

# The Seattle School

OF THEOLOGY & PSYCHOLOGY

## PSYCHOTHERAPY REQUIREMENT POLICY

At The Seattle School of Theology & Psychology (“**The Seattle School**”), we believe that continual self-understanding and sensitivity are required as a part of a student’s training in the field of counseling. Therefore, students participating in the Counseling Psychology curriculum (“**Program**”) must satisfy the following psychotherapy requirement. Students must provide The Seattle School a signed acknowledgement and release form (“**Acknowledgment and Release**”) before the student may begin psychotherapy. A copy of the Acknowledgment and Release form is attached.

1. **Psychotherapy.** Except as otherwise provided, each student in the Program must complete a minimum of forty (40) psychotherapy sessions, and each session must be a minimum of 45-50 minutes.
  - a. All 40 sessions must be completed within a twelve month period.
  - b. Except as otherwise approved in writing by the MACP Committee, the twelve month period must begin by December 10 of the year of entry into the MACP degree program. It is recommended that psychotherapy begin when the student participates in Practicum I (which begins Fall Trimester).
  - c. The psychotherapy must be individual, couples or family psychotherapy.
  - d. The psychotherapy must be provided by a licensed therapist who satisfies the requirements set forth in Section 2 below.
  - e. Therapy must be completed with one therapist, except as may be otherwise permitted with the written consent of the MACP Committee. Such consent will be given only in those circumstances when it is difficult or impossible for the student to continue with the therapist (for example, in the case of the death of the therapist, lack of therapist/client fit, breach of the therapist’s ethical duties, or the loss of the therapist’s license to engage in counseling).
2. The therapist must:
  - a. Hold a Master’s or Doctoral Degree in a mental health field or a degree as a Doctor of Medicine (M.D., in the case of a psychiatrist);
  - b. Be licensed by the State of Washington as a Psychologist, Marriage & Family Therapist, Mental Health Counselor, Clinical Social Worker, Advanced Clinical Social Worker or Psychologist, or licensed to practice medicine in the State of Washington, in the case of a psychiatrist. (Or actively similarly licensed in another state if student is requesting a waiver as in #4 below.)
  - c. Not be a faculty member, adjunct faculty member, employee of The Seattle School or member of the Board of Trustees, unless approved by the MACP committee.
3. **Verification Form.** Upon completion of the required psychotherapy, the student must submit a **Psychotherapy Verification Form** to the Registrar with all the information completed. A copy of the Psychotherapy Verification Form is attached. For those enrolled in the three year program, the Psychotherapy Verification Form must be submitted before the student may register for Practicum III. For those enrolled in the two year program please consult with the Registrar for the deadline for

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submitting this form. The Seattle School recommends that its students provide a copy of this Policy and the Psychotherapy Verification Form to prospective therapists to be sure the therapy and the therapists satisfy the requirements of this Policy.

4. Waiver. A student may request a waiver of this psychotherapy requirement if within two years of the student's enrollment in the Program, the student has completed psychotherapy that satisfies the requirements of Section 1 with a therapist who satisfies the criteria in Section 2. The student and the therapist must complete the **Psychotherapy Verification Form**, and the student must submit the completed form with a cover letter requesting the waiver.
5. Deadlines.
  - a. Student will submit the Acknowledgement and Release Form (page #5) to the Registrar no later than October 15th of the year of entry into the MACP degree program.
  - b. Psychotherapy must be started by December 10 of the year of entry into the MACP degree program so that it can be completed in the required timeframe.
  - c. Student will submit the Initial Psychotherapy Verification Form (page #6) to the Academics Office no later than March 31<sup>st</sup> following the year of entry into the MACP program showing number of hours of psychotherapy completed to date.
  - d. Required Psychotherapy hours must be completed within 12 months of starting the required hours and the Final Psychotherapy Verification Form (page 7) turned in to the Academic Office. Failure to turn in the completed verification form by March 31<sup>st</sup> of the year the student is enrolled in CSL 553 Second Year Practicum will result in no credit being awarded this class.
6. Resources. As a starting place only, and not as a recommendation, The Seattle School offers the following reduced fee resources for students who do not know a therapist who satisfies the criteria in Section 2. **It is the student's responsibility to select the therapist and to be sure that the therapist satisfies the criteria.** The Seattle School makes no representations or warranties about the qualifications of the therapists associated with the following entities:

## LOW FEE CLINICS

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Psychotherapy Network  
Dr. Melvin Knight, Coordinator  
206.282.5100

Alliance Psychotherapy Clinic  
425.656.9627

Psychotherapy Cooperative  
206.320.7988

Seattle Psychoanalytic Society and Institute  
Low fee referral service  
206.328.5315

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## **\*Disclaimer**

These listings are networks that seek to provide a connection between a Mental Health Counselor and a student. The Seattle School cannot serve as an agent for endorsement of a particular psychotherapist. Therefore, it is very important that you check your therapist's qualifications to see if they are in accordance with The Seattle School's requirements. (Refer to Required Psychotherapy Form).

The therapist must be a licensed, independently practicing clinician who holds a doctorate or a Master's Degree in a mental health field and is licensed to practice in the state of Washington. This therapist must practice under the official Washington state license in the practice of mental health (e.g., psychology, psychiatry, LCSW, MFT, MHP). The Washington State Examining Board of Psychology and the Health Professions Quality Assurance are the state agencies responsible for overseeing the practice of mental health care in Washington. These agencies review credentials and administer examinations to individuals applying for license to practice psychology in the state of Washington. They also handle consumer complaints against individual Mental Health professionals, and conduct disciplinary hearings to determine whether a mental health professional has acted contrary to practice regulations.

## **Psychology**

Washington State Examining Board of Psychology  
Department of Health  
P.O. Box 47869  
Olympia, WA 98504-7869  
(360) 236-4910

## **All other Mental Health Professionals**

Washington State Department of Health  
Health Professions Quality Assurance  
PO Box 47860,  
Olympia, WA 98504  
360.236.4985

## **Psychiatry**

Washington State  
Department of Health  
Health Professions Quality Assurance  
PO Box 47866,  
Olympia, WA 98504  
360.236.4785 (A-L)  
360. 236.4784 (M-Z)

A student may not receive psychotherapy from a Faculty or Staff member, Administrator, or Board Member of The Seattle School. Anyone who is in therapy with someone elected to The Seattle School Board, or hired as a Faculty, Staff or Administrator member can request a review of the MACP committee and if within ethical bounds will be given up to six months of grace to complete the 40-session psychotherapy requirement.

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## ACKNOWLEDGMENT AND RELEASE FORM

I, \_\_\_\_\_, am a student enrolled in The Seattle School of Theology & Psychology (“The Seattle School”) Counseling Psychology Master’s Degree program (“**Program**”).

1. Assumption of Risks. I have received, read and understand The Seattle School Psychotherapy Requirement Policy (Rev. 09/2018) (“**Policy**”). I understand and acknowledge the risks involved in psychotherapy, including, but not limited to, recalling, discussing and experiencing difficult, unpleasant, unwelcome, painful or embarrassing thoughts, issues, experiences and memories. I also understand and acknowledge that psychotherapy may result in my uncovering or recovering unpleasant or painful memories that I have forgotten. I also understand and acknowledge that the therapist I select may not be effective in helping me address my issues or that psychotherapy may not be suitable for me. I understand and acknowledge that I may find that I end therapy in a worse state than when I started.
  
2. Acknowledgement of My Responsibilities; Absence of Representations or Warranties by The Seattle School. I understand and agree that I am responsible for selecting my own therapist and determining that the therapist satisfies the criteria set forth in the Policy. I further understand and agree that I am solely responsible for making sure that my psychotherapy satisfies all requirements set forth in the Policy, and that I timely submit all required forms. I also acknowledge and agree that The Seattle School makes no representations or warranties about the therapists associated with the entities identified in Section 5 of the Policy or any therapist that I select, and that The Seattle School bears no responsibility with respect to the results of my psychotherapy.
  
3. Release and Indemnification. I hereby release and agree to indemnify The Seattle School of Theology & Psychology and its directors, officers, faculty members, adjunct faculty members, employees, and agents (“Releasees”) from and against any and all claims, damages, injuries, losses, expenses and other liabilities arising from or in any way related to my psychotherapy, my therapist, the Policy or the Program (“Claims”), except for those Claims caused entirely by the gross negligence or willful misconduct of The Seattle School or the Releasee seeking the benefit of this release of claims and agreement to indemnify.

**CAUTION: READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT CONTAINS A RELEASE OF CLAIMS AND INDEMNIFICATION AGREEMENT.**

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

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## INITIAL PSYCHOTHERAPY VERIFICATION FORM

### FOR THE STUDENT

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_ Year of Entrance \_\_\_\_\_

I hereby give my consent for my therapist to complete and sign this form.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR THE THERAPIST

I, the undersigned therapist hereby certify that the following information is true and correct:

1. My name is \_\_\_\_\_

2. My contact information is:

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

3. I have the following license and degree:

Type of License Held: \_\_\_\_\_

License #: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Institution Awarding Degree: \_\_\_\_\_

Year awarded: \_\_\_\_\_

4. I have received and reviewed The Seattle School Psychotherapy Requirement Policy (Rev. 09/2018) ("**Policy**"), and I hereby certify that the above named student has completed \_\_\_\_\_ (*hours to date*) hours of psychotherapy within the following time frame: \_\_\_\_\_ (*start date*) to \_\_\_\_\_ (*current date*). The psychotherapy provided to the above named student satisfies the requirements of Section 1 of the Policy.

5. I satisfy the criteria set forth in Section 2 of the Policy.

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date

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## FINAL PSYCHOTHERAPY VERIFICATION FORM

### FOR THE STUDENT

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_ Year of Entrance \_\_\_\_\_

I hereby give my consent for my therapist to complete and sign this form.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR THE THERAPIST

I, the undersigned therapist hereby certify that the following information is true and correct:

My name is \_\_\_\_\_

6. My contact information is:

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

7. I have the following license and degree:

Type of License Held: \_\_\_\_\_

License #: \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_

Graduate Degree: \_\_\_\_\_

Institution Awarding Degree: \_\_\_\_\_

Year awarded: \_\_\_\_\_

8. I have received and reviewed The Seattle School Psychotherapy Requirement Policy (Rev. 09/2018) ("**Policy**"), and I hereby certify that the above named student has completed \_\_\_\_\_ (*hours to date*) hours of psychotherapy within the following time frame: \_\_\_\_\_ (*start date*) to \_\_\_\_\_ (*current date*). The psychotherapy provided to the above named student satisfies the requirements of Section 1 of the Policy.

9. I satisfy the criteria set forth in Section 2 of the Policy.

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date