



**Masters of Science in
Clinical Mental
Health Counseling
Graduate Student
Handbook**

Fall 2024



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Letter from the Director: A Welcome & Expectations

Welcome to the MS Clinical Psychology Program at SJSU!

The purpose of this Handbook is to give you some information that should be helpful with your progress through the MS Clinical program at San Jose State University. You are required to review this document carefully and keep it for reference throughout your time here as a student. It will answer many of the questions you are likely to have about the program and licensing requirements including the various program milestones.

One of the primary purposes of the handbook is to provide a resource for you to get information and answers to many of your questions that occur over the course of your training here. Specifically, this is the resource for information for which courses you need to enroll in and when, comprehensive examinations, fieldwork, and licensing. Please consult the handbook as a first attempt to get these types of questions answered.

As many of you know, licensing information is constantly changing. The best place to go and to stay current on requirements for licensing is the website for the Board of Behavioral Sciences at www.bbs.ca.gov. As noted in the handbook, it is important that you stay current in your knowledge of the Board licensing requirements; the Clinical Program will try to be helpful, but the program cannot assume responsibility in this realm.

If you feel you are struggling with any part of the curriculum, please come and see one of the faculty members. If it is in a particular course, talk with that faculty member who is teaching the course first. You can always talk with the director of the program as well. You should know that, while it is rare, it is possible to fail out of the program; however, our intention is to help you graduate. If you choose to leave, that is always your right. Just know that the faculty are here to help you at every stage of the process as much as we are able.

One of the most valuable aspects of this program comes from second year students helping first year students succeed. The only limit placed on communicating with students from other cohorts concerns sharing of materials from completed courses. Only with explicit consent from an instructor may any material from any other course (e.g., tests, quizzes, papers, etc.) ever be shared by a student who has already taken a course with a student who has not yet completed (e.g., is currently enrolled in) the course. This includes sharing prior versions of second year comps. You will know if you are given explicit consent, and if you are unclear on this, contact the instructor of that course or your faculty consultant for your second year consultation group. Unauthorized sharing of materials is considered academic dishonesty and is grounds for immediate dismissal from the program.

The faculty here in the MS program are committed to two goals: First, we will only graduate qualified, professional, and ethical clinicians; second, we want to see each of you finish the program. If the first goal cannot be met, the second goal will not occur. Our desire is to see you complete your degree, but you cannot complete the program without evidencing professionalism, ethical behavior, and competence as a clinician at this level of your training. This assessment of competence occurs throughout the program. Your ethical behavior and professionalism will be evaluated in coursework, in yearly evaluations, in your comprehensive examinations, and in your clinical activities.

Part of the process of getting a master's degree in Clinical Psychology is becoming an independent student and professional. We want to encourage and facilitate that process by having you learn to solve problems on your own. That said, please come to us if you want to talk, if you are having a hard time, or if you have questions. And of course, always feel free to stop by and say "hello." Although you are assigned an initial mentor in the program, if you feel a connection to a particular faculty member or want to work with one let them know, and get that process started as early as you would like.

As mentioned above, two aspects essential to the development of any psychotherapy or health service provider are professionalism and ethical behavior. It is expected that you behave professionally and ethically while a student here at San Jose State University. In terms of ethical practices, it is expected that each student will adhere to the strictest interpretation of the ethical guidelines and codes of the California Association of Marriage and Family Therapists (CAMFT) as well as the American Counseling Association (ACA) ethics codes if you are also pursuing an LPCC license. In addition, you must adhere to the codes of academic conduct set by both your coursework in the program and by the University. You are provided with the

copies of these codes in this *Handbook* and a PDF of the ethics codes through your Ethics class in your first semester. For course guidelines, you can always find these requirements in the syllabi for the course. Finally, you can find these documents online on the SJSU MS Clinical webpage under policies and or current student links. If you are ever unclear on these guidelines, immediately discuss this with a faculty member.

If at any time, it is determined that you are acting unethically or unprofessionally, it may be grounds for immediate dismissal from the program. Unethical activity as a student certainly includes behavior with clients and professionalism at your fieldwork agency. It also includes plagiarism or cheating, and students who have cheated or plagiarized will often be dismissed. Failing to report incidents when you are aware of another student's unethical or unprofessional behavior may be grounds for dismissal from the program as well. If you have any questions about whether your behavior or another student's behavior constitutes unethical activity, do not hesitate to contact a faculty member at any time. Remember, asking if something is acceptable and not plagiarism, cheating, or unethical before that act is committed is just fine. In fact, that is one way we learn what counts as unethical behavior – asking about it before it occurs. Once you have turned in an assignment and claimed it as yours, or engaged in unethical behavior, then it is subject to consequences.

Issues of plagiarism and ethical violations are rare in our program, but we take them very seriously. Our work as clinicians demands the highest integrity among the helping professions, and we require you to maintain that rigorous standard of ethics.

While all of this is quite serious, we want to return our focus to your accomplishments. We look forward to working with you during your time here. We take the best of the best applicants for MS program, and we graduate what we believe are the top clinicians in the field. Welcome to that tradition of excellence.

Erin Woodhead, PhD
Director of Clinical Training, MS Clinical Psychology at SJSU



Mission Statement & Evidence Based Practice at SJSU

The mission of this program is to train evidenced based Masters level psychotherapists for work in a variety of clinical settings including hospitals, schools, public agencies, and private practice. Evidence based practice of psychotherapy places the client first and considers the conceptualization of the client's problem including important contextual and cultural variables, is informed and guided by relevant empirical literature, and gathers data to determine choices and allow accountability. The diversity of settings and populations in which our graduates work requires that our students be flexible and open to differing clinical and cultural perspectives. Faculty in the program represent a variety of theoretical, clinical, and research interests, including Cognitive-Behavioral Therapy, Behavior Therapy, Mindfulness and Acceptance based approaches, Psychodynamic traditions, Multicultural interventions, Feminist Therapy, Community Psychology, and the biopsychosocial model inherent in Behavioral Medicine/Health psychology.

As a faculty we value diversity in thinking and encourage our students to sample ideas from different points of view. While we do not require conformity to any one specific theoretical orientation, we do require that any approach our students take be supported by a high standard of professional ethics and an established body of professional literature, including empirical clinical research. Graduates of this program adhere to ethical standards and demonstrate a basic familiarity with the major approaches to assessment, diagnosis and treatment, a respect for cultural diversity, and accountability for service delivery. We expect that our graduates have the ability to read and critically evaluate the literature in the field, and we require them to achieve a basic level of proficiency within at least one psychotherapeutic approach. In short, our graduate is evidence based, broadly educated, critically minded, and has the ability to ethically apply theory to practice in a diverse and changing community.

Our Definition of Evidence Based Practice

There are four areas that serve as the foundation for evidence based care as defined by the MS Clinical Program that is interwoven with all courses throughout training.

1. Evidence based practice is an approach to clinical treatment that begins with the client's context and preferences and a focus on case conceptualization (where the client may be an individual, couple, family, or other unit that is the focus of treatment). This conceptualization occurs within a cultural context and is informed by multiple levels of analysis including but not limited to that of the individual, family, community, education, biological variables, and advocacy.
2. Evidence based practice examines the empirical literature for research data on treatment outcomes and processes that inform and guide clinical interventions based on the conceptualization of the case.
3. Evidence based practice is consistent with measurement based care that seeks to gather information about the client to inform treatment decisions and gather data over time about clinical processes and their impact on outcome. The assessment of change processes focuses on paradigmatically driven formulations of client problems and mechanisms of change and are often idiographic, tailored to the client's problem list. Nomothetic outcome measures are utilized to document broader indices of change and convey this information to wider clinical audiences and institutional stakeholders.
4. Clinical experience can be utilized in evidence based case conceptualizations where the therapist's history with client problems and populations is weighed in balance with research evidence and the unique attributes of the client's historical and current context.

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Program Checklist

By Semester

The following is based on full time enrollment as a student in the program. We do not admit students into part time study in the program, but if something arises that compromises your ability to complete the program in two years, immediately contact the Program Director and your instructors. We can often work out strategies that allow for the student to complete their studies. Note the University deadlines are highlighted. These are hard deadlines, and failing to meet them will delay your graduation date.

1st Semester

- Join professional organization(s) of choice (CAMFT, AAMFT, etc.)
- Familiarize yourself with the BBS licensing laws and regulations
- Become familiar with fieldwork placements (end of the first semester)
- Meet with your faculty mentor and second year peer mentor toward the beginning, middle, and end of each semester

2nd Semester

- Beginning in January: Apply for fieldwork placements
- Obtain signatures for Fieldwork Contract (and University MOU if needed) & obtain student professional liability insurance

3rd Semester Full time

- Submit *Departmental Request for Candidacy* form to Graduate Studies office prior to October 1
- Complete first round of 2nd year comps (practice comp)
- Fill out fieldwork hours and supervisory forms for fieldwork experience/consultation

4th Semester Full time

- File for graduation prior to February 1 (completed on MySJSU)
- Fill out fieldwork hours and supervisory forms for fieldwork/consultation
- Complete 2nd year comps, including the written and oral portions
- Work with the director to complete required graduation forms and BBS program verification forms

**MS CLINICAL MENTAL HEALTH COUNSELING PROGRAM
HANDBOOK**

Graduate!



Succeeding in graduate school

Graduate study is designed to prepare you for professional work. In our case, you are being prepared to be a psychotherapist, seeing clients, providing services to populations in need. This will require you to develop many new competencies through ways of learning that *all* students find very different (and usually quite a bit more challenging) than their undergraduate experience.

In just a short period, you will be able to deliver very powerful psychological interventions to people who are in serious distress. This is a huge responsibility. Your training here will be about becoming the best psychotherapist you can possibly be. This is *definitely* not a simple continuation of your undergraduate work!

For all of you, some things will need to change: How you approach your studies, your level of independence, how you relate to others in a professional context, and how you deal with stress. Overall, our goals are to help you develop your strategies for success as a psychotherapist.

The following are some tips for success. These are likely issues you will address while you are here at SJSU.

Tips for success

1. Aim for Mastery

You are here because, in all likelihood, you were one of the smartest in your undergraduate class. Each person around you will bring something to your knowledge. The diversity in background and thought among the students in the clinical program is one of your greatest assets in training. We want you to continue to do your best, but notice that the competition factor is no longer required. Getting an A grade is not nearly as important as understanding the content you are learning and knowing how to apply it. Aim for mastery of the material you are given. If you compete with anyone, compete only with yourself. All of you are successful in that you are already here. You succeed if you take the training you are given and go on to be a professional and ethical psychotherapist.

Your requirement now is to show that you are trying to do your very best, not in comparison to the person sitting next to you but your best in comparison to your own potential and becoming a great clinician.

2. Aim High and then Raise the Bar

You are going to develop your core skills as a professional in just a few short years. Growth is challenging and sometimes stressful. In this process notice your desire to do just enough to get by and then return to your value of becoming better at what you want to become. Set your sights high, aim for those goals, and then be brave and raise that bar of success.

3. Take Responsibility

Part of becoming a professional psychotherapist is learning to take responsibility for your education and development. This means asking questions AND looking for answers on your own. Take advantage of opportunities that come your way. This may include attending workshops, going to conferences, or getting more than the required amount of supervision or clinical training. It can also include seeking therapy and professional support to deal with stress and personal issues that might arise while you are a student here.

4. Reflect on and Adapt your Study Habits

You will likely need to learn to study differently than you did in your undergraduate work. There are three main issues that require you to change how you approach learning this material:

- (1) Not only is the material different, but there is a lot more of it;
- (2) Your goal now is NOT memorization, but integration across courses;
- (3) Your answers to questions need to be sophisticated, not generic.

With respect to the first issue, there is a great deal to read and to learn. Ask yourself to step up to the challenge of reading what you have been assigned. Be sure to budget your time and make choices about how you allocate your time. Talk to your classmates, second-year students, and assigned faculty mentor about what approaches you are taking to studying, how that is working for you, and what changes you might make to optimize your time and efforts.

Do not try to do the reading by looking for the answers to test questions. Instead, read to look for what you need to learn from the author for your development and what the professor is asking you to learn.

With respect to the second and third issues, remember that you are developing your knowledge base as a professional clinician. Your answers to difficult clinical questions must show that you appreciate the complexity of the question and the individual (idiographic) component to the issues raised. For example, when considering the issues for a clinical case, do not attempt to memorize the 'top five' typical issues for all clients. Instead, consider what issues occur for this client with these problems in this context. Your answers to questions need to show that your knowledge base is building over time and integrates material from all of your coursework.

A sophisticated answer to clinical questions is what your clients are seeking. If we consider issues of safety, for example, we want to talk about this client in this set of circumstances and with these contextual features in our consideration. Just noting that we want to make sure a client is safe is no longer sufficient in a clinical context. Instead, we want to go beyond that to show we understand that safety matters for this person for these reasons.

Sophistication also includes using a graduate level vocabulary and graduate level sentence construction in our writing and in our speech. We do not want to "talk over the heads" of our clients, but to our colleagues (and faculty while you are a student), the way to show your understanding is to speak and write professionally, and use the language of the business, not lay language. For example, if a therapy discusses the issue of challenging and replacing core schema, we use that terminology – not just "getting rid of bad thoughts."

5. Utilize Your Peers

There are so many things you can get from your peers or fellow students. Here are just a few good ideas:

- (1) Form study groups – study out loud, share the wealth, and talk out the issues
- (2) Utilize and offer social support – get help with your stress, have lunch together, exchange ideas, and laugh together
- (3) Normalize your experience – talk to your friends about your challenges and experiences. Odds are your colleagues feel the same way, and you didn't even know it! The world feels more manageable when you are not alone.

6. Improve your Writing

Writing is a key skill for clinicians. Clarity, organization, spelling, and grammar in writing is essential in your life as a student – writing papers, answering exam questions – and as your life as a professional – writing intake evaluations, case notes, and providing handouts to other clinicians.

Aside from your fellow students, there are resources on campus that can be very valuable and sometimes essential for student success. The SJSU Writing Center is a great resource. They regularly schedule tutoring sessions and they have writing workshops aimed at a graduate students. All Writing Specialists have gone through a rigorous hiring process, and they are well trained to assist all students at all levels within all disciplines to become better writers. In addition to one-on-one tutoring services, the Writing Center also offers workshops every semester on a variety of writing topics. To make an appointment or to refer to the numerous online resources offered through the Writing Center, visit the [Writing Center website](http://www.sjsu.edu/writingcenter) at <http://www.sjsu.edu/writingcenter>.

7. Find a Way to Participate in Class Discussions

One of the best ways you will learn course and clinical material is to talk out loud during class discussions. We understand that everyone has a different level of comfort with speaking up in class. That being said, group discussions are a large part of graduate courses and of working in the mental health field. Part of your evaluations will be based on how you contribute during these discussions. Many people are shy at first, and that makes sense. Still, be sure to try to develop your voice and get in on those discussions. Always remember that class discussions are a big part of developing your clinical skills.

8. Ask for Help

Part of learning to be a good clinician is asking for assistance. We know this is a stressful time. Please ask for help WHEN you need it, not after it is too late to do anything about it.

Realize that you are entering the 'culture of the mental health field' which means you need to assert your needs and request assistance. We recognize that some people may struggle with this. We want to be inviting and encouraging of you seeking help when you need it, but you do need to take responsibility here. If we can help empower you in this, please let us know. We are happy to help with this.

If you have trouble adjusting to the program, please come and talk to the faculty about how this process is going. We are committed to your success in this process and in helping make you the best person you want to become.

While we do not require students seek psychotherapy as part of the curriculum, we definitely encourage it of all of our students. If a student is struggling, we *strongly* encourage it. You can receive free psychotherapy here at SJSU while a student at SJSU Counseling and Psychological Services, located at the Student Wellness Center (sjsu.edu/counseling). Professional psychologists, social workers, and counselors are available to provide consultation on issues of student mental health, campus climate or psychological and academic issues on an individual, couple, or group basis.

9. Connect with a Faculty Member or Supervisor

Get to know a faculty member or supervisor as more than just as a teacher of one of your classes or supervisor of your clinical cases. One of the best ways to do this is by stopping by their office hours. The MS Clinical Program has adopted a junior colleague model, and many of the faculty enjoy mentoring and getting to know you in a broader context than just in the classroom.

One of the greatest benefits that can come from these relationships with faculty is knowing that someone believes in you and that you can make it in the program. That can help carry a lot of the weight in your graduate school experience.

10. Maintain a Balance in Your Life

One challenge in this program is to balance the demands of this program with the rest of your life. Relationships are fundamental in feeling connected and handling the stress of school.

To this end, we will have students work on their Professional Development Plan throughout the program at SJSU. This is a form that students complete that focuses on areas of their development including balancing personal and professional life. Burnout is a real challenge to those who provide mental health services. We will work with you on strategies to avoid this and create positive coping skills for the work we do, but it will be up to you to enact these.

Please tend to your other relationships in your life. Enjoy this process as one of the many experiences open to you all of the time. Your life is happening right now, it is not waiting for you for when you “finally finish school.”

11. Check your Email

You **MUST** have an active email account, make sure that the Director of the program has the correct address, and check your email regularly. Most, if not all, essential correspondence for the Clinical Program will occur by email. More than this, respond to emails in a timely and professional way. In general, this means that you reply to emails from professors and supervisors within 24-48 business hours. This is a crucial part of your professional development. Please be aware that some discussions are better in person than over email, for example by stopping by a faculty member’s office hours.

Please be sure you have a professional email identity like the one given to you by SJSU as a student or like Joseph.Student@email.com. Be sure to make it one that has your name in it and one that is easily identified as a professional (not SPAM email).

12. Keep Track of your Clinical Hours

Start as soon as you see clients. You can find detailed information about what to track and how to track it in the Clinical Fieldwork Packet; do **NOT** get behind on logging the hours and getting signatures. You are building good habits now, and this is the very thing that will allow you to sit for licensure!

13. Stay on Top of your Client Notes and ALL Clinical Paperwork

Not only is the required by the ethical principles, is essential for quality clinical practice, but it is mandatory for success in the program here at SJSU. Always, always, always stay on top of your note writing!

14. Seek Accommodations Early

We are here to help you succeed! All students have the right to assessment and provision of accommodations as determined by the AEC. This, of course, includes graduate students and includes a variety of academic, learning, and neurocognitive challenges or disabilities.

Please note that the faculty at SJSU fully support all students with any accommodation, but that it is the responsibility of the student to seek this service (as noted in the official University statement). It has been our experience in the clinical program that students have more success with this process if they seek AEC services (assessment and/or accommodations) as early as possible during their time in the program, rather than waiting until later in the program.

Please also note that faculty members are only allowed to provide accommodations as directed by the AEC. If you have any questions about this process, please do not hesitate to contact the Program Director or another faculty member in the clinical program.

The following is from SJSU's Syllabus Information page [<https://www.sjsu.edu/curriculum/courses/syllabus-info.php#accomodations-disabilities>]

[Presidential Directive 97-03 \[pdf\]](#) requires that students with disabilities requesting accommodations register with the [Accessible Education Center](#) (AEC) to establish a record of their disability. AEC will contact the instructor with further details, if needed. If special arrangements are needed in cases of emergency or if the building must be evacuated, please make arrangements with the instructor.



Policy on Academic Disqualification and Dismissal

The goal of the MS Clinical Program is to ensure that all graduates have minimal competencies to become practicing psychotherapists who are eligible for internships and licensure. **In order to demonstrate at least minimal competencies in the required skills MS CLINICAL Program graduate students must earn a grade of “B” or higher (or CR where no grades are assigned) in all of their courses.** In the event that a student does not achieve the criterion of “B” work in a required course, that student must consult immediately with the faculty to determine whether a plan can be developed that may provide opportunity to achieve a passing grade. This plan will also involve input from the clinical committee. NOTE: There is no guarantee a plan can be formulated, and if one cannot, it will result in disqualification and dismissal from the graduate program.

Any student who receives a grade of “B-” or lower in a required course will be classified automatically as probationary in the MS Clinical Program. A student earning 2 grades of B- or lower will be considered sufficient basis for disqualification and dismissal from the MS Clinical Program. Students must take all courses that are required by the MS Clinical Program at San Jose State University. **All classes in the first semester, and Psyc 210 in the spring semester, need to be passed prior to applying for fieldwork.** If this renders you unable to apply for and secure a placement for the Fall of second year, you will be dismissed from the program.

Internship, fieldwork, or practicum experiences as evaluated by faculty members and internship supervisors must also reflect the MS Clinical Program student’s ability to meet program competencies. **Professional and interpersonal skills are essential determinants of success in these settings. Any MS Clinical Program student who receives a grade of No Credit (“NC”) in a required fieldwork or internship course will be dismissed from the MS Clinical Program following a review of the circumstances surrounding the No Credit grade by Program Director of the MS Clinical Program and/or members of the MS Clinical Program Committee.** Psychology fieldwork cannot be repeated for a changed grade.

Requirements for earning credit are discussed in the syllabus of each course, including the fieldwork course. Professionalism while on fieldwork is required to earn a credit for each semester. Failing to show up for client sessions, supervision meetings, and writing assessment reports/progress notes that are complete and submitted on time are all required to earn credit for the fieldwork course. Failing to maintain this level of professionalism will result in receiving a grade of No Credit for the fieldwork course and will be grounds for dismissal from the program.

The program strongly encourages and attempts to develop the professional and interpersonal maturity of all students. **The MS Clinical Program faculty evaluates student professional and interpersonal maturity throughout the program with both formal and informal reviews.** Only students who have demonstrated a high level of professional and personal integrity consistent with the role of a psychotherapist will be permitted to continue in the program and to graduate. **Students who fail to demonstrate professional and personal responsibility (as evidenced by violations of professional conduct, interpersonal trust, or ethical practice) are subject to termination as a graduate student of the MS Clinical Program at SJSU.**

Note that failing the second year comprehensive exam will result in dismissal from the program. This policy is discussed in detail below.



The MS Clinical Faculty

Dr. Glenn Callaghan

Dr. Callaghan conducts research on the assessment and delivery of psychotherapy for body image disturbance, depression, and personality disorders. His research also focuses on interpersonal relationship factors in psychotherapy, and idiographic assessment and classification systems. He conducts therapy and supervision from a functional contextual and behavioral perspective.

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Dr. Matthew Capriotti

Dr. Capriotti studies the development, testing, and up-scaling (i.e., implementation and dissemination) of evidence-based behavioral interventions for tic disorders (e.g., Tourette Syndrome) and other related obsessive-compulsive spectrum disorders. He also conducts work examining the influence of family, school, cultural, and other contextual factors on the development and maintenance of these conditions. Dr. Capriotti approaches clinical work and supervision from a third-wave behavioral perspective.

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Dr. Li Shen (Jesslyn) Chong

Dr. Chong's research utilizes a biopsychosocial approach to understand how life adversities and stress response systems influence the risk of socio-emotional and health problems and racial/ethnic health disparities, with an overarching goal of informing and optimizing interventions. Clinically, Dr. Chong specializes in evidence-based treatment for children and adolescents. She conducts therapy and supervision in English, Chinese, and Cantonese, from cognitive behavioral and developmental frameworks.

Email: Jess.Chong@sjsu.edu

Dr. Jill Citron

Dr. Jill Citron teaches the Method and Design for Applied Research course in the program.

Email: Jill.Citron@sjsu.edu

Dr. Jennifer Gregg

Dr. Gregg studies mindful awareness and intention-setting interventions in patients with cancer. Her research also focuses on ways to reduce avoidance coping and enhance well-being. She approaches therapy and supervision from a process-based third wave behavioral approach, and has an extensive background in Acceptance and Commitment Therapy.

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Dr. Elena Klaw

Dr. Klaw's research interests are in clinical and community psychology, community-engaged learning, intimate violence prevention, and serving military Veterans in higher education. She conducts supervision from a feminist, psychodynamic, person centered and community perspective.

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Chiaki Nomoto, LMFT, LPCC

Chiaki Nomoto, LMFT, LPCC has worked in community behavioral health systems for over 20 years. Chiaki specializes in working with children, youth and families, and is endorsed as an Infant Family and Early Childhood Mental Health Specialist (IFECMH). She is also a certified National Trauma-Focused Cognitive Behavioral Therapist; Eye Movement Desensitization and Reprocessing (EMDR) provider; and Newborn Behavioral Observations (NBO) provider. She also enjoys providing clinical supervision and developing future clinicians. She teaches Family Assessment and Intervention in the program.

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Dr. Lester Papa

Dr. Papa's research focuses on the experiences of racial and ethnic microaggressions in higher education. His clinical experience intersects school psychology with clinical/counseling psychology for children and families. Dr. Papa conducts supervision and therapy from a multicultural feminist framework.

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Dr. Juan Peña

Dr. Peña's research focuses on the social determinants of health that contribute to physical and mental health disparities among populations most underrepresented in research, with a focus on Hispanic or Latino/a/x people and immigrant communities. Another area of research is on community engaged research approaches (e.g., CBPR) to improve health and social equity. Dr. Peña conducts therapy and supervision from a cognitive behavioral and multicultural framework in English and Spanish.

Email: Juan.Pena@sjsu.edu

Dr. Erin Woodhead

Dr. Woodhead's research interests include drug and alcohol use in adulthood and long-term mental health outcomes among adults and older adults. Dr. Woodhead primarily works from a CBT and Motivational Interviewing perspective. She conducts supervision from a Motivational Interviewing and developmental framework.

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Overview of the program

Program requirements

This 60 semester-unit graduate level program in applied psychology is designed to provide students with adequate theoretical and practical training to prepare them to work in a variety of counseling and mental health settings. The program centers around required academic coursework that meets the educational requirements for the California State Marriage and Family Therapist (MFT) license. This coursework, together with 3,000 hours of acceptable supervised experience, is required to take the MFT or LPCC state licensing examinations. Note that the MFT and LPCC have different requirements and allow hours to count differently. In addition, these requirements are subject to change by the Board and often do. Each student is expected to stay up-to-date on these requirements and a lot of these requirements are in the process of changing.

Remember, that if you are interested in the LPCC, you will need to take a Career Counseling course. You can take this before or after graduation per BBS regulations. **It is not part of the 60 units required by the program, and you will need to petition for enrolling in extra units.** That form can be found on the Graduate Studies webpage (<http://www.sjsu.edu/gape/forms/>). At SJSU this **Career Counseling course is found in EDCO 266**, Education and Career Planning (3 units). Please discuss this with the director in your first year if you anticipate wanting to take the Career Counseling course in your second year.

Course requirements

You must satisfactorily complete a total of 60 semester units in this program and must also demonstrate the practical skills, professionalism, and ethical practices required for the profession.

Earning a grade of B or better is required in all clinical program courses that are graded. All credit/no credit courses must be passed with credit. Students must maintain a cumulative GPA of 3.0 or higher to remain in the program. Again, in terms of ethical practices, it is expected that each student will adhere to the strictest interpretation of the ethical guidelines and codes of the California Association of Marriage and Family Therapists. The following graduate courses are required of all students.

Graduate Curriculum

60 units required per BBS requirements

[Does NOT include EDCO 266 for LPCC track- that is NOT part of your curriculum]

PSYC 203A	Clinical Assessment	3 units
PSYC 208	Family Assessment and Intervention Techniques	3 units
PSYC 209	Seminar in the Modern Family	3 units
PSYC 210	Advanced Adult Psychopathology	3 units
PSYC 211	Advanced Child Psychopathology	3 units
PSYC 212	Life Span Development	3 units
PSYC 222	Gender and Ethnic Issues in Counseling and Therapy	3 units
PSYC 224A, B	Clinical Psychology Practicum	6 units
PSYC 225	Group Counseling	3 units
PSYC 226	Addictions Treatment	3 units
PSYC 228	Professional Ethics for Psychologists	3 units
PSYC 232	Clinical Psychopharmacology	3 units
PSYC 243	Fieldwork	6 units
PSYC 258	Methods of Psychotherapy/Counseling Procedures	3 units
PSYC 260	Crisis & Trauma Counseling	3 units
PSYC 291	Methods and Design for Applied Research	3 units
PSYC 298	Masters Project	6 units



Course sequence

Required sequence of coursework

Currently, we only accept applicants for full time study in the program. All students will complete a fieldwork placement, designed to provide the student with the **minimum** pre-degree practicum hours required for licensure. Post-degree hours for licensure are acquired after the completion of the program. The full time track takes two years to complete all of the degree requirements. This full time track requires students to enroll in 5 courses per semester, and these courses are taken in a set sequence. The advantage to the full time track lies with the ability to finish the program in two years.

Although we only offer a full-time track, circumstances may change for a student, and they may be unable to complete the program in a timely manner. In this case, a student may petition to go part-time. The Clinical Committee will decide this petition on a case-by-case basis.

Class attendance is mandatory. See the Policy on Attending Classes below.

**Required Sequence of Courses for
MS in Clinical Leading to MFT or LPCC Licensure**

First Year		
Fall Semester		
PSYC 203A	Clinical Assessment	3 units
PSYC 211	Advanced Child Psychopathology	3 units
PSYC 222	Ethnic and Gender Issues in Counseling and Psychotherapy	3 units
PSYC 228	Professional Ethics for Psychologists	3 units
PSYC 258	Methods of Psychotherapy/Counseling Procedures	3 units
		Total: 15 units
Spring Semester		
PSYC 209	Modern Family	3 units
PSYC 210	Advanced Adult Psychopathology	3 units
PSYC 212	Life Span Development	3 units
PSYC 225	Group counseling	3 units
PSYC 232	Clinical Psychopharmacology	3 units
		Total: 15 units
Second Year		
Fall Semester		
PSYC 224A	Clinical Psychology Practicum I	3 units
PSYC 243	Field Work	3 units
PSYC 260	Crisis & Trauma counseling	3 units
PSYC 226	Addictions Treatment	3 units
PSYC 298	Masters project	3 units
		Total: 15 units
Spring Semester		
PSYC 208	Family Therapy (Family and Couples)	3 units
PSYC 224B	Clinical Psychology Practicum II	3 units
PSYC 243	Field Work	3 units
PSYC 291	Methods & Design for Applied Research	3 units
PSYC 298	Masters project	3 units
		Total: 15 units
60 units required		TOTAL: 60 units

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Policy Regarding Missing Classes

It is the policy of the MS Clinical program that graduate students are required to attend all classes as scheduled.

Illness and health issues

Given this policy, it is understandable that students may miss one class meeting during the semester for unanticipated reasons including illness, family emergencies, or other health related issues. Students are expected to contact the course instructor before missing the class, and when that is not possible to contact the instructor as soon as possible. Please be aware that each class may have a different policy on whether students can zoom or call into class or not if they can't come to campus.

Incomplete or missing coursework will be arranged with completion dates if this is possible. Not all missing coursework may be able to be completed if a class is missed.

Fieldwork demands

Faculty members in the MS Clinical Program appreciate the challenges faced by students on fieldwork trying to balance the schedule set by the graduate program and that set by the agency. Sometimes these schedules conflict, particularly around trainings that occur early in the semester.

Overall, it remains the policy of the program that students must prioritize course attendance and MS Clinical program obligations above schedules set by agencies. Course times cannot be changed to accommodate agency scheduling.

Typically, students and agencies work these issues out without a problem. Often agency supervision times can be adjusted, and when they cannot, students can be reassigned to another supervisor.

In many cases, students can miss one class per semester for training with the prior approval of the instructor before the class is missed and before the student commits to missing that day of class. It is rarely the case that students can miss more than one class for agency related trainings, as that represents a substantial absence from the curriculum for that semester.

Outside employment

Outside employment does not constitute an acceptable reason to miss classes while a graduate student in the MS Clinical program. Class work missed when absent for this reason may not be able to be made up (subject to instructor discretion).

Program response to missing several classes

Missing more than one class in a semester can make it difficult to successfully pass a graduate level course. When students miss more than one class, the instructor will discuss this with the student and may bring the issue to the Clinical Committee for discussion and further action depending on the number or absences, the content missed, and the reasons for missing class.

Please note that your second year consultation meetings count as classes because they satisfy the requirements for Psyc 243 (fieldwork), Psyc 224 (consultation), and Psyc 298 (2nd year comps). Missing more than one of those meetings can result in failing the course, probation, and possible dismissal from the program.



Program Learning Outcomes and University Learning Goals

List of MS Clinical Program Learning Outcomes (PLOs)

1. Interventions and evidence-based applications
 - 1.1 Students will be able to apply, compare, and contrast a variety of psychotherapy theories and implement at least one chosen theory or intervention with clinical case material
 - 1.2 Students will be able to evaluate, select, and implement empirically supported clinical interventions for clinical case material and clients

2. Communication and case presentation
 - 2.1 Students will be able to integrate and communicate clinical case material
 - 2.2 Students will be able to synthesize contextual and cultural variables into their understanding of and presentation of client materials
 - 2.3 Students will effectively respond to queries about clinical material and engage in discussions about their clients with supervisors and peers
 - 2.4 Students will be able to analyze cases other than those they are treating, applying theories, principles, and relevant empirical findings to those cases

3. Competent Assessment and Evaluation
 - 3.1 Students will be able to evaluate, select, and implement different assessment devices and strategies for assessing client outcomes and processes of change over the course of treatment including nomothetic and idiographic approaches

4. Professional clinical practice
 - 4.1 Students will demonstrate competency consistent with professional standards of practice in areas including, but not

limited to, psychotherapy theory, service delivery, ethics, assessment, research methods, family/couples therapy, cultural diversity and humility, risk management and safety planning, psychopharmacology, and issues relevant to adult and child clinical populations

5. Preparation and meeting professional licensing requirements
 - 5.1 Students will demonstrate fulfillment of coursework and other pre-degree licensing requirements outlined by the Board of Behavioral Sciences

Map of PLOs to University Learning Goals (ULGs)

<p>ULG 1 – Specialized Knowledge PLO 1: Interventions and evidence-based applications</p>
<p>ULG 2 – Broad Integrative Knowledge PLO 2: Communication and Case presentation</p>
<p>ULG 3 – Intellectual Skills PLO 1: Interventions and evidence-based applications PLO 2: Communication and Case presentation PLO 3: Competent Assessment and Evaluation</p>
<p>ULG 4 – Applied Knowledge PLO 1: Interventions and evidence-based applications PLO 2: Communication and Case presentation PLO 3: Competent Assessment and Evaluation PLO 4: Professional clinical practice</p>
<p>ULG 5 – Social and Global Responsibilities PLO 4: Professional clinical practice PLO 5: Preparation and meeting professional licensing requirements</p>

Alignment-Matrix of PLOs to Courses

PLO 1. Interventions and evidence-based applications

- 1.1 Students will be able to apply, compare, and contrast a variety of psychotherapy theories and implement at least one chosen theory or intervention with clinical case material
 - PSYC 208, 210, 211, 224A/B, 243, 258, 298
- 1.2 Students will be able to evaluate, select, and implement empirically supported clinical interventions for clinical case material and clients

- PSYC 208, 210, 211, 224A/B, 225, 226, 243, 258, 260, 298

PLO 2. Communication and Case presentation

2.1 Students will be able to integrate and communicate clinical case material

- PSYC 210, 211, 224A/B, 226, 243, 260, 298

2.2 Students will be able to synthesize contextual and cultural variables into their understanding of and presentation of client materials

- PSYC 209, 212, 222, 243, 298

2.3 Students will effectively respond to queries about clinical material and engage in discussions about their clients with supervisors and peers

- PSYC 210, 211, 243, 298

2.4 Students will be able to analyze cases other than those they are treating, applying theories, principles, and relevant empirical findings to those cases

- PSYC 243, 298

PLO 3. Competent Assessment and Evaluation

3.1 Students will be able to evaluate, select, and implement different assessment devices and strategies for assessing client outcomes and processes of change over the course of treatment including nomothetic and idiographic approaches

- PSYC 203A, 208, 210, 211, 226, 243, 298

PLO 4. Professional clinical practice

4.1 Students will demonstrate competency consistent with professional standards of practice in areas including, but not limited to, psychotherapy theory, service delivery, ethics, assessment, research methods, family/couples therapy, cultural diversity and humility, risk management and safety planning, psychopharmacology, and issues relevant to adult and child clinical populations

- PSYC 210, 211, 224A/B, 228, 232, 243, 258, 291, 298

PLO 5. Preparation and meeting professional licensing requirements

5.1 Students will demonstrate fulfillment of coursework and other pre-degree licensing requirements outlined by the Board of Behavioral Sciences

- PSYC 210, 211, 224A/B, 228, 243, 298
- MS Clinical committee reviews student preparation and

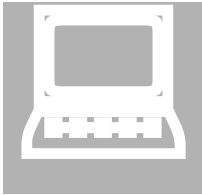
professionalism each year

- This is indexed by satisfactory completion of all courses and fieldwork evaluations
- This is required by satisfactory performance in all courses and PSYC 298 in the second year for the 2nd year comprehensive exams
- The program assesses this with post-graduation licensing examination pass rates



Registering for classes

Determining your Courses



Your required courses are listed in section 8. The actual times that these classes will occur will be listed in the *Schedule of Classes* put out each semester by the University. These schedules are typically available on-line through <http://MySjsu.edu>. The Director of the Program will try to have the next semester's schedule (time of classes) available before it is published by the university. Typically, however, the days and times of the courses are out of the instructor's (and the Director's) control.

Remember that all of the courses you take while a graduate student have top priority in your scheduling. This includes fieldwork placement meetings, outside work, personal appointments, and so on. It is neither acceptable nor professional to ask a faculty member to schedule an event (e.g., a test) or a class meeting time around your needs. If you have time conflicts, do approach the faculty member and explain your situation. Do not demand a change, but do have a conversation about the conflict. A solution will likely present itself if you do approach the problem this way.

Getting the add codes

You will need add codes for many if not all of the MS Clinical courses you take as a graduate student. You can get these by requesting them from the instructor of that class. They will give you the codes for each of your classes. These are the add codes you will enter using the on-line registration.

Using on-line registration

In order to register for classes, you will need to use SJSU's on-line registration system available at <http://my.sjsu.edu>. To use this system you will need a user ID and password that are sent to you by Admissions. Go to the website for questions and answers in this process.



Second-Year Comprehensive Exam

In the second year, the major milestone is the 2nd year comprehensive exam. The 2nd year comprehensive exam is based on an extensive case conceptualization paper with an oral presentation and defense of a client the student has treated during the course of their training at SJSU.

Please note that the guidelines provided here are for the comps at the time of this printing. *These guidelines CAN and DO change.* The Program Director will provide the guidelines for the year you take the exams.

Purpose of the 2nd Year Comps

The purpose of the 2nd year comprehensive exam is to (1) to identify and potentially ameliorate core deficiencies in student knowledge and application of clinical skills; and (2) to enable students to evidence applied knowledge in a variety of ways that allow them to continue toward graduation and licensure. Performance on the 2nd year comprehensive exam is required to meet minimal competency as defined below.

Students who fail the 2nd year comprehensive exam are typically granted one additional opportunity to pass, typically through re-writing sections of the 2nd year comprehensive exam. **Failure to pass the 2nd year comprehensive examination by the second attempt will result in dismissal from the graduate program.**

The 2nd year comprehensive exam is an opportunity for students to demonstrate their knowledge gained throughout the program.

2nd Year Comps

The 2nd Year Comp is completed in two phases. The first phase is the written portion, and the second is the oral portion. This is considered your master's project and is part of the letter sent to graduate studies verifying you have completed your graduate school culminating experience. In this way, it is your version of a masters' thesis, though our 2nd year comp is called a "project" by SJSU.

You will write one practice of the 2nd year comp in your consultation group in the Fall semester and the official 2nd year comp in the Spring semester. You will discuss the comp and the progress you make in the consultation group you are assigned to (PSYC 224), and you receive units for the written product (and orals) by registering for the PSYC 298 course in the Fall and Spring semesters of your second year. The consultation group faculty member will discuss with each student the development of the comp, but the writing will be entirely the responsibility of the student.

You are expected to write a complete comp for the Fall semester, and you must complete a professional, thorough, complete comp to earn credit for the PSYC 298 units.

In the Spring semester your comp will be officially evaluated as part of your culminating experience. This **must** be a different case than the client you wrote about in the Fall semester of your second year for the practice comp. You must earn a grade of credit for this course to graduate from the clinical program and earn your master's degree.

The Written Portion

The written portion of the 2nd year comp evidences your conceptualization, treatment development, and how you conducted professional and ethical therapy for a specific client you have seen in your training as a student in the MS program on your fieldwork placement.

To clarify, the purpose of the comp is to show your ability to conceptualize a case from within a theoretical perspective, to show how you employ evidence based practice (including using the literature and tracking data), to demonstrate ethical practice, to show an understanding and appreciation of contextual features including gender, ethnicity, and family variables, and to show how you made use of supervision. In the oral portion of the exam, the purpose is to show how you can respond to questions about your case based on your presentation including issues related to crisis management, ethical dilemmas, the use of supervision, and so on.

This must be a case you have **not** written about or received graded feedback in another context (including your practice comp in the Fall semester). It is (of course) acceptable to have discussed such cases in supervision and fieldwork.

You cannot self-plagiarize from work done for other classes. You must thoroughly reference all of your work from resources in the literature. Remember that plagiarism is only plagiarism (read as *unethical*) when you have turned in a paper and are claiming the content as yours. If you are not sure what is acceptable and not acceptable, just ask before you turn in the assignment.

A 2nd year comp should never contain more than a few lines of text about a theory in the absence of your client. Said more plainly, you do not write a theory section and then an application section (as may occur in some types of assignments for other courses). Instead, you will write about the theory in the context of *this* client. For example, do not provide a “book report” on cognitive therapy and then talk about your client from that perspective. You will write about your case as you understand *this* client with *these* problems from within *this* perspective. If you try to separate these two issues, client from theory, you will not be able to demonstrate your conceptualization skills in any real way.

Similarly, diagnosis and assessment as well as contextual variables (e.g., gender and ethnicity factors) and legal and ethical issues must be presented as they relate to this client with these problems. You are free to write about real applications of psychotherapy such as the use of cognitive-behavioral interventions (CBT), not “pure” cognitive or “pure” behavioral interventions. That said, be very careful about using eclectic interventions that do not allow you to show how you understand the mechanism of the problem and the mechanism of change as you approached this client with treatment.

General Guidelines

Formatting: Papers should be no more than 35 double spaced pages in length (excluding title page, figures, appendices, and references), and must be written in APA style, using a 12 pt font. Successful papers will not be less than 30 pages. Be certain to use the most current version of the APA Publication Manual. Include a cover sheet with title, name, student identification number, and date. Your student identification number should be on the top right corner of each page as a header. Your consultation group leader will let you know how to submit the final copy. Papers with more than 2-3 typographical (spelling) errors will be returned for rewriting. Having a

paper returned is grounds for failing the first attempt of the comp, so please make use of grammar and spelling check programs and proofreaders.

Case Selection: The comp will be on a client you have seen for a reasonable period in a clinical setting. The case used cannot be one used in any other write-up. The case you choose for the final spring semester comp write-up cannot be the case you use for the practice comp write up in the Fall semester. The case should be an individual client whether in the context of individual therapy or a child or adolescent seen as part of family treatment. The case should not be an individual seen in group therapy. You can choose a couple for the comp, but be certain to discuss this with your consultation group leader before beginning to write the comp. You should have seen the client for at least 6 to 8 sessions for this task (3-4 sessions for the practice comp).

Content Quality: The general purpose of this culminating experience project is to demonstrate your ability to write and defend a concise, yet comprehensive case study of a therapy client from a theoretical and professional perspective. Extensive reading, particularly in the theoretical orientation and discussion of contextual variables you choose to incorporate into diagnosis and treatment, will be necessary. You are encouraged to discuss general theoretical issues with faculty to enhance your level of understanding and to clarify your thinking process; however, specifics of your comprehensive exam write up will always be your own. You are encouraged to show your work to other students, solicit feedback, and discuss the case with them. Again, all writing must be yours.

Faculty typically give written feedback on sections of the first semester write up as the student works on those sections. For the second semester comp (official culminating experience comp that is defended orally), faculty give verbal feedback only during consultation meetings, with no written feedback. Students can also bring in questions at any time, however faculty will not give written feedback on the second semester (final) comp.

Grading Procedures: Each written comprehensive will be read by your consultation group leader who helped develop the case. The same faculty member will serve as the student's oral examiner. A passing score of 80% on the case study is required to move to the oral exam (grading criteria are below). The student will be typically be notified whether they received a passing score within two weeks after receipt of their paper.

If the student receives a failing score, typically a second faculty reader of the exam will read the written exam. This is not required for the first failure and rewrite (second attempt) of the exam. If the student fails the rewrite (second attempt) of the exam, a second reader will be assigned to confirm the failure of the written portion. If the second reader determines that the **second**

attempt written portion is failed, the student will be disqualified from the program, will receive a no credit grade for PSYC 298 and cannot graduate from the program.

Due Dates: The written comprehensives will typically be due on the Friday immediately following Spring Break. The Oral Examination will follow approximately 1-3 weeks after receipt of the written exam.

Content and Scoring of the Written Portion

The following outline is required to complete the comprehensive exam. While there is room for personal judgment as dictated by your specific case, keep in mind that a comp exam will, *at the very least*, cover each of the outlined areas. The sequencing of information should follow the format below. You should identify each section with a header, but you do not repeat the entire question as listed below.

Your instructor for your Consultation Team will be the primary grader of your comps. A second reader may be used for the comps under some circumstances.

- **Background (10 pts)**
 - Include reason for referral, client demographics/identifying information, description and history of presenting problem.
 - Do NOT include any true or actual identifying information of client, place of employment, etc.
- **Context (15 pts)**
 - Client's place in context of interpersonal and family dynamics
 - Role of gender, ethnicity, and culture for this client; socioeconomic factors
 - State how these contextual variables can impact the presenting problem and the course of treatment.
- **DSM-5 diagnosis, including differentials (15 pts)**
- **Assessment/Evaluative Data (20 pts)**
 - Include data taken at intake and assessment sessions.
 - Include standardized or nomothetic AND idiographic devices used to assess problem severity and track treatment progress; illustrate with graphs/tables in appendix
 - Be sure to identify the rationale behind the selection of your measures.
 - Figures/graphs do not count in 35-page limit

- **Theoretical Formulation (50 pts)**
 - Describe and discuss your theoretical orientation in terms of what it says about mental health in the context of this client and the identified problems they have. You may have a few statements that are more generic (i.e., why are some people healthy and others not? What leads to dysfunction?), but you really need to focus on the application of statements of the mechanism of the problem (theoretical origin of that type of psychological distress) and the mechanism(s) of change in the context of this client with these problems. (20 pts)
 - State how contextual features of this case are part of your conceptualization of the problems and treatment for this client. (10 pts)
 - Identify and interpret relevant literature, including treatment outcome studies that support your approach to this case. (10 pts).
 - How would an *alternative* theoretical conceptualization of this client prove useful in your understanding or treatment? Briefly provide an example of a case formulation for this client using another theory (10 pts).

- **Describe the *process* and *progress* of treatment (20 pts)**
 - This section should include discussions of change in process and progress measures used for this case. Identify how the client changed towards the outcome goals (progress) and how you can show the client changed due to your proposed mechanism of action (process).
 - This includes what you did when components of your treatment plan did not prove effective (what modifications did you make based on theory) as well as how treatment progressed (e.g., how things went)

- **Legal and Ethical Issues (20 pts)**
 - What specific legal or ethical issues did you encounter or would you anticipate? Discuss solutions.

- **Supervision (10 pts.)**
 - Address how supervision contributed to the development and treatment of this case.
 - e.g., How did you utilize supervision? What could have been done differently with supervision?

- **Doing Things Differently (10 pts.)**
 - Describe how you might approach therapy differently now that you have done some or all of the therapy.

- **Personal Issues** (10 pts.)
 - Describe and address any personal issues raised while treating this client.
 - Address any "mistakes" you made and what you were able to learn from them.

- **Writing and References** (20 pts.)
 - Writing style, grammar, spelling, and professionalism will be evaluated.
 - Reference all materials used and be able to present this material if requested by a reader.
 - APA style **must be used** for all in-text references as well as in the reference list.
 - All references in the text must be cross-checked for being in the reference section and vice-versa.

Total Points: 200

Criteria for passing:

- All sections above must be scored at 70% or better.
- Overall score must meet or exceed 80% to proceed to the oral defense

The Oral Portion of the Exam

If and when students pass the minimum criteria for the written portion of the 2nd year comp, then they will have an oral portion of the comp scheduled. The oral portion provides time for students to briefly present the same case that was described in the written portion, to interact with other students about each other's cases, and to field questions about their cases from faculty member examiners. Examiners will ask students questions about each case, initially about their own, then about other students who are also being examined that day. These questions may be to clarify what was written, to amplify specific features of the case, or to pose questions about hypothetical scenarios. The following are general guidelines for oral portion of the 2nd year comp.

Typically two to three hours will be allotted for the oral examination, including time for feedback. Students will be notified of their pass/fail status prior to leaving the oral exam and will be given feedback on their performance.

Two faculty will serve as oral examiners. One will be your Consultation Team leader and the other will be a different faculty member. The identity of the second faculty member will typically not be known until after the written exam

has been turned in. You should write the comp as if the entire faculty were reading it.

The second examiner will not typically pass or fail the written portion, your Consultation Team leader will primarily perform that task. Again, under some circumstances a second reader may be brought in to grade the written portion.

A passing evaluation is needed on the oral examination by both faculty members to qualify for graduation.

It is important to remember that you are writing to more than one audience when you complete the written portion of your comp exam. Certainly, your consultation group leader is one audience, but your second faculty oral examiner will also be an audience member. You will not know who this person is in advance, so your writing needs to address program goals and objective and should not be tailored to one specific to one reader.

Evaluation of the Oral Portion

1. The oral examinations will typically be conducted in group format.
2. Between two and three hours are typically allotted for the student orals for the whole group including time for feedback.
3. The faculty oral examiners will have read and evaluated the written portion.
4. The format of the oral exam will be similar to that of a case conference or case presentation to colleagues. Students will be expected to show depth of coverage, breadth of knowledge, professionalism, understanding of ethical issues, all no obvious omissions, errors, or gross dysfluencies.
5. Criteria/Areas of Feedback.
 - a. Organization and coherence
 - b. Demonstration of maturity and non-defensiveness in case presentation including an ability to see strengths and weaknesses of how the case was conceptualized, an ability to generate alternative approaches and the strengths and weaknesses of doing so.
 - c. Demonstrate insight into any additional training that would be helpful.
 - d. Ability to answer specific questions about the case including ethical and professional questions.
6. General feedback and a pass or fail grade will be provided to student by the end of their examination hour(s).
7. Questions will be asked of (1) students' own cases and (2) other students' cases. Therefore, each student will be required to read each

other's case papers before coming to the oral presentation meeting. The evaluation will be based on each students' answers about their own case write ups as well as about others' cases.

8. The Oral Exam will take place approximately 1-3 weeks after submission of the written portion of the 2nd year comps.
9. If the oral portion is evaluated as not passing (a fail), a second faculty evaluator may be called in to sit in the oral exam second administration with the original oral examiner.
- 10. If the student fails the second oral administration, they will receive a no credit grade for PSYC 298, and will not graduate from the program.**



Writing Resources

Writing is an essential aspect of graduate training in clinical mental health counseling. These skills are used daily by professionals in the field. It is essential that graduate students in the program possess adequate proficiency in graduate level writing. Writing about clinical material in a clear and professional manner is one essential skill of becoming a competent psychotherapist. Much of our work as mental health professionals is done in writing and presenting written reports.

According to University policy, all classified graduate students will be required to demonstrate their competency with regard to writing skills as a requirement for the awarding of the Master's degree (referred to as Graduate Writing Assessment Requirement or GWAR). This requirement will be satisfied in the MS Clinical program through the successful completion of Psychology 203A.

For those students not yet comfortable with their writing, we strongly encourage you to seek additional assistance with writing skills. The writing demands on graduate students are intense, and we want all of our students to have a successful experience in the program.

Our assumption is not that you will go on to a career in research and writing for publication. However, part of evidence based practice is writing and referencing the literature. You are required to do this in the style set by your field, psychology.

To that end and in addition to requirements for writing, it is expected that all MS Clinical graduate students be sufficiently proficient in the current edition of the *Publication Manual* by the American Psychological Association, the writing standard in the field of professional psychology. In the event that a student is not competent with this type of writing, they may be required to complete additional requirements set forth by the program. You can access details about APA style through the Purdue OWL website, which provides specific examples of how to write in APA style

(https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html).

SJSU Writing Center

The Writing Center is a great resource and has seminars specifically for graduate students. To make an appointment or to refer to the numerous online resources offered through the Writing Center, visit the [Writing Center website](http://www.sjsu.edu/writingcenter) at <http://www.sjsu.edu/writingcenter>.



Student Insurance

Professional liability insurance is **required** before you begin seeing clients in the second year as part of your fieldwork experience. It usually takes 3-4 weeks to acquire insurance, so you should apply toward the end of your second semester in the program.



You **will be required** to show your supervisor a certificate of insurance prior to seeing any clients on fieldwork.

Below are some resources for obtaining insurance. The requirements for insurance vary depending on the carrier. Contact the individual carriers to determine rates and requirements.

Some possible carriers

CAMFT – offers student level insurance on their website



Getting Involved

We strongly encourage you to join a professional organization. A student membership in one or more of the following professional organizations will provide you with important information necessary for professional development (i.e., updated licensing regulations, upcoming seminars, current issues in the field, literature review, etc.).

Each professional organization has local chapters and/or related affiliations, which may closely relate to your area of specialization; they will provide a list when you request an application.

California Association of Marriage and Family Therapists (CAMFT)

3465 Camino del Rio South, Suite 350

San Diego, CA. 92108

(619) 280-0505

www.camft.org (membership application available online)

[Local Chapters of CAMFT: You must first join at the state level before joining the local chapter]

Association of Behavioral and Cognitive Therapies (ABCT)

abct.org

American Psychological Association (APA)

Membership Records

1200 17th Street NW

Washington, D.C. 20036

www.apa.org

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Counting Hours of Experience



Please note that the BBS is continually re-evaluating how hours count and in which categories. It behooves the MS Clinical student to stay abreast of these requirements by going online to their webpage. The *MS Clinical Mental Health Counseling Fieldwork Packet* provided to SJSU's MS Clinical graduate students will have more details on all of this. **It is the student's responsibility to ensure that they are tracking hours and completing relevant BBS paperwork as needed for licensure.** Program faculty, including the director, are happy to attempt to answer students' questions. Students should be aware that their practicum supervisor will have the ultimate say in what hours they will and will not sign for.

You should also be aware that the LPCC and MFT licensing requirements are very different with respect to the number of and type of hours that count toward pre-degree requirements and toward application to licensure. Pre-degree hours required for the MFT do count toward the 3000 required hours. However, pre-degree hours required for the LPCC do NOT count toward that 3000. There are more hours required of the LPCC student (pre-degree) as well.

There are specific forms for each of the two paths, LPCC and MFT. These must be completed and tracked in order to apply to either or both licenses. You cannot use MFT forms for your LPCC application for licensure. While you can use hours gained for both, you cannot use the same forms.

Finally, please note as discussed below that you cannot count hours until you are enrolled and have begun PSYC 243 in the Fall semester. You can go to trainings and do some other non-therapy tasks before the classes begin at SJSU (i.e., the official start of the semester) but you cannot count clinical therapy hours until then.



Fieldwork Placement

The MS Clinical degree requires a minimum of 6 units of fieldwork/pre-degree internship experience. All first year classes must be passed with a B or higher before starting external fieldwork placements. Additionally, faculty evaluations of student progress in the program must be deemed satisfactory. This allows some assurance that students are ready for more independent work in the community.

Accrual of licensing hours earned through community placements cannot begin until you are enrolled in the Fieldwork seminar. In other words, **you may not begin your fieldwork placement and receive licensing hours or credit for Psychology 243 until the Fall semester begins of your second year.** This is a legal requirement set by the BBS and supported by SJSU. The licensing board does not allow you to begin this process in the summer.

When you go on fieldwork is determined by courses taken more than the semester or year. If you modify your program of study, or if you do not pass specific courses in the first year of the program, this will change if you can go on fieldwork.

The ***SJSU MS in Psychology Fieldwork Packet*** has much of the information below and in much more detail. It covers both the MFT and LPCC hours requirements and necessary work towards licensing.



Employment at an agency while being a pre-degree intern. Your fieldwork placement (sometimes called an internship) is attached to your coursework at SJSU and is performed for course credit. While some fieldwork placements have stipends or other financial awards attached to them, students, as trainees, are **not** considered employees of the agency where they have their fieldwork placement.

Although students are sometimes offered employment while they are trainees (sometimes in the first semester of their placement), the clinical faculty have observed that students who become employed while on placement can have

serious challenges with completing the program. This is due largely to the number of client hours and other demands placed on the employee versus those limited by the status of trainee.

We strongly encourage any student considering becoming an employee while pre-degree as a trainee speak with the director of the program before agreeing to that contract.

The clinical faculty understand the importance and value of being paid for one's services, but the increase in workload can sometimes make it impossible for students to complete program requirements and graduate from the program.

Above all, we want students to succeed in the program, to become well trained clinicians, and to complete all program requirements to successfully graduate.

Course requirements

You enroll in two courses attached to your fieldwork placement. The first is PSYC 243, and you earn course credit for completing the fieldwork experience. The second course is PSYC 224A/B, where you engage in small group consultation about cases with SJSU clinical faculty members to help develop your case conceptualization skills and professional development.

There is no fully standardized method of teaching the course connected to the consultation you receive with clinical faculty (PSYC 224A/B). Students register for PSYC 224A and 224B to earn course credit for these meetings. During the course, students are able to discuss questions or problems in their placements, as well as present on treatments and cases. If you have any questions regarding fieldwork, please contact the current instructor of fieldwork or the Director.

MFT requirements

Students are required to complete a *minimum* of 12 hours per week at their placement when registered for 3 units. For the MFT, students must have a maximum of 5 contact hours per 1 unit registered. This means, the student should have no more than 15 client hours per week for a 3 unit course.



The Board of Behavioral Sciences requires that students accrue a minimum of 150 hours of face-to-face counseling experience during the practicum experience (before graduation), a requirement that is typically met without difficulty in the normal course of the program. In addition, there are 75 required hours engaged in client-centered advocacy or face-to-face experience counseling individuals, couples, families, or groups.

Note that the total pre degree hours for MFTs is 225. 75 hours can be client-centered advocacy (CCA), but the other 150 hours must be face-to-face hours (individuals, couples, families, groups). If you have 225 hours face to face, that is great. If it is less, you can fill it with CCA, as long as you have the 150-hour minimum.

Note, that as far as can be determined, supervisors may sign off on CCA at their discretion. This means, they may or may not endorse these hours. They **MUST** be signed off if required to meet the 225 hour pre-degree minimum to graduate (because the student intern meets the 150 face-to-face hours but not the total of 225).

The BBS definition of CCA and the requirement for pre-degree hours from the BBS website: *What is client centered advocacy (CCA)?* States that

CCA is defined in Business and Professions Code (BPC) Section 4980.34(h) as including, but not limited to “researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.” at http://www.bbs.ca.gov/pdf/publications/mft_sup-exp_changes_sb33_faq.pdf

Please note: The 150 face-to-face client contact hours are ACTUAL clients seen, not just scheduled.

Students should note that it is *likely* that their placement will require more hours than those required by the fieldwork class. You must honor your contract with the agency, even if it means exceeding hours required by the program. If you feel the demands by the agency are excessive, discuss this immediately with your consultation team faculty member or Director.

Extra hours will count toward licensing up to the limit set by the BBS.



Applicants for the MFT license may have no more than 750 pre-degree experience, and they must have at least 1,700 hours of post-degree experience. Applicants for the MFT license must have 3,000 total hours.

NOTE: If you do not have the requisite 150 face-to-face direct contact hours, you will **not be able to earn credit for PSYC 243 nor graduate until those hours are completed.** This may mean your degree is awarded in the Summer or in the next Fall semester. You cannot earn your degree until this 150-hour minimum is completed.

LPCC requirements

Note that for the LPCC a minimum of 280 supervised hours providing face-to-face clinical counseling of individuals, families or groups. Also note that none of these pre-degree hours count toward the 3000 required to sit for licensure.

Also keep in mind that you will need to take a Career Counseling course. At SJSU this is EDCO 266, Education and Career Planning (3 units).



Please note that the LPCC hours requirements are difficult to obtain in the two semesters that most students are on placement. To date, about half of those pursuing the LPCC are able to complete the 280 face-to-face direct clinical contact client hours requirement before the Spring semester ends of the second year.

In the event that students wish to continue pursuing the LPCC, the option is open to delay graduation until August of that summer following the second year. Students may still participate in commencement, but the student **MUST file a delay of graduate form with Graduate Studies**, and the Director will file the Culminating Experience Memo AFTER the hours have been completed.

As of now, there is no university requirement to register for a class over the summer if continuing to pursue those hours. However, if the student is still pursuing hours in the following Fall semester, that student **MUST** register for the Fall semester (which would be the student's third year).

This decision process **MUST** be discussed with the Director of the Clinical Program. It is often easily done and completely fine, but it cannot be done without the Director's approval.

NOTE: If you do not have the requisite 280 face-to-face direct contact hours, **AND** you wish to continue to pursue the LPCC (which is completely optional), you will **not be able to earn credit for PSYC 243 nor graduate until those hours are completed.** This will mean your degree is awarded in the Summer

or in the next Fall semester. You cannot earn your degree until this 150-hour minimum is completed.

Choosing a placement

Fieldwork placements will be facilitated by the program director. The program director will help provide information and contacts with fieldwork placement sites and supervisors. Be sure to speak to second year students, as they are out on placements and have a lot of knowledge to share!

Most placement application deadlines are in February and March. Each agency will have their own deadlines and forms. You can meet many agencies at the annual fieldwork fair in January. This is sponsored by the School of Social Work and usually occurs in January prior to the start of the semester. Although some students are unable to attend the fair, we recommend prioritizing it in order to make connections with sites in which you're interested. We will let students know about the fieldwork fair date when we find out each year.

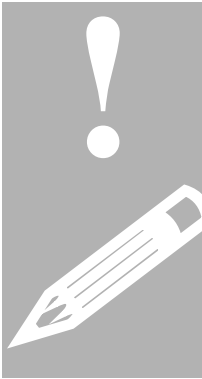
Searching for a fieldwork placement can be a trying and time consuming process, which requires forethought about career goals and current capabilities. Students are urged to pursue placements that will allow them to acquire a broad range of experiences. Specialization is best accomplished during the more advanced stages of training. In deciding on a placement, it is important to obtain answers to the following questions:

- What kind of supervision am I guaranteed?
- With whom would I be working as a supervisor?
- What is the orientation to therapy?
- What is the length of the commitment? Hours per week?
- What responsibilities are included in a typical week?
- What are the in-service training opportunities?
- Will I be allowed to participate in staff meetings?
- How are interns treated?
- Who does the agency service (clients)?
- Is there a current intern I can talk to?
- Are interns involved in doing intakes?
- Does this match with my professional goals?

The program requires that each placement must, at a minimum, provide the following:

- a. A supervisor who has been licensed for the required number of years set by the BBS.

- b. A minimum of one hour of individual supervision each week per five client hours. While completing pre-degree hours, you will be classified as a trainee (see section V). (Note: Interns must have an average of one hour of supervision or two hours of group supervision, as long as the group is made up of eight or fewer individuals.) The BBS requires that an applicant for licensure must have received one hour of individual supervision per week for at least 52 weeks of training as either a trainee and/or intern.
- c. A supervisor is on site or readily available at all times.
- d. A broad range of clinical experiences is provided.



NOTE: You **MUST** file your **Fieldwork Contract** with the Program Director before you formally accept an offer with a fieldwork agency. Failure to do so may result in you having to decline their offer. This can and will damage your and the Program's relationship with the agency. Please do not do this.

The following BBS forms must be completed as you accrue client hours on your Fieldwork placement:

- **Supervision Agreement**
- **MFT Experience Verification**
- **Weekly Summary of Hours of experience**

These forms may be downloaded from the BBS website at: www.bbs.ca.gov. Specifically, go to <http://www.bbs.ca.gov/bbsforms.htm>

FAQs about Fieldwork

Note that this is a brief overview. For all the FAQs from the BBS go to: <http://www.bbs.ca.gov/lic-req8.htm>

What kind of site counts for training?

You may work in any agency that provides the minimum contact and minimum supervision set by both the MS Clinical Program and the BBS. Experience must have breadth and cannot consist of only one type of service provision (e.g., substance abuse counseling).

Trainees may **NOT** work in a private practice.

The health facility must be licensed as defined in sections 1250, 1250.2, 1250.3, 1502, 1760.2 and 11834.02 of the Health and Safety Code.

How many hours per week are required for the placement?

You need 150 face to face hours. This translates to an average number of AVERAGE direct contact hours of 6 contact hours per week for 30 weeks (15 in each semester).

For students who enroll in a qualifying degree program on or after January 1, 1995, the practicum shall include a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

How many hours per week are required for supervision?

As a trainee (fieldwork student) you must be able to show at least one hour of individual supervision or two hours of group supervision for every five hours of direct client counseling.

(1) During each week in which experience is claimed and for each work setting in which experience is gained, an applicant shall have at least one (1) hour of one-on-one, individual, face-to-face supervisor contact or two (2) hours of face-to-face supervisor contact in a group of not more than eight (8) persons receiving supervision. No more than five (5) hours of supervision, whether individual or group, shall be credited during any single week.

Who can be a supervisor?

The BBS maintains information on its website about requirements for supervisors. For example, see

https://www.bbs.ca.gov/pdf/forms/mft/mft_supervisor_information.pdf

How much supervision counts toward licensure as a trainee?

On and after January 1, 1998, only five hours of supervision per week will be credited. However, you may need to document more than five hours per week in order to comply with the ratio counts. Be sure to document **all** hours received on the experience verification form.

What do I need to turn in to SJSU about the field work?

Each student must have the fieldwork supervisor sign a contract between the site and the MS program. Right now, you need to get it from us.

This **must** be returned to the Program Director.

What forms do I need to keep track of for licensure?

These forms are downloadable at: <http://www.bbs.ca.gov/bbsforms.htm>

1. Supervision Agreement

Each supervisor shall provide the intern or trainee with the original signed "Supervision Agreement." The intern shall provide the board with their signed "Supervision Agreement" from each supervisor upon application for licensure. It is the supervisee's responsibility to retain this form from all supervisors and submit it upon application for licensure.

2. MFT (or LPC) experience verification

3. Weekly summary of hours





Graduation Requirements



Helpful tip! Be sure to make and keep an electronic copy of **everything** you turn in to the University for graduation. Sometimes the University misplaces things in the shuffle, and having a copy of what you turned in can be very helpful. This a good tip for licensing requirements, too.

Advancement to candidacy

Advancement to candidacy for the Masters degree will typically occur in the first semester in your second year (usually October 1) provided all courses have been passed satisfactorily with a B- or better (and cumulative GPA is 3.0 or higher). This is the university requirement. Recall that our program requires a grade of B or higher in classes. Any student who receives a grade of “B-” or lower in a required course will be classified automatically as probationary in the MS Clinical Program. Advancement also requires the successful completion of all first-year courses and the approval of the MS Clinical program Committee. Feedback regarding the Committee's deliberations will be provided throughout the student's tenure in the program.

At any point during the program, unsatisfactory performance may result in special requirements being set for the student or the student being dismissed from the program. These actions will be taken by a vote of the Committee and will be based on the following criteria:

1. Academic progress in coursework
2. Professional and personal growth, emotional maturity, and ethical behavior
3. Performance on the 2nd year comprehensive examination



Each student must complete and submit a “**Petition for Advancement to Candidacy**” form by the appropriate deadlines to the Office of Graduate Studies. This must be signed by the Director of the Clinical Program, so be certain to allow yourself time to get a signature. Students should download and complete the appropriate forms from Graduate Studies at <http://www.sjsu.edu/gradstudies>.

The Candidacy form must be turned in by the deadline stipulated by Graduate Studies. This deadline is often at the end of September or the first of October. This must be filed the academic year the student expects to graduate (i.e., the year by October 1 if they expect to graduate in May of the following year).

Note: Failure to meet this deadline will prevent the student from graduating on time.

Graduation

In order to graduate, each student must apply for graduation by February 1 on MySJSU.



Note: Failure to meet this deadline will prevent the student from graduating on time. This is especially important with respect to beginning to earn post-degree internship hours.

Finally, the Director will submit a signed Verification of Culminating Experience form to Graduate Studies. **This can only be filed after fulfilling all of the educational requirements.** This is not a form you are responsible for at all. The Director of the program will turn this in at the close of the semester in May.

Commencement/Graduation

The Psychology department holds its spring Commencement ceremony along with other departments in the College of Social Sciences.

We strongly encourage you to participate in the commencement where you will be hooded for your master’s degree.

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The MFT License

If you are interested in MFT licensure, it is recommended that you obtain the most recent licensing hours and information from:

Board of Behavioral Sciences
1021 "O" Street, Room A-198
Sacramento, CA. 95814
(916) 445-4933
www.bbs.ca.gov



At this time, the MS Clinical program fully meets the coursework requirements for the MFT license. The BBS changes requirements from time to time. When you enter a program, typically, the requirements for an application for an MFT license will stay the same for the year you enter. While it is not expected this will occur, if the program curriculum changes and a portion of that no longer meets the MFT requirements, you will be notified of what is needed for application for licensure. Check out <http://www.bbs.ca.gov/lic-req8.htm> for a great set of FAQs and answers about MFT licensing.

The 'Trainee' (pre-degree Fieldwork experience)

The BBS is responsible for MFT licensure in the state of California. According to the BBS, a student becomes a "trainee" after satisfactorily completing 12 units of graduate work in an approved program. The trainee can earn a maximum of 1300 hours pre-degree across various categories (maximum of 750 hours of counseling and direct supervisor contact, combined).

The 'Associate' (post-degree clinical experience)

An "associate" is one who possesses the master's degree and is working toward licensure. The associate must earn a minimum of 3000 hours before licensure (note that 1300 can be pre-degree hours). 1750 of those hours must be from direct counseling experience, with 500 hours focused on diagnosing and treating couples, families, and children.



A minimum of 2 years of supervised experience (may include both pre-degree and post-degree hours) is required for licensure. For a minimum of 52 weeks, which may be non-consecutive, the student must have at least one hour of individual supervision per week.

Here is a helpful link related to internships in California: <http://www.capic.net/>

Counting hours

In general, the following is to provide an overview of hours. More detailed descriptions are provided in the Clinical Fieldwork Handbook.

That resource tends to be much more up to date and has answers to many of your questions.

Students may apply up to 500 hours of leading group therapy and 250 hour of phone counseling towards the 3,000 required hours. These hours, also, may be accrued either pre- or post-degree.

A maximum of 250 hours of testing, evaluation, report writing, and completing progress/process notes may be applied toward the 3000 hours, but these hours may only be gained post-degree, as progress notes written pre-degree do not count as acceptable hours.

At least 500 of the 3000 hours must be in diagnosing and treating families, couples, and children.

Sitting for the MFT license

Upon completion of the necessary hours, the registered intern may then sit for the MFT exam.

Students should note that all hours must have been gained within 6 years of the date that licensing application is filed. However, 500 hours are exempt from this requirement, assuming they are gained during the supervised fieldwork practicum (that is, in the pre-degree period).

Required Information

**NOTIFICATION TO STUDENTS OF DESIGN OF DEGREE PROGRAM:
CERTIFICATION OF FULFILLMENT OF REQUIREMENTS
FOR STUDENTS IN THE MS CLINICAL PROGRAM
AT SAN JOSE STATE UNIVERSITY**

In accordance with the Business and Professions Code Section 4980.38(a), "Each educational institution preparing applicants to qualify for licensure shall notify each of its students by means of its public documents or otherwise in writing that its degree program is designed to meet the requirement of Section 4980.37 and shall certify to the board that it has so notified its students," we are providing you with a copy of these sections. Please review them carefully.

The MS Clinical program at SJSU meets all of the requirements set by the Business and Professions code for the MFT and LPCC (note that the Career Counseling course is not offered by the Department of Psychology nor is it part of the required 60 units in the program). **Please note that each course syllabus will list how the program meets the requirements for licensing in the section called Licensing Learning Objectives (LLOs).**

If you have any questions, please do not hesitate to contact the Director of Clinical Training or any graduate faculty member in the MS program.

This section is taken from a much larger body. You can view this section and the larger laws and regulations at <http://www.bbs.ca.gov/pdf/publications/lawsregs.pdf>

We encourage you to review the full laws and regulations. Information about the source of this document and contact information for the Board of Behavioral Sciences is listed at the end of these reprinted sections.

BOARD OF BEHAVIORAL SCIENCES
LAWS AND REGULATIONS RELATING TO THE PRACTICE OF MARRIAGE,
FAMILY, AND CHILD COUNSELING, LICENSED CLINICAL SOCIAL WORK,
AND LICENSED EDUCATIONAL PSYCHOLOGY

**§ 4980.36. QUALIFYING DEGREE PROGRAM FOR LICENSURE OR REGISTRATION;
BEGINNING GRADUATE STUDY AFTER AUGUST 1, 2012 OR COMPLETING
GRADUATE STUDY AFTER DECEMBER 31, 2018**

a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for a license or registration, applicants shall possess a doctoral or master's degree meeting the requirements of this section in marriage, family, and child counseling, marriage and family therapy, couple and family therapy, psychology, clinical psychology, counseling psychology, or counseling with an emphasis in either marriage, family, and child counseling or marriage and family therapy, obtained from a school, college, or university approved by the Bureau for Private Postsecondary Education, or accredited by either the Commission on Accreditation for Marriage and Family Therapy Education, or a regional or national institutional accrediting agency that is recognized by the United States Department of Education. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation or approval.

(c) A doctoral or master's degree program that qualifies for licensure or registration shall do the following:

(1) Integrate all of the following throughout its curriculum:

(A) Marriage and family therapy principles.

(B) The principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, among others.

(C) An understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery.

(2) Allow for innovation and individuality in the education of marriage and family therapists.

(3) Encourage students to develop the personal qualities that are intimately related to effective practice, including, but not limited to,

integrity, sensitivity, flexibility, insight, compassion, and personal presence.

(4) Permit an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists.

(5) Provide students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(d) The degree described in subdivision (b) shall contain no less than 60 semester or 90 quarter units of instruction that includes, but is not limited to, the following requirements:

(1) Both of the following:

(A) No less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family systems approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.

(B) Practicum that involves direct client contact, as follows:

(i) A minimum of six semester or nine quarter units of practicum in a supervised clinical placement that provides supervised fieldwork experience.

(ii) A minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups.

(iii) A student must be enrolled in a practicum course while counseling clients, except as specified in [subdivision \(c\) of Section 4980.42](#) .

(iv) The practicum shall provide training in all of the following areas:

(I) Applied use of theory and psychotherapeutic techniques.

(II) Assessment, diagnosis, and prognosis.

(III) Treatment of individuals and premarital, couple, family, and child relationships, including trauma and abuse, dysfunctions, healthy functioning, health promotion, illness prevention, and working with families.

(IV) Professional writing, including documentation of services, treatment plans, and progress notes.

(V) How to connect people with resources that deliver the quality of services and support needed in the community.

(v) Educational institutions are encouraged to design the practicum required by this subparagraph to include marriage and family therapy experience in low income and multicultural mental health settings.

(vi) In addition to the 150 hours required in clause (ii), 75 hours of either of the following, or a combination thereof:

(I) Client centered advocacy, as defined in [Section 4980.03](#) .

(II) Face-to-face experience counseling individuals, couples, families, or groups.

(2) Instruction in all of the following:

(A) Diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, psychological testing, psychopharmacology, and promising mental health practices that are evaluated in peer reviewed literature.

(B) Developmental issues from infancy to old age, including instruction in all of the following areas:

(i) The effects of developmental issues on individuals, couples, and family relationships.

(ii) The psychological, psychotherapeutic, and health implications of developmental issues and their effects.

(iii) Aging and its biological, social, cognitive, and psychological aspects. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

- (iv) A variety of cultural understandings of human development.
- (v) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.
- (vi) The understanding of human behavior within the social context of a representative variety of the cultures found within California.
- (vii) The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing, and malnutrition have on human development.
- (C) The broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures, including instruction in all of the following:
 - (i) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting as specified in [Section 28](#) , and any regulations promulgated thereunder.
 - (ii) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.
 - (iii) Cultural factors relevant to abuse of partners and family members.
 - (iv) Childbirth, child rearing, parenting, and stepparenting.
 - (v) Marriage, divorce, and blended families.
 - (vi) Long-term care.
 - (vii) End of life and grief.
 - (viii) Poverty and deprivation.
 - (ix) Financial and social stress.
 - (x) Effects of trauma.
 - (xi) The psychological, psychotherapeutic, community, and health implications of the matters and life events described in clauses (i) to (x), inclusive.

(D) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(E) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.

(F) The effects of socioeconomic status on treatment and available resources.

(G) Resilience, including the personal and community qualities that enable persons to cope with adversity, trauma, tragedy, threats, or other stresses.

(H) Human sexuality, including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction.

(I) Substance use disorders, co-occurring disorders, and addiction, including, but not limited to, instruction in all of the following:

(i) The definition of substance use disorders, co-occurring disorders, and addiction. For purposes of this subparagraph, “co-occurring disorders” means a mental illness and substance abuse diagnosis occurring simultaneously in an individual.

(ii) Medical aspects of substance use disorders and co-occurring disorders.

(iii) The effects of psychoactive drug use.

(iv) Current theories of the etiology of substance abuse and addiction.

(v) The role of persons and systems that support or compound substance abuse and addiction.

(vi) Major approaches to identification, evaluation, and treatment of substance use disorders, co-occurring disorders, and addiction, including, but not limited to, best practices.

(vii) Legal aspects of substance abuse.

- (viii) Populations at risk with regard to substance use disorders and co-occurring disorders.
 - (ix) Community resources offering screening, assessment, treatment, and followup for the affected person and family.
 - (x) Recognition of substance use disorders, co-occurring disorders, and addiction, and appropriate referral.
 - (xi) The prevention of substance use disorders and addiction.
- (J) California law and professional ethics for marriage and family therapists, including instruction in all of the following areas of study:
- (i) Contemporary professional ethics and statutory, regulatory, and decisional laws that delineate the scope of practice of marriage and family therapy.
 - (ii) The therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage and family therapy, including, but not limited to, family law.
 - (iii) The current legal patterns and trends in the mental health professions.
 - (iv) The psychotherapist-patient privilege, confidentiality, the patient dangerous to self or others, and the treatment of minors with and without parental consent.
 - (v) A recognition and exploration of the relationship between a practitioner's sense of self and human values and his or her professional behavior and ethics.
 - (vi) Differences in legal and ethical standards for different types of work settings.
 - (vii) Licensing law and licensing process.
- (e) The degree described in subdivision (b) shall, in addition to meeting the requirements of subdivision (d), include instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely

mentally ill, and collaborative treatment. This instruction may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(f) The changes made to law by this section are intended to improve the educational qualifications for licensure in order to better prepare future licentiates for practice, and are not intended to expand or restrict the scope of practice for marriage and family therapists.

§ 4980.39. ADDITIONAL COURSEWORK: AGING AND LONG-TERM CARE

1. (a) An applicant for licensure whose education qualifies him or her under Section 4980.37 shall complete, as a condition of licensure, a minimum of 10 contact hours of coursework in aging and long-term care, which may include, but is not limited to, the biological, social, and psychological aspects of aging. On and after January 1, 2012, this coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.
 2. (b) Coursework taken in fulfillment of other educational requirements for licensure pursuant to this chapter, or in a separate course of study, may, at the discretion of the board, fulfill the requirements of this section.
- (c) In order to satisfy the coursework requirement of this section, the applicant shall submit to the board a certification from the chief academic officer of the educational institution from which the applicant graduated stating that the coursework required by this section is included within the institution's required curriculum for graduation, or within the coursework, that was completed by the applicant.
- (d) The board shall not issue a license to the applicant until the applicant has met the requirements of this section.

§ 4980.395. REQUIRED TRAINING OR COURSEWORK: PROVISION OF MENTAL HEALTH SERVICES VIA TELEHEALTH

(a) On or after July 1, 2023, an applicant for licensure as a marriage and family therapist shall show, as part of the application, that they have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth. This requirement shall be met in one of the following ways: (1) Obtained as part of their qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant. (2) Obtained by completing a continuing education course that meets the requirements of Section 4980.54. To satisfy this requirement, the applicant shall submit to the board a certification of completion. (b) As a one-time requirement, a licensee before the time of their first renewal after July 1, 2023, or an applicant for reactivation or reinstatement to an active license status on or after July 1, 2023, shall have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth, using one of the methods specified in subdivision (a). (c) Proof of compliance with subdivision (b) shall be certified under penalty of perjury that they are in compliance with this section and shall be retained for submission to the board upon request.

§ 4980.396. REQUIRED COURSEWORK OR SUPERVISED EXPERIENCE: SUICIDE RISK ASSESSMENT AND INTERVENTION

(a) On or after January 1, 2021, an applicant for licensure as a marriage and family therapist shall show, as part of the application, that he or she has completed a minimum of

six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

1. (1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.
 2. (2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum or associateship that meets the requirement of this chapter, formal postdoctoral placement that meets the requirements of Section 2911, or other qualifying supervised experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.
 3. (3) By taking a continuing education course that meets the requirements of Section 4980.54. To satisfy this requirement, the applicant shall submit to the board a certification of completion.
- (b) As a one-time requirement, a licensee prior to the time of his or her first renewal after January 1, 2021, or an applicant for reactivation or reinstatement to an active license status on or after January 1, 2021, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, using one of the methods specified in subdivision (a).
- (c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

FOR THE LPCC License:

**§ 4999.33. QUALIFICATIONS FOR LICENSURE OR REGISTRATION;
GRADUATE COURSEWORK BEGINNING AFTER AUGUST 1, 2012 OR
COMPLETED AFTER DECEMBER 31, 2018**

(a) This section shall apply to the following:

(1) Applicants for licensure or registration who begin graduate study before August 1, 2012, and do not complete that study on or before December 31, 2018.

(2) Applicants for licensure or registration who begin graduate study before August 1, 2012, and who graduate from a degree program that meets the requirements of this section.

(3) Applicants for licensure or registration who begin graduate study on or after August 1, 2012.

(b) To qualify for licensure or registration, applicants shall possess a master's or doctoral degree that is counseling or psychotherapy in content and that meets the requirements of this section, obtained from an accredited or approved institution, as defined in [Section 4999.12](#) . For purposes of this subdivision, a degree is “counseling or psychotherapy in content” if it contains the supervised practicum or field study experience described in paragraph (3) of subdivision (c) and, except as provided in subdivision (f), the coursework in the core content areas listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c).

(c) The degree described in subdivision (b) shall contain not less than 60 graduate semester units or 90 graduate quarter units of instruction, which shall, except as provided in subdivision (f), include all of the following:

(1) The equivalent of at least three semester units or four quarter units of graduate study in all of the following core content areas:

(A) Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

(B) Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

(C) Career development theories and techniques, including career development decisionmaking models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

(D) Group counseling theories and techniques, including principles of group dynamics, group process components, group developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

(E) Assessment, appraisal, and testing of individuals, including basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

(F) Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

(G) Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

(H) Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

(I) Professional orientation, ethics, and law in counseling, including California law and professional ethics for professional clinical counselors, professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

(J) Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate

referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

(K) Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

(L) Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

(M) Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

(2) In addition to the course requirements described in paragraph (1), 15 semester units or 22.5 quarter units of advanced coursework to develop knowledge of specific treatment issues or special populations.

(3) Not less than six semester units or nine quarter units of supervised practicum or field study experience that involves direct client contact in a clinical setting that provides a range of professional clinical counseling experience, including the following:

(A) Applied psychotherapeutic techniques.

(B) Assessment.

(C) Diagnosis.

(D) Prognosis.

(E) Treatment.

(F) Issues of development, adjustment, and maladjustment.

(G) Health and wellness promotion.

(H) Professional writing including documentation of services, treatment plans, and progress notes.

(I) How to find and use resources.

(J) Other recognized counseling interventions.

(K) A minimum of 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

(d) The 60 graduate semester units or 90 graduate quarter units of instruction required pursuant to subdivision (c) shall, in addition to meeting the requirements of subdivision (c), include instruction in all of the following:

(1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.

(2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.

(3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.

(4) An understanding of the effects of socioeconomic status on treatment and available resources.

(5) Multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability and their incorporation into the psychotherapeutic process.

(6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.

(7) Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual

behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.

(8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

(9) A minimum of seven contact hours of training or coursework in child abuse assessment and reporting, as specified in [Section 28](#) , and any regulations promulgated thereunder.

(10) Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging. This coursework shall include instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

(e) A degree program that qualifies for licensure under this section shall do all of the following:

(1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.

(2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.

(3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.

(f)(1)(A) An applicant whose degree is deficient in no more than three of the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) may satisfy those deficiencies by successfully completing post-master's or postdoctoral degree coursework at an accredited or approved institution, as defined in [Section 4999.12](#) .

(B) Notwithstanding subparagraph (A), an applicant shall not be deficient in the required areas of study specified in subparagraphs (E) or (G) of paragraph (1) of subdivision (c) unless the applicant meets one of the following criteria and remediates the deficiency:

(i) The application for licensure was received by the board on or before August 31, 2020.

(ii) The application for registration was received by the board on or before August 31, 2020, and the registration was subsequently issued by the board.

(2) Coursework taken to meet deficiencies in the required areas of study listed in subparagraphs (A) to (M), inclusive, of paragraph (1) of subdivision (c) shall be the equivalent of three semester units or four quarter units of study.

(3) The board shall make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements, regardless of accreditation.

**§ 4999.66. REQUIRED COURSEWORK OR SUPERVISED
EXPERIENCE: SUICIDE RISK ASSESSMENT AND INTERVENTION**

(a) On or after January 1, 2021, an applicant for licensure as a professional clinical counselor shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum or associateship that meets the requirement of this chapter, formal postdoctoral placement that meets the requirements of [Section 2911](#), or other qualifying supervised experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the

qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of [Section 4999.76](#) . To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) As a one-time requirement, a licensee prior to the time of his or her first renewal after January 1, 2021, or an applicant for reactivation or reinstatement to an active license status on or after January 1, 2021, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, using one of the methods specified in subdivision (a).

(c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

§ 4999.67. REQUIRED TRAINING OR COURSEWORK: PROVISION OF MENTAL HEALTH SERVICES VIA TELEHEALTH

(a) On or after July 1, 2023, an applicant for licensure as a professional clinical counselor shall show, as part of the application, that they have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth. This requirement shall be met in one of the following ways: (1) Obtained as part of their qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant. (2) Obtained by completing a continuing education course that meets the requirements of Section 4999.76. To satisfy this requirement, the applicant shall submit to the board a certification of completion. (b) As a one-time requirement, a licensee before the time of their first renewal after July 1, 2023, or an applicant for reactivation or reinstatement to an active license status on or after July 1, 2023, shall have completed a minimum of three hours of training or coursework in the provision of mental health services via telehealth, which shall include law and ethics related to telehealth, using one of the methods specified in subdivision (a). (c) Proof of compliance with subdivision (b) shall be certified under penalty of perjury that they are in compliance with this section and shall be retained for submission to the board upon request.



Getting Your Own Psychotherapy

Personal psychotherapy hours may be accrued at any time during the program. SJSU has an on-campus Counseling Center providing individual and couple therapy to registered students, up to 6 sessions per semester, at no cost.

The SJSU Counseling Services is located at the Student Wellness Center. Professional psychologists, social workers, and counselors are available to provide consultation on issues of student mental health, campus climate or psychological and academic issues on an individual, couple, or group basis. To schedule an appointment or learn more information, visit [Counseling Services website](http://www.sjsu.edu/counseling) at <http://www.sjsu.edu/counseling>.

You are not required to get your own psychotherapy. At no time will this be an explicit requirement of our program, though the program encourages you to both have this experience and it is useful for coping with stress. There are numerous advantages to receiving psychotherapy for those who want to become therapists:

- You may get help with stress you have during the program
- You may get assistance with issues that emerge during your training
- You may experience what it is like to be a client during therapy

If you have questions about getting your own psychotherapy, please feel free to talk to any of the clinical faculty or the Director of the Clinical Program.

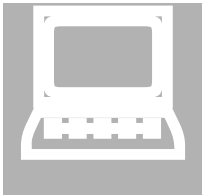
SJSU & Academic Integrity

Clinical Psychology is a field bound heavily by ethics of practice. These extend directly to your training as a student. Any evidence of academic dishonesty (sharing unauthorized materials, plagiarism, cheating, etc.) will be grounds for immediate dismissal from the program.

As stated earlier, there are very explicit rules regarding sharing of materials from other completed courses.

Only upon explicit consent from an instructor may any material from any other course (e.g., tests, quizzes, papers, etc.) ever be shared by a student who has already taken a course with a student who has not yet completed (e.g. is currently enrolled in) the course.

Again, sharing unauthorized materials is considered academic dishonesty and is grounds for immediate dismissal from the program. If you are unclear on this, please immediately contact the instructor or Director of the program.



All students are encouraged to work through the plagiarism tutorial through the SJSU library at <http://libguides.sjsu.edu/plagiarism>

The following definitions are from the SJSU policy statement:

CHEATING: At SJSU, cheating is the act of obtaining or attempting to obtain credit for academic work through the use of any dishonest, deceptive, or fraudulent means. Cheating at SJSU includes but is not limited to:

Copying in part or in whole, from another's test or other evaluation instrument; Submitting work previously graded in another course unless this has been approved by the course instructor or by departmental policy. Submitting work simultaneously presented in two courses, unless this has been approved by both course instructors or by departmental policy. Altering or interfering with grading or grading instructions; Sitting for an examination by a surrogate, or as a surrogate; any other act committed by a student in the course of their academic work which defrauds or misrepresents, including aiding or abetting in any of the actions defined above.

PLAGIARISM: At SJSU plagiarism is the act of representing the work of another as one's own (without giving appropriate credit) regardless of how that work was obtained, and submitting it to fulfill academic requirements. Plagiarism at SJSU includes but is not limited to:

The act of incorporating the ideas, words, sentences, paragraphs, or parts thereof, or the specific substances of another's work, without giving

appropriate credit, and representing the product as one's own work; and representing another's artistic/scholarly works such as musical compositions, computer programs, photographs, painting, drawing, sculptures, or similar works as one's own.

Academic integrity

Your commitment as a student to learning is evidenced by your enrollment at San Jose State University. The [University Academic Integrity Policy S07-2](http://www.sjsu.edu/senate/docs/S07-2.pdf) at <http://www.sjsu.edu/senate/docs/S07-2.pdf> requires you to be honest in all your academic course work. Faculty members are required to report all infractions to the office of Student Conduct and Ethical Development. The [Student Conduct and Ethical Development website](http://www.sjsu.edu/studentconduct/) is available at <http://www.sjsu.edu/studentconduct/>.

Instances of academic dishonesty will not be tolerated. Cheating on exams or plagiarism (presenting the work of another as your own, or the use of another person's ideas without giving proper credit) will result in a failing grade and sanctions by the University. For this class, all assignments are to be completed by the individual student unless otherwise specified.

The following is from SJSU's policy on Academic Integrity (found at <http://www.sjsu.edu/cs100w/policies/plagiarism.html>)

1.0 Definitions of Academic Dishonesty

1.1 Cheating

At SJSU, cheating is the act of obtaining or attempting to obtain credit for academic work through the use of any dishonest, deceptive, or fraudulent means. Cheating at SJSU includes but is not limited to:

1.1.1. Copying, in part or in whole, from another's test or other evaluation instrument including homework assignments, worksheets, lab reports, essays, summaries, quizzes, etc.;

1.1.2. Submitting work previously graded in another course unless this has been approved by the course instructor or by departmental policy;

1.1.3. Submitting work simultaneously presented in two courses, unless this has been approved by both course instructors or by the department policies of both departments;

1.1.4. Using or consulting, prior to, or during an examination, sources or materials not authorized by the instructor;

1.1.5. Altering or interfering with the grading process;

1.1.6. Sitting for an examination by a surrogate, or as a surrogate;

1.1.7. Any other act committed by a student in the course of their academic work which defrauds or misrepresents, including aiding or abetting in any of the actions defined above.

1.2 Plagiarism

At SJSU plagiarism is the act of representing the work of another as one's own without giving appropriate credit, regardless of how that work was obtained, and/or submitting it to fulfill academic requirements. Plagiarism at SJSU includes but is not limited to:

1.2.1 The act of incorporating the ideas, words, sentences, paragraphs, or parts of, and/or the specific substance of another's work, without giving appropriate credit, and/or representing the product as one's own work;

1.2.2 Representing another's artistic/scholarly works such as musical compositions, computer programs, photographs, paintings, drawing, sculptures, or similar works as one's own.

2.0 Notification of Standards of Detecting Plagiarism

2.1 SJSU or its faculty may subscribe to and/or use plagiarism detection services.

2.2 Any plagiarism detection service with which SJSU contracts must ensure the anonymity of all submitted work to third parties.

2.3 Except for the stated purpose of storing submitted work in databases and/or using the database solely for the intended purpose of detecting plagiarism, any plagiarism detection service with which SJSU contracts shall agree that to the fullest extent possible, ownership rights of all submitted work shall remain with the work's author and not with the plagiarism detection service.



MFT (CAMFT) Ethical Standards

LPCC (ACA) Ethical Standards

These are now provided as additional PDFs separate from this document as part of your first semester course in Ethics (PSYC 228). They are no longer inserted into the student handbook.

You are responsible for reading these and adhering to them (CAMFT minimally, ACA if you are interested in the LPCC). They will be taught and discussed in class as well.