapy designated by the Department of Education. USD is one of only four degree granting programs in California recognized by the Commission.

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

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

Marriage and family therapy, as a distinct discipline, has been emerging since the early 1940s. Although a relatively young profession, marriage and family therapists are growing rapidly in number and have become an integral part of the nation's health and mental health care delivery system. Our increased understanding of the relationship between marital and family dysfunction and serious mental and emotional disorders, such as chemical dependency, substance abuse, eating disorders, disorders of childhood and adolescence, and other forms of psychopathology have contributed to the prominence of this discipline. It is rare today to treat either inpatients or
outpatients without attention to the family and dynamics of the family system. For more information about family therapy as a profession, you can visit the American Association for Marriage and Family Therapy website (www.aamft.org). This site provides valuable information on a career as an MFT, fees and salaries for MFTs, a directory of licensing and certification boards for different states, and information on graduate programs in MFT. The website for the California Association for Marriage and Family Therapists also contains information about MFT as a profession (www.camft.org).

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

Student Learning Outcomes

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

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

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

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

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

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

Indicators assessed in the program assure that students:

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

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

Indicators assessed in the program assure that students:

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

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

Indicators assessed in the program assure that students:

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

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

Indicators assessed in the program assure that students:

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

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

Indicators assessed in the program assure that students:

- know the key concepts and idea that are necessary when working with clients from diverse backgrounds (e.g., race/ethnicity, gender, religion, socioeconomic status, sexual orientation).
- observed competence in working with clients from diverse backgrounds.
- value looking at contextual factors to understand individuals and relational systems.

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

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

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

The School of Leadership and Education Sciences
The MFT Program is located in the Department of School, Family, and Mental Health Professions (SFMH), which is part of the School of Leadership and Education Sciences (SOLES). SOLES houses 3 departments: SFMH, Learning & Teaching, and Leadership Studies. SOLES
is large enough to provide significant educational resources, yet small enough for faculty to provide valuable personal attention to each student. Located within the School are: Faculty offices, classrooms, computer labs, and a student cafe.

**Typical Course Load**
The University of San Diego considers nine semester units of graduate credit full time, although most MFT students take an average of 12 units per semester. Students must take a minimum six units per semester. The schedule of coursework may vary each semester, but most courses are offered at least twice a year. Students choose coursework for each semester with the help of their advisors.

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

Current requirements for licensing include:

a. A Master's or Doctorate degree with a specialization in Marital and Family Therapy. The MFT degree from USD meets the current educational requirements for California licensure.

b. 3000 hours of supervised experience. The supervisor must be licensed for a minimum of 2 years as an MFT, a licensed psychologist, a licensed clinical social worker, or a psychiatrist. At the present time, 750 direct client contact and supervision hours can be completed by a candidate before the graduate degree is completed. The 500 hours of client contact needed for graduation from the USD program and the supervision received at practicum placements count toward this requirement. Pre-graduate degree hours must be done in an agency setting. Post-degree hours can be done with a supervisor in a private practice setting if desired.

c. When the graduate degree and the supervised experience hours are completed, the candidate for licensing must pass two examinations given by the BBS and pay appropriate fees.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4. What financial resources are available to attend USD?

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

5. When are courses scheduled?

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

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

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

The job opportunities depend in large part on where you locate after graduation. The job market for therapists is tight in southern California due to the large number of therapists who live and practice here. Despite this, many of our graduates remain in the San Diego area, and have been successful in locating positions in community agencies, private practices, residential group homes, child protective services or other settings. Some graduates have even assumed administrative positions within mental health agencies. Graduates have indicated that the reputation of the program within the community has been helpful in obtaining positions. Graduates who relocate to northern California or other states have reported very good success in locating positions.
Todd Edwards, Ph.D., LMFT, Professor and Program Director, teaches Practicum (MFTS 595P-597P) and Family Development (MFTS 533). Dr. Edwards received his B.A. in Psychology from Arizona State University, his M.A. in Counseling & Guidance from the University of Arizona, a Post-Masters Certificate in Couples & Sex Therapy from the Marriage Council of Philadelphia, and his Ph.D. in Marriage and Family Therapy from Virginia Tech. His primary clinical and research interests are collaboration between family therapists and primary care physicians, medical family therapy, medical family therapy training, and friendships of adult married men. Dr. Edwards’ most recent publications include the book *The Clinician’s Guide to Research Methods in Family Therapy: Foundations of Evidence-based Practice* (2014, Guilford Press) and a systematic review of the literature on the treatment of medically unexplained symptoms in primary care (2010, *Mental Health in Family Medicine*). In addition to his work at USD, he is a family therapist at the Family Wellness Center, an outpatient community mental health clinic affiliated with the San Diego Center for Children. He is also a Voluntary Assistant Clinical Professor in Department of Family and Preventive Medicine at the University of California, San Diego. Dr. Edwards is a Clinical Member and Approved Supervisor in the American Association for Marriage and Family Therapy, Associate Editor of the journal *Families, Systems, & Health*, and Editorial Board Member for the *American Journal of Family Therapy*.

**Selected Publications:**


**Florencia Lebensohn-Chialvo, Ph.D.,** teaches Practicum (MFTS 595P-597P) and Family Therapy Theories 1 (MFTS 523). Dr. Lebensohn-Chialvo received her doctorate in Clinical Psychology from the University of Arizona and completed her predoctoral internship in clinical child psychology at UCLA Neuropsychiatric Institute. She also holds a M.A. in psychology and B.A. in History and Latin American Studies from the University of Arizona. Dr. Lebensohn-Chialvo’s research examines family processes involved in the maintenance of externalizing, internalizing and health-compromising behaviors, as well as the testing of family systems interventions to treat these behaviors. By extension, her clinical interests include systemic family theories and therapy, pediatric psychology and integrated primary care. Dr. Lebensohn-Chialvo’s clinical experience over the last year has included providing consultation-liaison services,
individual and family psychotherapy in an inpatient medical setting to children and families with acute or chronic medical conditions. Additionally, she provided case coordination in a child and adolescent inpatient psychiatric unit for youth with severe psychopathology. She also participated in various outpatient psychiatric clinic and inter-disciplinary medical clinics serving children and families. Dr. Lebensohn-Chialvo serviced an ethnically and culturally diverse population and took special interest in working with Spanish-speaking Latino populations.

Selected Publications:


Lee Williams, Ph.D., LMFT, Professor, teaches Practicum (MFTS 595P-597P), Gender Issues (MFTS 572), and Couples & Sex Therapy (MFTS 546). Dr. Williams received his B.S. in Chemical Engineering from Georgia Tech, and his M.S. and Ph.D. in Marriage and Family Therapy from Purdue University. He joined the Marital and Family Therapy faculty in 1993. Dr. Williams is a Clinical Member and Approved Supervisor in the American Association for Marriage and Family Therapy. His research interests and publications are in the areas of premarital counseling; interchurch couples; supervision; and family therapy training. He has developed a free web-based program for interchurch couples called *Two Churches, One Marriage*, which can be viewed at www.sandiego.edu/interchurch. Dr. Williams volunteers as a therapist for the Department of Veterans Affairs working primarily with couples.

Selected Publications:


Center for Marriage and Family (1995). *Marriage preparation in the Catholic Church: Getting It Right*. Omaha, NE: Creighton University. (NOTE: I was a member of the research team that conducted and wrote the above study.)


**Jo Ellen Patterson, Ph.D., LMFT** Professor, teaches Practicum (MFTS 595P-597P) and Psychopathology in the Family (MFTS 528). Dr. Patterson received her B.A. from Baylor University, her M.Ed. from Wake Forest University, and her Ph.D. from the University of North Carolina. She had a Rotary Scholarship to do post-graduate work at Cambridge University during the 1980-81 academic year. She taught at several universities, both in the United States and abroad, and lived in Zaire and Egypt for several years. She was the first family therapist to teach in the psychology department at the American University in Cairo. She is licensed as a marriage and family therapist in North Carolina and California. Dr. Patterson has received numerous awards including a Rotary International Fellowship, a Fulbright Award, and a University Professorship from USD. Her primary research interests are family functioning and physical health; health care reform and mental health; and family therapy training. Her publications include articles on family systems medicine; education and training of therapists; and ethics in therapy.

*Selected Publications:*


Ann Garland, Ph.D., Professor and Chair, Department of School, Family, and Mental Health Professions. Dr. Garland received her Ph.D. in Clinical and Community Psychology from Yale University in 1994, as well as an M.A. in Developmental Psychology from Columbia University in 1985, and a B.A. in Psychology from U.C. Berkeley in 1983. Dr. Garland’s research addresses factors that influence utilization and effectiveness of community-based youth mental health services. The goals of her most recently funded study, “Integration of Evidence and Practice of Youth Psychotherapy,” are to characterize community-based “usual care” psychotherapy practices for children ages 4-13 with behavior problems, and to examine the extent to which clinicians’ practices are consistent and inconsistent with evidence-based treatment principles. In addition, this project will examine how delivery of care consistent and inconsistent with the evidence-based treatment principles is associated with changes in selected child and family outcomes.

Selected Publications:


**Affiliate Faculty**

**Moisés Barón, Ph.D.** has been teaching in the Marital and Family Therapy program since 1992. He currently teaches Families of Children with Special Needs (MFTS 542). Dr. Barón is a clinical psychologist who has worked in a variety of outpatient and inpatient settings. He was Director of Psychology at Vista Hill Hospital and Director of the Counseling Center at USD, and is currently Assistant Vice President of Student Affairs for Student Wellness at the University. Dr. Barón is also the founder of the COMPASS Family Center at USD. Dr. Barón has presented at numerous national and local conferences and is the developer of the Integrative Cross-Cultural Model, the Need Identification and Intervention Model to assess the needs of families of children with special needs, and co-developer of the Organizational Developmental Model of Inclusion.

**Raymond Cameron, M.A., LMFT** teaches Family Violence (MFTS 574) and Recovery Oriented Case Management (EDU 701i). Mr. Cameron is a licensed Marriage & Family Therapist and a Clinical Member in the American Association for Marriage and Family Therapy. His clinical interests include working with victims and families experiencing Family Violence & working with perpetrators of Family Violence in Batterer Intervention Programs; working with individuals, couples, and families experiencing problems with drugs and alcohol including adult children of substance abusing families; working with adolescents regarding affective disorders, suicidal thoughts, self-injurious behaviors, adolescent drugs and alcohol problems, and aggression; and working with marital and relationships issues including affective disorders, affairs & betrayal, communication & intimacy, and issues regarding separation & divorce. In addition to his work at USD, he teaches and trains Child Welfare Services social workers through the Academy for professional Excellence / San Diego State Foundation, conducts trainings regarding family violence for various institutions & organizations, and he maintains a private practice in Temecula, California.

**Larry Chamow, Ph.D., LMFT** has been teaching in the Marital and Family Therapy program since 1991. He currently teaches Family Therapy Theories II (MFTS 524) and Practicum (MFTS 595-597). He has also taught Couples Therapy at Alliant International University, and has offered supervision courses in the community. Dr. Chamow is a clinical member of the American Association for Marriage and Family Therapy and has been in private practice in Carlsbad since 1980. Prior to that, he was the director of several community agencies and consulted and trained therapist in both public and private settings. He specializes in working with couples, families, and adolescents, and in consulting with family-owned businesses. He has a special interest in sports psychology. Dr. Chamow has presented at numerous national conferences and is a co-author of *Essential Skills in Family Therapy*.

**Sol D’Urso, MA, LMFT** teaches Human Diversity of Family Therapy (MFTS 532) and Individual, Family, and Community Trauma (EDU 703i). Ms. D’Urso is a marriage and family therapist in private practice.

**Jessica Fodor, MA, LMFT** teaches Self of the Therapist (MFTS 57X). Ms. Fodor is a marriage and family therapist in private practice.
Susan Harvey, DO, teaches Psychopharmacology and Systems (MFTS 544). Dr. Harvey is a psychiatrist at Kaiser.

Julie Kraft, MA, LMFT teaches Systemic Treatment of Substance Abuse (MFTS 570). Julie is a Licensed Marriage and Family Therapist specializing in addiction. She co-authored the award winning book, The Mindfulness Workbook for Addiction. Julie has run recovery groups in the Dual Diagnosis Intensive Outpatient Program at Sharp Mesa Vista Hospital since 2012. She also treats patients at Confidential Recovery, an outpatient program for dually diagnosed first responders and other professionals, and sees individuals and couples in her private practice.

Zephon Lister, Ph.D., LMFT teaches Evidence-based Practice in Family Therapy (MFTS 500) and Collaborative Care (EDU 702i). Dr. Lister earned his doctorate in Marriage & Family Therapy from Loma Linda University with an emphasis in Medical Family Therapy and completed his post-doctoral training at the Chicago Center for Family Health an affiliate of the University of Chicago. His clinical and research interests have focused on the recursive influences of family relationships and chronic health conditions and the integration of behavioral health into health care settings. Dr. Lister is the director of the UCSD family medicine integrative collaborative care program where he facilitates behavioral science training for family medicine residents, supervises MFT clinical training, and facilitates learning groups with medical students.

Lori Montross Thomas, Ph.D. teaching Aging Issues in Family Therapy (MFTS 574). Dr. Montross Thomas is a licensed counseling psychologist. As part of Patient & Family Support Services at Moores Cancer Center, she provides psychological assessment, diagnosis or ongoing therapy for patients and families who are experiencing issues that are either related to the cancer experience or interfering with cancer treatment. In individual or group psychotherapy, she focuses on issues including depression, anxiety, communication, stress reduction, insomnia, grief or other psychological or emotional issues. Dr. Montross Thomas is one of 75 Americans currently trained in Dignity Therapy, designed to bring meaning and a sense of legacy to those in palliative care through life reflection interviews. She helps facilitate the International Training Workshop for Dignity Therapy each year, and has been invited to speak to over 50 different groups about her experience with this novel intervention. She is also trained in Meaning-Centered Psychotherapy, designed to bolster the sense of meaning, purpose and peace among people diagnosed with cancer.

Don Myers, Ph.D., teaches Systemic Treatment of Children (MFTS 541), Developmental Psychopathology (MFTS 543) and Social Neuroscience for Family Therapists (MFTS 575). Dr. Myers is a graduate from the California School of Professional Psychology (Alliant International University). He is a licensed psychologist who has been specializing in therapy with children, adolescents, young adults, and their families for over 20 years in his private practice in La Mesa. Dr. Myers has been on the faculty of USD’s MFT Program for the past 9 years. Dr. Myers has also served on the faculty of the Department of Child and Family Development, San Diego State University, for the past 18 years.
Christie Turner, LCSW, LMFT teaches Practicum (MFTS 595P-597P), Self of the Therapist (MFTS 576), and Spiritual Issues (MFTS 578). Ms. Turner received her MSW from Western Michigan University in 1976 and a Postgraduate Certificate in Family Therapy from the Menninger Foundation. She is an Approved Supervisor of the American Association for Marriage and Family Therapy and a member of the American Family Therapy Academy. She is in private practice at the Pacific Family Institute in Carlsbad and La Jolla, CA. She has served as Director of Training at two postgraduate family therapy training programs and continues to offer supervision, training, and consultation in family therapy. She has studied Ericksonian Hypnosis and with Virginia Satir. As a student of Tibetan Buddhism, she is particularly interested in mindfulness, meditation, and compassion in the practice of psychotherapy.

Charles Westfall, MA, LMFT teaches Ethical & Legal Issues in Family Therapy (MFTS 529) and Treatment of Severe Mental Illness (EDU 704i). Mr. Westfall is a staff therapist and supervisor at Sharp Mesa Vista Hospital.
**MFT COURSE REQUIREMENTS**

**Prerequisite Courses:**

1) Human Development  
2) Counseling Theories or Theories of Personality  
3) Research Methods

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

**Required Courses:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFTS 500</td>
<td>Evidence Based Practice in Family Therapy (3 units)*</td>
<td></td>
</tr>
<tr>
<td>MFTS 523</td>
<td>Family Therapy Theories I (3 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 524</td>
<td>Family Therapy Theories II (3 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 528</td>
<td>Psychopathology in the Family (3 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 529</td>
<td>Ethical &amp; Legal Issues in Family Therapy (2 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 532</td>
<td>Human Diversity in Family Therapy (3 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 533</td>
<td>Family Development (3 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 541</td>
<td>Systemic Treatment of Children (3 units)**</td>
<td></td>
</tr>
<tr>
<td>MFTS 542</td>
<td>Families of Children with Special Needs (1 unit)</td>
<td></td>
</tr>
<tr>
<td>MFTS 543</td>
<td>Developmental Psychopathology (3 units)***</td>
<td></td>
</tr>
<tr>
<td>MFTS 544</td>
<td>Psychopharmacology and Systems (2 units)****</td>
<td></td>
</tr>
<tr>
<td>MFTS 546</td>
<td>Couples &amp; Sex Therapy (3 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 570</td>
<td>Systemic Treatment of Substance Abuse (2 units)</td>
<td></td>
</tr>
<tr>
<td>MFTS 575</td>
<td>Social Neuroscience for Family Therapists (1 unit)</td>
<td></td>
</tr>
<tr>
<td>MFTS 578</td>
<td>Spiritual Issues in Family Therapy (1 unit)</td>
<td></td>
</tr>
<tr>
<td>MFTS 571</td>
<td>Family Violence (1 unit)</td>
<td></td>
</tr>
<tr>
<td>MFTS 574</td>
<td>Aging Issues in Family Therapy (1 unit)</td>
<td></td>
</tr>
<tr>
<td>MFTS 595, 596, 597</td>
<td>Practicum in MFT (5 units each)</td>
<td></td>
</tr>
</tbody>
</table>

**ELECTIVES** (Take 1 of the following 3 courses):

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFTS 572</td>
<td>Gender Issues in Family Therapy (1 unit)</td>
<td></td>
</tr>
<tr>
<td>MFTS 576</td>
<td>Self of the Therapist (1 unit)</td>
<td></td>
</tr>
<tr>
<td>MFTS 573</td>
<td>Group Therapy (1 unit)</td>
<td></td>
</tr>
</tbody>
</table>

* Research Methods is a prerequisite for Evidence Based Practice in Family Therapy (MFTS 500)  
** Developmental Psychopathology (MFTS 543) is a prerequisite for Systemic Treatment of Children (MFTS 541)  
*** Human Development is a prerequisite for Developmental Psychopathology (MFTS 543)  
**** Psychopathology in the Family (MFTS 528) is a prerequisite for Psychopharmacology (MFTS 544)
Required Continuing Education Courses:

EDU 701i  Recovery-oriented Case Management (1 unit)
EDU 702i  Collaborative Care (1 unit)
EDU 703i  Individual, Family, & Community Trauma (1 unit)
EDU 704i  Treatment of Severe Mental Illness (3 units)

Total Unit to Graduate = 60

PREREQUISITE COURSES FOR MFT STUDENTS

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

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

COUNSELING THEORIES
You can take an upper level undergraduate or graduate course at any accredited university, or you can take Counseling Theories at USD.

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

RESEARCH METHODS
You can take an upper level undergraduate or graduate course at any accredited university, or you can take a research methods course at USD.

NOTES:

1. Students must complete 27 units of required coursework before beginning Practicum. Practicum begins only in the summer and fall semesters.
2. Students complete MFTS 523, MFTS 524, MFTS 528, MFTS 529, and MFTS 543 during their first year.
# PLANNED COURSE OFFERINGS

<table>
<thead>
<tr>
<th>Required Courses</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>MFTS 500 Evidence-based Practice (3 units) – Lister</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 523 Theories I (3 units) – Lebensohn-Chialvo</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 524 Theories II (3 units) - Chamow</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 528 Psychopathology in the Family (3 units) - Patterson</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MFTS 529 Ethical &amp; Legal Issues (2 units) - Westfall</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 532 Human Diversity in Fam Therapy (3 units) – D’Urso</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MFTS 533 Family Development (3 units) - Edwards</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 541 Systemic Treatment of Children (3) - Myers</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 542 Families of Children/Special Needs (2 units) - Baron</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MFTS 543 Dev. Psychopathology (3 units) - Myers</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 544 Psychopharmacology (2 units) - Harvey</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 546 Couples &amp; Sex Therapy (3 units) – Williams</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 570 Systemic Tx of Sub. Abuse (2 units) - Kraft</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 571 Family Violence (1 unit) - Cameron</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MFTS 574 Aging Issues in Family Therapy (1 unit) - Montross</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 575 Social Neuroscience (1 unit) - Myers</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MFTS 578 Spiritual Issues in Family Therapy (1 unit) - Turner</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>MFTS 595/6/7 Practicum in MFT (5 units/each)</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>MFTS 572 Gender Issues (1 unit) – Williams</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MFTS 576 Self of the Therapist (1 unit) - Fodor</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MFTS 573 Group Therapy (1 unit) - TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EDU 701i Recovery-oriented Case Mgmt (1 unit) - Cameron</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>EDU 702i Collaborative Care (1 unit) - Lister</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>EDU 703i Individual, Family, &amp; Com Trauma (1 unit) – D’Urso</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>EDU 704i Treatment of Severe Mental Illness (3 units) - Westfall</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
COURSE DESCRIPTIONS

MFTS 500  Evidenced Based Practice in Family Therapy (3)
Students will explore how research and evidenced-based principles can be applied to clinical work for family therapists. The course will emphasize the relevance that research can have for clinical work and teach students to be effective consumers of the research.

MFTS 523  Family Therapy Theories I (3)
Students are exposed to the fundamental assumptions and ideas of general systems theory and the basic premises of the various theoretical orientations within the family therapy field. Family Theories I covers Structural Family Therapy, Strategic Family Therapy, Bowen Theory, Behavioral Family Therapy, and Cognitive-Behavioral Family Therapy.

MFTS 524  Family Therapy Theories II (3)
Students are exposed to the fundamental assumptions and ideas of general systems theory and the basic premises of the various theoretical orientations within the family therapy field. Family Theories II covers Solution-focused Therapy, Narrative Therapy, Internal Family Systems Therapy, and integrative models and a variety of Experiential family therapies, including Symbolic-Experiential Therapy, Emotionally-focused Therapy, and the work of Virginia Satir.

MFTS 528  Psychopathology in the Family (3)
An examination of the developmental factors that lead to the emergence and maintenance of various psychological and interpersonal disorders. Emphasis is on developing skills in recognizing inappropriate and maladaptive behaviors and in selecting appropriate techniques for counseling and referral. The course focuses on integrating psychopathology and family diagnosis.

MFTS 529  Ethical and Legal Issues in Family Therapy (2)
An examination of the most important areas of legal and ethical concern to marriage and family therapists and other mental health practitioners in California. Among the topics covered are: confidentiality; psychotherapist-patient privilege; child, elder, and dependent adult abuse; reporting laws; treating dangerous patients; treating minors with and without parental consent; dual relationship issues; selected areas of family law; licensing law and regulations; scope of practice issues; and ethical standards of the MFT profession.

MFTS 532  Human Diversity in Family Therapy (3)
Issues related to various ethnic and cultural backgrounds are examined, including the influence of minority characteristics, racism, and discrimination in the therapeutic process. Emphasis is placed on the interplay between social issues and the therapeutic process.
MFTS 533  **Family Development (3)**  
This course uses a systemic framework to examine various topics central to families and their development across the life span. The course examines a wide range of topics important to understanding family functioning such as: the family life cycle, family stress theory, family violence, mate selection, divorce, diversity in family types, cross-cultural comparisons of families, religion and families, children and families, and socioeconomic factors. The course emphasizes the clinical application of the concepts.

MFTS 541  **Systemic Treatment of Children (3)**  
The study of the major methods used to assess and treat child and adolescent problems from an integrated systemic-developmental perspective. The treatment of both normative and non-normative developmental problems in children and adolescents is emphasized.

MFTS 542  **Families of Children with Special Needs (1)**  
When parents are confronted with the news that their child has a disability, life changes immediately, dramatically and permanently. Families with a child who has a disability or who is chronically ill confront challenges and bear burdens unknown to other families and, at times, unknown to the professionals who are entrusted with the responsibility of providing services and support. In addition to having to learn how to adjust to and cope with a new reality after receiving a diagnosis, families need also to learn how to access and navigate a number of systems of care including the medical, mental health, and educational systems, as well as a host of government agencies such as the Regional Center and Social Security.

MFTS 543  **Developmental Psychopathology (3)**  
This course presents key concepts and theories in child and adolescent development. The course addresses both normative development and developmental psychopathology. Developmental concepts are discussed in relationship to the family context, and how these concepts can inform clinical work with children and families. Prerequisite: An undergraduate course in human development.

MFTS 544  **Psychopharmacology (2)**  
An introduction to medication and its use in treating mental disorders. Students learn how medications function in managing mental disorders and the positive and negative effects of these medications on human functioning. A psychoeducational perspective is used to integrate the family systems perspective with biological considerations. Prerequisite: Psychopathology (MFTS 528) or its equivalent.

MFTS 546  **Couples and Sex Therapy (3)**  
The study of the major methods used to assess and treat couple problems, with an emphasis on sexual issues and the treatment of sexual disorders. Both behavioral and non-behavioral methods and strategies are presented. Prerequisite: Family Therapy Theories II (MFTS 524) or its equivalent.
MFTS 570  Systemic Treatment of Substance Abuse (2)
A critical evaluation of the complex and sometimes contradictory information available in drug and alcohol abuse treatment. A biopsychosocial model of organization is presented along with both individual and family assessment, diagnosis, and treatment techniques.

MFTS 571  Family Violence (1)
This course will focus on the dynamics, assessments, and interventions regarding family violence and child abuse. The course will examine theories, multiple assessments, treatments & interventions, as well as social & scientific controversies regarding family violence and child abuse. The course will encourage self reflection regarding the definition, function, & various experiences of abuse and violence in society and the family. The course will address gender and cultural issues regarding both victims and perpetrators of family violence and child abuse. The course will examine how marriage & family therapists in their clinical practice can assess for and treat families experiencing violence and abuse.

MFTS 572  Gender Issues in Family Therapy (1)
Gender issues and their impact on societal norms and values, the development of problems and the process of therapeutic intervention are examined.

MFTS 573  Group Therapy (1 unit)
The ability to work with groups is increasingly becoming an essential skill for family therapists. This course will provide a survey of types of groups in clinical practice. Students will be exposed to a variety of group experiences to enrich their understanding of group structures and dynamics.

MFTS 574  Aging Issues in Family Therapy (1)
Issues relevant to family therapists working with adults in later life and their families are addressed. Special attention is given to assessment skills, including intergenerational history and patterns, ethnicity, gender and cultural factors. Common life-cycle issues, such as retirement, are addressed, as are problems experienced by a significant number of elderly people, including illness, long-term care, and loss.

MFTS 575  Social Neuroscience for Family Therapists (1)
Social Neuroscience seeks to understand the psychological and biological bases of social behavior. How does the brain support our social relationships and how do our social experiences affect the brain, body, and physical health? Family life is a primary incubator for brain development, especially for children. In this course, topics such as attachment, stress and coping, empathy, emotional regulation, family emotional environment, and aging will be explored with a focus on application of research findings into clinical interventions.

MFTS 576  Self of the Therapist (1)
This "experiential learning" seminar focuses on the student's own family experiences and the impact of these experiences on the student's work as a clinician.
MFTS 578  Spiritual Issues in Family Therapy (1)
Spiritual issues and their impact on the treatment of marital and family therapy problems are examined. The importance of individual and family spiritual development in its various forms is emphasized.

MFTS 595P  Practicum in MFT 1 (5)
In the didactic portion of the course, issues relevant to the beginning clinician are addressed including refinement of interviewing skills and the application of treatments to specific problems. Students also receive group supervision and individual supervision based on either videotaping or live observation of their work.

MFTS 596P  Practicum in MFT 2 (5)
Issues relevant to the treatment process are covered including client-therapist match, resistance and change, assessment, treatment planning, and the self-of-the-therapist. Students also receive group supervision and individual supervision based on either videotaping or live observation of their work.

MFTS 597P  Practicum in MFT 3 (5)
Issues relevant to the involvement of schools, protective services, and other groups and agencies during the treatment process are covered. Students also receive group supervision and individual supervision based on either videotaping or live observation of their work.

MFTS 598P  Practicum Extension (1)
This course provides continuing group supervision for students who need to complete a substantial number of clinical hours after completing three semesters of Practicum.
CONTINUING EDUCATION COURSE DESCRIPTIONS (CE)

EDU 701I  Recovery-oriented Case Management (1)
This course will focus on the components and principles of Recovery Oriented Case Management. The course will examine the strength based, client centered advocacy and resiliency models in Recovery Oriented Case Management. The course will look at various systems of care including community, public, and private mental health and social services including how they can support Recovery Oriented Case Management. The course will address how diversity, socio-economic status, and poverty may affect, and be affected by, the implementation of Recovery Oriented Case Management. The course will examine how marriage & family therapists in their clinical practice can use Recovery Oriented Case Management to more fully serve and benefit Individuals, Couples, and Families.

EDU 702I  Collaborative Care (1)
This course examines various models of collaborative care and the clinical competencies and skills MFT’s need to work successfully on collaborative care teams. This course will also examine the biopsychosocialspiritual aspects of illness and how MFT’s can assess and manage common mental health, psychosocial, and health behavior issues in primary care settings and recovery oriented practice environments. Contextual issues such as race/ethnicity, age, sexual orientation, religion, and socioeconomic status (SES) and how they inform collaborative care practices will also be discussed.

EDU 703I  Individual, Family, & Community Trauma (1)
This course is designed to introduce students to how trauma affects individuals, families, and communities, including the nature of trauma (e.g., abuse, combat, natural disasters), grief reactions, and traumatic stress. Also included in this class is an exploration of the therapist’s response to trauma, crisis intervention, comorbid disorders and general treatment issues. Students will review evidence-based practices in the trauma field. The instructor uses a culturally-informed perspective to teach the class.

EDU 704I  Treatment of Severe Mental Illness (3)
The purpose of this course is to teach MFT students effective strategies for the treatment of severe mental illness through a balanced exploration of current trends in treatment planning and delivery, research and outcomes, various theoretical perspectives and the specific needs of this unique population of clients. An emphasis will be placed on principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.
COMPREHENSIVE EXAMINATION

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

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

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

INTERNATIONAL REQUIREMENT

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

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

If you complete a study abroad course, you will automatically credited with completing the international requirement. If you complete a different project to meet the requirement, you will complete a form documenting the activity.
STUDENT PRIVACY POLICY

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

Effective July 1, 2012

Preamble
The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective July 1, 2012.

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current AAMFT Procedures for Handling Ethical Matters. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the member attempted to resign during the investigation.

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

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

1.2 Informed Consent. Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

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

1.4 Sexual Intimacy with Current Clients and Others. Sexual intimacy with current clients, or their spouses or partners is prohibited. Engaging in sexual intimacy with individuals who are known to be close relatives, guardians or significant others of current clients is prohibited.

1.5 Sexual Intimacy with Former Clients and Others. Sexual intimacy with former clients, their spouses or partners, or individuals who are known to be close relatives, guardians or significant others of clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. After the two years following the last professional contact or termination, in an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients, or their spouses or partners. If therapists engage in sexual intimacy with former clients, or their spouses or partners, more than two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client, or their spouse or partner.

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

1.7 No Furthering of Own Interests. Marriage and family therapists do not use their professional relationships with clients to further their own interests.

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

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

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

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

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

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

1.14 Electronic Therapy. Prior to commencing therapy services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that electronic therapy is appropriate for clients, taking into account the clients’ intellectual, emotional, and physical needs; (b) inform clients of the potential risks and benefits associated with electronic therapy; (c) ensure the security of their communication medium; and (d) only commence electronic therapy after appropriate education, training, or supervised experience using the relevant technology.

Principle II
Confidentiality
Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.
2.1 Disclosing Limits of Confidentiality. Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients’ right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

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

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

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

2.5 Preparation for Practice Changes. In preparation for moving from the area, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

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

2.7 Protection of Electronic Information. When using electronic methods for communication, billing, recordkeeping, or other elements of client care, marriage and family therapists ensure that their electronic data storage and communications are privacy protected consistent with all applicable law.

Principle III
Professional Competence and Integrity
Marriage and family therapists maintain high standards of professional competence and integrity.

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

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

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

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

3.5 Veracity of Scholarship. Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.
3.6 Maintenance of Records. Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

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

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

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

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

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

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

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

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

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

Principle IV
Responsibility to Students and Supervisees
Marriage and family therapists do not exploit the trust and dependency of students and supervisees.

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

4.2 Therapy with Students or Supervisees. Marriage and family therapists do not provide therapy to current students or supervisees.
4.3 Sexual Intimacy with Students or Supervisees. Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. If a supervisor engages in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

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

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

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

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

Principle V
Responsible to Research Participants
Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws, regulations, and professional standards governing the conduct of research.

5. 1 Protection of Research Participants. Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

5. 2 Informed Consent. Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

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

5.4 Confidentiality of Research Data. Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

Principle VI
Responsibility to the Profession
Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.
6.1 Conflicts Between Code and Organizational Policies. Marriage and family therapists remain accountable to the AAMFT Code of Ethics when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

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

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

6.4 Plagiarism. Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

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

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

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

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

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

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

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

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

7.4 Truthful Representation of Services. Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.
7.5 **Bartering.** Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it; (b) the relationship is not exploitative; (c) the professional relationship is not distorted; and (d) a clear written contract is established.

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

**Principle VIII**

**Advertising**

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

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

**8.2 Promotional Materials.** Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services and consistent with applicable law.

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

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

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

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

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

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

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

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

Part II can be accessed directly through the following link:
ACADEMIC INTEGRITY: PLAGIARISM

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

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

Three grades of plagiarism:

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

Grade B plagiarism occurs where an individual in the course of writing an essay or dissertation knowingly refrains from making clear, through the erratic or inconsistent use of recognized conventions, the normal distinctions between such elements as paraphrase, quotation, reference and commentary. This kind of plagiarism tends to be naive, clumsy and transparent, with the plagiarized elements often coming from the same sources, which are in the same essay properly referenced or quoted from, all of which makes it relatively easy for the plagiarism to be identified. Whereas the Grade A plagiarizer is trying deviously to get ahead, the Grade B plagiarizer is usually just hoping naively to get by.

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

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

**Plagiarism and unpublished work:**

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

**Plagiarism and permission:**

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

**Penalties for plagiarism:**

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

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

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

This document copyrighted by Peter Moore, 2000.

This document may be freely quoted from, reproduced and distributed, in either printed or electronic format, provided due attribution of authorship is clearly visible on all copies.
FACEBOOK AND OTHER SOCIAL MEDIA SITES GUIDELINES

Dear MFT Students:

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

1) Be careful not to violate client confidentiality. Do not post anything on social networking sites about clients. Similarly, never accept a client as a friend.

2) Avoid posting negative comments about aspects of your work, your colleagues, and your training. Social networking sites should not be used for these purposes. If you have concerns, please have these discussions privately with your fellow students, the instructor, your advisor, and/or program director.

3) Pay careful attention to the privacy settings that you have selected since clients and potential employers have been known to check out Facebook and other social media sites.

4) When you are updating your status, be aware of any potential negative consequences on your professional image. In our own clinical experience, we know that some of our clients have checked us out on-line in a variety of ways. Therefore, it is important that you not post information that will undermine your credibility or professional image as a therapist to clients or future employers. Although settings help protect privacy, you never know who is reading your status updates, profile, and postings. It’s best to assume that everything written electronically is available for all to see. For more information on this topic, see Online Lives, Offline Consequences: Professionalism, Information Ethics and Professional Students at: http://bcis.pacificu.edu/journal/2009/01/article.php?id=22

5) Think carefully about which fan pages and groups you join. The fan pages and groups you join could be seen as endorsements of certain attitudes or behaviors that could undermine your professional image.

6) When you are updating your status or posting a comment on a friend’s wall, please be aware of the impact of your comments on others who might view it. Keep in mind that others may view your comments and make judgments about the individual based on what you post.

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

MFT Faculty
II. MFT Practicum at USD
OVERVIEW OF PRACTICUM

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

REQUIREMENTS TO INTERVIEW FOR A PRACTICUM PLACEMENT

1. **3.0 cumulative GPA.** A student with a cumulative GPA below 3.0 and on academic probation will not be able to start practicum in 2016. A student on academic probation will have the option to appeal the practicum placement denial decision by sending a letter to the MFT program director.

2. **Completion of the prerequisite requirements for the program** (i.e., Counseling Theories, Research Methods, and Human Development)

3. **Approval of the faculty.** The faculty will meet the first Monday of December to formally review each student seeking to start practicum in 2016. The review will include a review of academic progress, interpersonal skills in class, and general readiness to begin seeing clients. A letter with the results of this review will be sent to students immediately following the faculty meeting. If it is determined that a student is not ready to start practicum, a meeting will be scheduled with the student, his or her advisor, and the program director to discuss an alternative plan.

4. **Attend the practicum orientation meeting the 2\textsuperscript{nd} Monday of December.** During this meeting, you will be told about the available sites. You will also be told about the procedures for interviewing for these positions.

To begin Practicum in 2016, students need to complete a minimum of 27 units by the end of the summer session.
PRACTICUM PLACEMENT MATCH DAY

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

PRACTICUM CLASS

Practicum (MFTS 595, 596, and 597) is a three consecutive semester sequence that is completed during the student's final year. While enrolled in Practicum, students work in a community agency for one-year seeing clients with supervision from both agency and faculty supervisors. During the 12-month practicum, students are required to accumulate 500 hours of direct client contact, 250 of which must be with couples and/or families present in the therapy room. One hundred hours of supervision must also be accumulated during this time, of which at least 50 hours must include supervision from raw data (video, live supervision). In reality, most students receive over 200 hours of supervision.

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

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

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

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

**Kickstart - Providence Community Services** ([http://www.kickstartsd.org/](http://www.kickstartsd.org/)) - Kickstart is a diverse clinical team specially trained to educate the community, treat youth and assist families in preventing psychosis. They serve young people ages 12 to 25, their families, and their social networks to build support around the youth and promote success in relationships, education and employment. Kickstart is a Prevention and Early Intervention program funded through San Diego County Health and Human Services Agency and the Mental Health Services Act. Kickstart is a recovery oriented program that strives to keep hope alive through education and early intervention. The Kickstart team consists of mental health professionals trained to assess and treat youth experiencing early warning signs of psychosis.

**San Diego Youth Services** ([http://www.sdyouthservices.org/site/PageServer?pagename=Services](http://www.sdyouthservices.org/site/PageServer?pagename=Services)) - San Diego Youth Services (SDYS) is a nationally recognized, comprehensive non-profit organization that has helped stabilize the lives of more than a half-million young people and their families since 1970. Every day they work to fight the tragedies of homeless youth and youth in crisis. They administer programs from fourteen locations throughout San Diego County. Their approach is based on practices that have proven to be effective -- focusing on long-term solutions. Many of their services are replicated in communities across the nation.
**Rady Children’s Outpatient Psychiatry** ([http://www.rchsd.org/](http://www.rchsd.org/)) - Rady Children’s Outpatient Psychiatry Clinic is the interdisciplinary outpatient mental health department of Children's Hospital and Health Center. It provides services in three (3) main locations (San Diego, Oceanside, Escondido), some smaller clinics, and at many school sites. It is a full service clinic providing diagnostic assessment and treatment (individual, family, and group), medication assessment and treatment, and psychological assessment. It also provides consult/liaison services at Children's Hospital. Children’s Outpatient Psychiatry serves a population of children and adolescents up to age 18 and their families, representing a wide range regarding family composition, ethnicity, presenting concerns, and socioeconomic status. Clients have a range of DSM-IV diagnoses, with Attention-Deficit and Disruptive Behavior Disorders, Mood Disorders, Anxiety Disorders, Adjustment Disorders, and Relational Problems being quite typical. Most referrals are from schools, parents and physicians, and from mental health, social service, and juvenile justice programs. Trainees and interns receive individual and group supervision from licensed staff and participate in interdisciplinary teams, staff meetings, case conferences, and Grand Rounds.

**Sharp Mesa Vista Hospital** - Sharp Mesa Vista Hospital is the largest privately operated psychiatric hospital and provider of mental health, chemical dependency and substance abuse treatment in San Diego County. In 2010, Sharp Mesa Vista had more than 5,200 inpatient behavioral health discharges — more than any other provider in the county. Located in Serra Mesa, it provides behavioral health services for children, teens, adults and seniors experiencing anxiety, bipolar disorder, depression, eating disorders and other conditions.

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

**UCSD Division of Family Medicine** ([http://familymedresidency.ucsd.edu](http://familymedresidency.ucsd.edu)) - The mission of the UCSD Family Medicine Residency Program is to foster resident individuality and growth in an academically rich and culturally diverse environment, emphasizing the development of excellent clinical skills and evidence based analysis, community service to underserved populations and preventive medicine in the context of the entire human lifecycle. USD students work collaboratively with residents and attending physicians in the Hillcrest and Scripps Ranch clinics.
UCSD Eating Disorders Clinic - This program helps people develop more effective strategies to cope with the altered appetite, reward, anxiety, obsessionality, and impulse control alterations that contribute to a vulnerability to develop an eating disorder and the difficulties in sustaining recovery.

UCSD Center for Healthy Eating and Research (CHEAR) - CHEAR is a multidisciplinary patient care team for the management of child and adolescent obesity. They screen patients for individual physical, nutritional, psychosocial needs and expectations and tailor a safe treatment for our patients and their families. They are dedicated to reducing the health burden of obesity in children, and our focus is on reasonable, achievable goals.

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

Vet Center of San Diego - The Vet Center welcomes home war veterans with honor by providing quality readjustment counseling in a caring manner. Vet Centers understand and appreciate veterans’ war experiences while assisting them and their family members toward a successful post-war adjustment in or near their community. The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam era vets were still experiencing readjustment problems. Vet Centers are community based and part of the U.S. Department of Veterans Affairs.
III. Evaluations


**Evaluation of Students**

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

- Students are evaluated in each course they take by their instructors, who assess their assignments and assign grades.

- During each semester, the faculty jointly reviews the semester progress of each student in the program. If areas of concern are identified with respect to a particular student, the advisor will contact the student to arrange a meeting. Within the context of the meeting, the Program Director and advisor will articulate the concerns that have been identified and will work with the student to develop a remediation plan for addressing these. Following this meeting, the Program Director will write a letter to the student summarizing the meeting and clarifying the terms of the remediation plan. The letter will become part of the student’s permanent file.

- During their practicum, students are evaluated clinically by their site and faculty supervisors. In addition to providing oral feedback throughout the semester, on-site supervisors provide written feedback at the end of the semester using a Trainee Evaluation form.

**Evaluation by Students**

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

- At the end of each course, course/instructor evaluation forms are distributed online that allow students to offer specific feedback about the quality of their course experience. These anonymous evaluations are reviewed by the Dean of the School of Leadership and Education Sciences, the Program Director, and the instructor.

- At the completion of their practicum, students will provide the Program Director with specific feedback about the nature of their practicum experience.

- Graduating students are required to complete an exit survey to provide feedback about the quality of the MFT program and University of San Diego.

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

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Purpose</th>
<th>Evaluation Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Evaluations</td>
<td>MFT candidates provide feedback regarding their educational experience in the areas of overall student satisfaction, teaching of course material, instructor relationship with students, and course requirements &amp; student evaluation.</td>
<td>End of Each Semester</td>
</tr>
<tr>
<td>Practicum Site Evaluation</td>
<td>MFT candidates provide feedback regarding their practicum site.</td>
<td>End of Practicum Experience</td>
</tr>
<tr>
<td>Practicum Site Supervisor Evaluation</td>
<td>MFT candidates provide feedback regarding their practicum site supervisors.</td>
<td>End of Practicum Experience</td>
</tr>
<tr>
<td>Trainee Evaluations</td>
<td>Onsite Supervisors evaluate MFT candidates.</td>
<td>Midpoint and End of Practicum</td>
</tr>
<tr>
<td>Candidate Semester Evaluation</td>
<td>Faculty conjointly review MFT candidates' progress in program, which can lead to a remediation plan.</td>
<td>End of Each Semester</td>
</tr>
<tr>
<td>Outcomes Assessment</td>
<td>All educational outcomes are assessed via the University's Assessment Management System - TRAC DAT - to ensure the offering of high quality programs.</td>
<td>End of Each Academic Year</td>
</tr>
<tr>
<td>MFT Comprehensive Exam</td>
<td>MFT candidates are assessed on Theory &amp; Application, Assessment, and Law &amp; Ethics using a comprehensive written examination administered and evaluated by core faculty.</td>
<td>Second Year of Program</td>
</tr>
<tr>
<td>Exit Survey</td>
<td>Graduating MFT students provide feedback about the program in the areas of faculty, advisors, intellectual climate, program support and communication, university support, enhanced ability through coursework, practicum experience, and the overall program.</td>
<td>End of Program</td>
</tr>
<tr>
<td>Pre/Post International Survey</td>
<td>MFT candidates are assessed on their cultural competence skills prior to entering the program and at the end of the program.</td>
<td>At the start and finish of the program.</td>
</tr>
<tr>
<td>Alumni Survey</td>
<td>MFT Alumni provide feedback about employment, alumni involvement, application of knowledge and skills, their effectiveness in the workplace, the quality of faculty advising and mentoring, benefits of the program, and recommendations for improvement.</td>
<td>Every other Year (odd Years)</td>
</tr>
</tbody>
</table>
IV. Professional Organizations
Important MFT Professional Organizations

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

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

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

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

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

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

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

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

**SOLES GRADUATE STUDENT POLICIES:**
MFT students are required to adhere to the *School of Leadership and Education Sciences Graduate Student Policies*, which can be found on at [http://www.sandiego.edu/soles/gateways/current-students/handbooks-forms-policies/](http://www.sandiego.edu/soles/gateways/current-students/handbooks-forms-policies/)

The dismissal policy as it applies to MFT students is below:

**MFT STUDENT DISMISSAL POLICY**

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

1. Failure to maintain established grade point average of 3.0 for all coursework in accordance with university policy.

2. Failure to make satisfactory academic progress toward their degree. This includes, but is not limited to the following:
   
   a. Students who obtain less than a B- in two or more classes (when taking the courses for the first time) can be dismissed from the program.
   
   b. Students who do not successfully pass the comprehensive exams after two attempts can be dismissed from the program.

3. Failure to complete time limits for degree.

4. Failure to make satisfactory progress in the development of academic and practitioner skills as judged by the faculty.

5. Violation of the Code of Ethics for the American Association of Marriage and Family Therapy or the California Association of Marriage and Family Therapists.

6. Violation of a USD policy or the Student Code of Rights and Responsibilities, including but not limited to academic dishonesty and plagiarism, as listed in the Student Handbook that is published online at [http://www.sandiego.edu/archways](http://www.sandiego.edu/archways).

7. Failure to maintain cooperative relationships with other students, faculty, supervisors, or other professional colleagues, including violating confidentiality of information disclosed by students in class.
8. Failure to maintain satisfactory delivery of services to clients during practicum or other clinical work. Examples include, but are not limited to the following:
   
a. Being dismissed from a practicum site due to poor performance.

   b. Receiving one or more poor evaluations from a practicum site.

   c. Failing to pass a practicum class.

9. The unlawful possession, use, manufacture, sale, distribution or promotion of illegal drugs, drug paraphernalia, or alcohol.

10. Possession, being under the influence, or distribution of alcohol during any coursework, practicum, clinical work, or professional activities of any nature.

11. Failure to return from an approved Leave of Absence.

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

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

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

**STUDENT REINSTATEMENT**

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

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

SOLES ADMINISTRATION

Nick Ladany, Ph.D.
Dean
(619) 260-4540
NLADANY@sandiego.edu

Heather Latimer, Ed.D.
Associate Dean
(619) 260-4893
hlattimer@sandiego.edu

Linda Dews, MS
Assistant Dean
(619) 260-7585
ldews@sandiego.edu

DEPARTMENT OF COUNSELING & MARITAL AND FAMILY THERAPY

Ann Garland, Ph.D.
Chair
(619) 260-7879
agarland@sandiego.edu

Lindsay Dyer
Executive Assistant
(619) 260-7441
ldyer@sandiego.edu

Lily Vistica, MA
MFT Program Specialist
lilyvistica@sandiego.edu
MFT Program Faculty Advisors

Todd M. Edwards, Ph.D.
Professor and Program Director
(619) 260-5963
tedwards@sandiego.edu

Florence Lebensohn-Chialvo, Ph.D.
Assistant Professor
flebensohn@sandiego.edu

Jo Ellen Patterson, Ph.D.
Professor
(619) 260-2273
joellenpatterson@gmail.com

Lee Williams, Ph.D.
Professor
(619) 260-6889
williams@sandiego.edu