

Procurement, Contracts, Logistical and Support Services • Division of Administration and Finance Carson, CA 90747 • (310) 243-3799 • FAX: (310) 516-3305

MARRIAGE AND FAMILY THERAPY PROGRAM

CLINICAL TRAINEE PRACTICUM

THIS AGREEMENT, is made and entered into on _____, pursuant to Education Code 89036, by and between hereinafter referred to as the "AGENCY"

(Name of Agency)

hereinafter known as "TRAINEE" on behalf of the Division of

(Name of Student)

Human Development of the College of Health and Human Services (Marriage and Family Therapy Program) at CALIFORNIA STATE UNIVERSITY DOMINGUEZ HILLS, hereinafter referred to as "UNIVERSITY".

WITNESSETH:

WHEREAS, the UNIVERSITY requires its students to have clinical experience for the masters degree in marriage, and family therapy in the State of California; and

WHEREAS, the AGENCY is willing to permit the use of its clinical facilities and services for the education of said students, under the circumstances herein defined; and

WHEREAS, it is to the mutual benefit of the parties hereto that students of the University use the clinical facilities of the Agency for their clinical experience,

NOW, THEREFORE, in consideration of the covenants, conditions, and stipulations hereinafter expressed and in consideration of the mutual benefits to be derived therefrom, the parties hereto agree as follows:

I. AGENCY SHALL:

and _____

A. Provide clinical facilities and personnel to provide learning experiences for students in the Masters of Science degree in **Marriage and Family Therapy**.

The clinical experience for each student shall cover at lest one hour of direct supervision contact for each five (5) hours of client contact in which experience is gained. Therefore, a trainee/student must accrue at least eight (8) hours of client contact per week. One hour of supervisor contact means one hour of face to face contact on an individual bases or two (2) hours of face to face contact in a group of not more than eight persons.

- B. Designate experienced supervisors to serve as clinical preceptors, and certify that he/she is a licensed marriage, family, and child counselor, clinical social worker, psychologist or physician who is certified in psychiatry by the American Board of Psychiatry and Neurology and who has been licensed for at least two (2) years. All trainee services must conform to Chapter 13 of the California Business and Professions Code of California.
- C. Provide student experience in a spectrum of skills and roles that are required of professional level persons working in mental health and related community agencies. Students should develop as many of the following competencies as possible:

Diagnosis; Referrals; Treatment plans; Psychological Assessment; special Populations; Needs; Preventive Interventions; Case Development; Program Evaluation; Practice Management; Family Counseling; Individual Counseling; Group Counseling; Intake Interviewing; Flexibility in treatment approaches; Crisis Intervention; Consultation; Coordination with other agencies; Community organizing and advocacy.

D. Complete the following forms: Certifying progress reports and evaluations of the trainee(s) performance at the site; the Supervisor Responsibility Statement form at the beginning of supervision of the trainee/student; and the

Marriage and Family Therapy Experience Verification form at the end of each semester of supervision.

- E. Permit members of the UNIVERSITY'S Marriage and Family Therapy to participate as their time may permit in the clinical learning experience of the students.
- F. Upon request, provide insurance for general liability coverage.

II. TRUSTEES, THROUGH THE UNIVERSITY, SHALL:

- A. Designate the students who are enrolled in the Masters Marriage and Family Therapy Program of the University to be assigned for clinical experience at the AGENCY.
- B. Be responsible for all instruction and evaluation of student performance required to meet the course objectives given at Agency to the students so designated.
- C. Be responsible for keeping all attendance and academic records of the students.
- D. Agree that the students and instructor shall be subject to the requirements and restrictions specified jointly by representatives of the UNIVERSITY and the AGENCY, and subject to the AGENCY'S rules and regulations governing conduct.
- E. Upon request, provide insurance for general liability coverage.

III. STUDENT, AS TRAINEE, SHALL

- A. Participate and attend, on a regular and consistent basis, all AGENCY meetings, supervisions, In-Service training opportunities, and additional activities, as required by the AGENCY.
- B. Comply with al AGENCY requirements for documentation, intake and assessment, preparation of treatment plans, termination, and other clinical responsibilities, including training for the above mentioned skills.
- C. Maintain documentation as required by AGENCY policy and funding-entity mandates.
- D. TRAINEE shall be on time for all activities at AGENCY and comply with AGENCY'S policies and regulations for time-keeping.
- E. TRAINEE shall present oneself at all times as a professional who represents the TRAINEE, the UNIVERSITY and AGENCY.
- F. TRAINEE shall maintain appropriate record-keeping as supplies by the UNIVERSITY and Board of Behavioral Sciences (BBS), including, but not limited to *Supervisors Responsibility Statement, Logs of Hours of Service, and Verification of Experience* forms.

IV. GENERAL CONDITIONS

- A. This agreement shall become effective ______ to _____. This agreement may be terminated by either party upon 60 day advanced written notice, provided current students in the training program will be allowed to complete their training requirements until said terminated semester.
- B. AGENCY shall defend, indemnify, and hold UNIVERSITY, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of UNIVERSITY, its officers, employees or agents.

UNIVERSITY shall defend, indemnify, and hold AGENCY, its officers, employees, and agents harmless from and against any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of AGENCY, its officers, employees or agents.

- C. While in the performance of this agreement, students serve as volunteers at the AGENCY with or without compensation and are not to be considered officers, agents or employees of the UNIVERSITY for Worker's Compensation purposes.
- D. Require student to provide and maintain in force a One Million Dollar (\$1,000,000) policy of professional liability insurance during the course of their activities under this agreement.
- E. UNIVERSITY and AGENCY, at its sole cost and expense, shall insure its activities in connection with this agreement, and obtain, keep in force, and maintain insurance as follows:

Comprehensive or General Liability Insurance with a limit of One Million Dollar (\$1,000,000), and Three Million Dollar (\$3,000,000) in aggregate, per occurrence.

F. This AGREEMENT may at any time be altered, changed or amended by mutual agreement of the parties in writing.

IN WITNESS WHEREOF, the undersigned have caused this Agreement to be effective immediately upon execution of this Agreement. By executing the Agreement, the parties hereto accept and agree to all of the stipulations set forth herein and agree that he/she is authorized to sign this Agreement on behalf of the parties.

CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS AGENCY

Adelbert Baylis, Manager Date	Signature Date
, , ₅	Signature Date
(or designee)	
Procurement, Contracts, Logistical & Support Services 1000 E. Victoria Street	Printed Name
Carson, CA 90747	Title
Phone: 310-243-3799	
STUDENT TRAINEE	Address
Printed Name	City, State, Zip
Signature	Phone No./Fax No.

Date

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