

Student Name: _____
Student Email _____
78 unit _ 90 unit_
MFT_ LPCC_ MFT/LPCC Combined_
PrePracticum_ Practicum_
Agency: _____
Academic Year _____



Counseling Psychology

SUPERVISED FIELDWORK AGREEMENT

SECTION I: RELATIONSHIP OF THE PARTIES

1. The University shall approve of and coordinate with the agency.
2. The agency shall coordinate with the University and shall employ the trainee and the supervisor in accordance with the statutes, regulations, and professional standards governing marriage, family and child counselors.
3. The supervisor shall be employed by agency and shall provide supervision of the trainee's experience in compliance with the statutes, regulations, and professional standards governing marriage, family and child counselors.
4. The trainee is a student of the University, is employed by or is a volunteer of the agency, and is supervised by the supervisor in accordance with the statutes, regulations, and professional standards governing marriage, family and child counselors.

SECTION II: GOALS OF THE SUPERVISED FIELDWORK EXPERIENCE

1. To provide an integrated course of studies and train students generally in the diagnosis, assessment, prognosis, and treatment of mental disorders.
2. To train students specifically in the application of marriage and family relationship counseling principles and methods.
3. To encourage students to develop those personal qualities that is intimately related to the counseling situation such as integrity, sensitivity, flexibility, insight, compassion, and personal presence.
4. To teach students a variety of effective psychotherapeutic techniques and modalities that may be utilized to improve, restore, or maintain healthy individual, couple, and family relationships.
5. To prepare students to be familiar with cross-cultural mores and values, and to design practicum to include marriage, family, and child counseling experiences in low-income and multi-cultural health settings.

6. To educate students in the therapeutic, clinical, and practical considerations involved in the legal and ethical practice of marriage, family, and child counseling.
7. To gain supervised fieldwork experience within the scope of practice of a Marriage, Family and Child Counselor in a supervised clinical placement.

SECTION III: RESPONSIBILITIES OF THE PARTIES

1. SANTA CLARA UNIVERSITY

- a. shall provide the agency choice of each trainee
- b. shall have this written agreement with the agency that details each party's responsibility, including the methods by which supervision will be provided.
- c. shall provide forms of evaluation of the student's performance at each agency.
- d. shall evaluate the appropriateness of the experience for each trainee in terms of the educational objectives, clinical appropriateness and scope of the license of an MFT as set forth in Section 4980.02 of the Business and Professions Code.

_____ Initials of the Representative of the University

2. THE SUPERVISED AGENCY SETTING

- a. shall provide the trainee and supervisor with the documentation necessary to verify to the Board of Behavioral Science that the placement is one that is named in law, that the trainee is employed in the manner required by law and a description of the duties performed by the trainee.
- b. shall appropriately evaluate the qualifications and credentials of any employee who provides supervision to MFT trainees.
- c. shall provide adequate resources to the trainee and the supervisor in order that they may provide clinically appropriate services to the clients.
- d. shall orient the trainee and supervisor to the policies and practices of the agency.
- e. shall notify the University in a timely manner of any difficulties in the work performance of the student.
- f. shall provide the trainee and the supervisor with an emergency response plan which assures the safety and security of trainee, supervisor, and trainee's clients.
- g. shall indicate on Attachment A insurance maintained by agency.
- h. agree that the agency has the sole responsibility for client care.

_____ Initials of the Representative of the Agency.

3. THE SUPERVISOR

- a. shall sign and abide by the "Responsibility statement for supervisors of the MFT license" as described in Section 1833.1 of the California Code of Regulations (CCR).
- b. shall describe in writing the methods by which supervision will be provided.
- c. shall provide regular evaluations of the student's performance at the site of the University.
- d. shall abide by the ethical standards for supervisors promulgated by the American Association of Marriage and Family Therapy and the California Association of Marriage and Family Therapists.
- e. shall review and sign the experience log required by Section 1833 (e) of the CCR on a weekly basis except as set forth in Section 1833 (c) of the CCR.
- f. shall sign the experience verification form required for licensure except as set forth in Section 1833 (c) of the CCR.

- g. shall provide the University with a current copy of their license. Notify the University and the trainee of any actions that may affect his/her license immediately.
- h. shall complete the minimum of six (6) hours of supervision training as set forth in section 1833.1 (b).

_____ Initials of the Supervisor

4. THE TRAINEE

- a. shall maintain a log of all hours of experience gained toward licensure as required by Section 1833 (e) CCR.
- b. shall be responsible along with their supervisor for providing complete and accurate documentation to the BBS in order to gain hours of experience toward licensure.
- c. shall be responsible for learning those policies of the agency which govern the conduct of regular employees and trainees, and for complying with such policies.
- d. shall be responsible for participating in the periodic evaluation of his or her experience and delivering it to the University.
- e. shall be responsible for notifying the University in a timely manner of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities.
- f. shall abide by the ethical standards of the American Association of Marriage and Family Therapy and the California Association of Marriage and Family Therapist.
- g. shall purchase professional liability insurance and provide evidence of the insurance prior to commencing work at the agency.
- h. shall have the responsibility for his or her selection of the agency, subject to the University approval of the selection.

_____ Initials of the Trainee

SECTION IV: METHODS OF SUPERVISION

Section 1833.1 (a) (6) requires that the supervisor monitor the quality of counseling or psychotherapy performed by the trainee by direct observation, audio, or video recording, review of progress and process notes or records or by any other means deemed appropriate by the supervisor and furthermore that the supervisor shall inform the trainee prior to the commencement of supervision of the methods by which the supervisor will monitor the quality of counseling or psychotherapy being performed.

Supervisor: please check all those appropriate.

- | | |
|----------------------------------|-----------------------------|
| _____ Audio Tape | _____ Video Tape |
| _____ Process and Progress Notes | _____ Student Verbal Report |
| _____ Role Play | _____ Direct Observation |
| _____ Live Supervision | _____ Case Presentation |
| _____ Other (Describe) _____ | |

SECTION V: EVALUATIONS

1. PERIOD OF EVALUATION

_____ Quarter

2. EVALUATIONS

_____ Supervisor _____ Trainee _____ Practicum Supervisor

_____ Other (Specify) _____

SECTION VI: ADDITIONS

a. TERMINATION

The expectation of all parties is that the trainee will complete the terms of this agreement. Termination of this agreement with cause shall be in accordance with the academic policies of the University or the employment or volunteer policies of the agency. Any party may terminate this agreement without cause by giving all other parties 30 days notice of the intention to terminate. Termination of this agreement on the part of the trainee or supervisor is separate from the termination of his or her employment at the agency. Termination of the trainee's or supervisor's employment or this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that if there is any early termination of this agreement of the part of the trainee, the agency or supervisor that such a decision must include consultation with the University.

b. CHANGES IN THE AGREEMENT

This agreement may be amended at anytime but any amendment must be in writing and signed by each party. This agreement contains the entire understanding of the parties regarding their rights and duties. Any alleged oral representation or modification concerning this agreement shall be of no force or effect unless contained in a subsequent written modification signed by all parties.

c. INDEMNIFICATION

The agency assumes all risk and liability for, and indemnifies, protects, saves harmless and hereby releases the University and each and every one of its officers, agents, faculty and employees of, from and against all liability, losses, injuries, damages, claims, suits, fees, including attorney's fees, costs or judgments which may arise from the student's performance of services while at the agency. The assumption of risk, liability and indemnification under this paragraph shall survive the termination of this contract.

d. INSURANCE

The agency shall provide a certificate of insurance evidencing medical, professional, liability to cover the trainee under this agreement or advise the University if such insurance does not exist.

SECTION VII: TERM OF THE AGREEMENT

From ____/____/____ to ____/____/____

SECTION VIII: SIGNATURES

Agency Supervisor Date

Trainee Date

Representative of Date
Degree Program-Practicum Director

Representative of Date
Fieldwork Setting

_____ Title

_____ Title

ATTACHMENT A: SUMMARY SHEET

STUDENT

Name: _____
Address: _____
City: _____ State: _____
ZIP: _____

Social Security #: _____
Ph #: (Hm) _____ (Other) _____
Program Units Completed: _____
Date Complete: _____

SUPERVISOR

Name: _____
Address: _____
City: _____ State: _____
Type of license:
MFT _____
LCSW _____
Clinical Psychologist _____
Board Certified Psychiatrist _____

Social Security #: _____
Ph #: (Hm) _____ (Other) _____
AAMFT approved? _____
Date license issued: _____
State issuing: _____
Expiration date: _____
Liability insurance carrier: _____
Amount of coverage: _____
Expiration date: _____

_____ Please attach to this document a photo copy of your current license.

TYPE OF WORK SETTING

	ON-SITE	OFF-SITE
Governmental entity	_____	_____
School, college or university	_____	_____
Non-profit and charitable corporation	_____	_____
Licensed health facility	_____	_____
Social Rehabilitation or Community treatment facility (as defined in Section 1501a)	_____	_____
Pediatric day health and respite care facility (as defined in Section 1760.2)	_____	_____
Licensed alcohol or drug recovery or treatment facility (as defined in section 11834.02)	_____	_____

_____ Appropriate verification has been provided _____ Site visit required

TYPE OF SUPERVISION

INDIVIDUAL _____
(One hour per week minimum)

GROUP _____
(8 or less participants, 2 hours per week minimum)

INSURANCE (please check)

Certificate of Insurance Attached

No Coverage

General Liability _____
Professional Liability covering _____
Setting _____
Trainee _____

Workers' Compensation covering	_____	_____
Setting's employees	_____	_____
Setting's volunteers (Trainees)	_____	_____