

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. **[COVID-19 exception: Students matriculated in Fall 2019, 2020, or 2021 can take up to 18 months to complete their 40 hours. Hours must be completed prior to the start of internship].**
 - b. Except as otherwise approved in writing by the Director of Practicums and/or Registrar, 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). **[COVID-19 exception: Students matriculating in Fall 2020 or 2021 may wait until September 30 of their second year to begin to accrue their hours. Hours must be completed prior to the start of internship.]**
 - 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 individual therapist. Exceptions will only be permitted with the written consent of the Director of Practicums. 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 unavailability of the therapist (i.e. maternity, relocation etc.), lack of therapist/client fit, breach of the therapist’s ethical duties, or the loss of the therapist’s license to engage in counseling.

Couples therapy is also acceptable, and encouraged. If the student and their partner is in couples therapy, that student can blend up to 10 hours of couples work with one provider with 30+ hours met with their individual therapist. This is an approved exception to the “one therapist” rule.

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. The Psychotherapy Verification Form must be submitted before the student may register for CSL 530 Internship I. 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 [**COVID-19 exception: second year**] in(to) 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 31st following the year of entry into the MACP program [**COVID-19 exception: March 31st prior to initiation of internship**] showing number of hours of psychotherapy completed to date.
 - d. Required Psychotherapy hours must be completed within 12 months [**COVID-19 exception: 18 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 31st 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

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

***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

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)

All other Mental Health Professionals

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

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.

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. 10/2021) (“**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: _____

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. No case notes, diagnosis, etc..shall be shared with the school by the therapist. Only this completed form is required.

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. 10/2021) ("**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:** _____

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. No case notes, diagnosis, etc..shall be shared with the school by the therapist. Only this completed form is required.

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. 10/2021) ("**Policy**"), and I hereby certify that the above named student has completed a minimum of 40 hours of psychotherapy within a twelve month period [**COVID-19 exception: 18 month period**] from _____ to _____. 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:** _____