Counseling Psychology and Human Services Department
COLLEGE OF EDUCATION

UNIVERSITY OF OREGON

COUPLES AND FAMILY THERAPY

STUDENT HANDBOOK
2012-2013

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INTRODUCTION & PROGRAM DESCRIPTION

Theoretical Orientation
The Couples and Family Therapy Program (CFT) provides training in clinical theory, assessment, intervention and research design. The curriculum is grounded in systems theory (von Bertalanffy, 1968, 1974) and interactional/communications theory (Bateson, 1972; Watzlawick, Beavin, & Jackson, 1967; Watzlawick & Weakland, 1977). Students gain exposure to a broad spectrum of systemic theoretical orientations, with emphasis on Emotionally focused therapy, MRI/Brief, Milan, Strategic, Structural, Solution-Focused, Narrative-Interactional models, and Interactional Cognitive-Behavioral therapy. The curriculum prepares students to develop a contextual understanding of individuals and families, including, for instance, cultural, regional, ethnic, gender, and socioeconomic considerations. Moreover, the curriculum promotes a strengths-based orientation and advocates community involvement. Coursework is studied concurrent with direct exposure to clinical work, beginning with observation of advanced students and faculty at the Center for Family Therapy. The CFT requires a minimum of 90 credits leading to a Master of Education in Counseling, Family and Human Services with a specialization in Couples and Family Therapy.

The CFT program is accredited, since 2003, by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) of the American Association for Marriage and Family Therapy (AAMFT) and approved by the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT).

In order to maximize the integration of course work and clinical training, and to provide clinical supervisors with an understanding of our training philosophy, we assume that effective clinicians and supervisors are:

1. able to thoughtfully critique clinical theories in order to foster the development of more effective methods of treatment;
2. able to competently assess and treat a broad spectrum of individual and relationship problems;
3. able to collaborate effectively with a variety of professionals, including for instance physicians, psychologists, social workers, family law specialists, teachers, school counselors, and clergy;
4. able to competently counsel couples, families, and individuals in the context of ethnicity, culture, gender, socioeconomic and other diverse circumstances;
5. proficient in their ability to thoughtfully evaluate and use the research literature.

Moreover, we believe core clinical faculty should have an integral role in clinical training and that a variety of practicum environments should be available to students so as to ensure a broad range of exposure to working environments, client populations, and presenting needs.

Primary Goal & Alumni Licensing
The overall goal of the Couples and Family Therapy Program is to produce highly competent, systemically minded clinicians. Successful completion of this degree entitles graduates to:

- Apply for Associate Membership in the American Association for Marriage and Family Therapy (AAMFT).
- Become licensed in the state of Oregon as a Marriage and Family Therapist. Graduates of the Couples and Family Therapy Program must complete three years of post-degree supervised clinical work totaling 2,000 client-contact hours, under the supervision of a Board-approved supervisor. For additional information about licensing, please see the Oregon Board of Licensed Professional Counselors & Therapists website (http://www.oblpct.state.or.us/).
Program Goals & Educational Outcomes

Our program goals center in the following areas: (a) professionalism and ethical conduct; (b) scientific inquiry and critical evaluation; (c) theoretical foundations; (d) social context and diversity; and (e) clinical application. Appendix B maps AAMFT core competencies to our program goals and educational outcomes; it serves as an organizing framework for our curriculum.

1. Professionalism and Ethical Conduct

Goal: Students will develop an understanding of professional conduct and ethical standards and will demonstrate an ability to effectively apply their knowledge in clinical practice.

Objectives:

a) Students will gain knowledge of couples and family therapy legal, ethical and professional standards and will demonstrate an ability to apply decision-making protocols and strategies in clinical and research contexts.

b) Students will investigate and clarify their beliefs and values with regard to clinical practice and ethical decision making.

c) Students will collaborate effectively with a variety of professionals, including for instance physicians, psychologists, social workers, family law specialists, teachers, school counselors, members of the legal system and clergy.

2. Scientific Inquiry and Critical Evaluation

Goal: Students will develop an ability to critically evaluate the research literature and demonstrate an understanding of the relationship between research results and clinical decision making.

Objectives:

a) Students will develop an understanding of core principles of quantitative and qualitative research methodology and will demonstrate an ability to critically evaluate the merits of a given study.

b) Students will demonstrate an understanding of ethical issues associated with research, with particular emphasis on research with human subjects and social justice.

c) Students will be able to describe their procedures for incorporating empirically-supported and evidence-based literature in practice and will demonstrate an ability to critically evaluate this literature from a systemic framework.

3. Theoretical Foundations

Goal: Students will gain an understanding of the core theoretical assertions of couples and family therapy and will critically assess their own systems-oriented theory of change.

Objectives:

a) Students will develop an understanding of systemic epistemologies and core systemic constructs.

b) Students will demonstrate an ability to apply systemic constructs in diverse settings and with diverse populations, with particular emphasis on clinical assessment, diagnosis, intervention and evaluation of practice.

c) Students will understand the distinction between eclecticism and theoretical integration and will demonstrate an ability to create a coherent theory of change that integrates systems theory, communications theory, and the evidence-based, common factors and transtheoretical literatures.

4. Social Context and Diversity

Goal: Students will develop attitudes that value human diversity, will practice culturally-sensitive analysis and critical self awareness when counseling diverse populations, and will demonstrate cultural competence in all professional activities.
Objectives:

a) Students will adopt a practice framework that incorporates critical consciousness, self awareness, and knowledge of the relationship between diverse life experiences, human development and the role of diversity in resolving conflict.

b) Students will demonstrate an ability to critically evaluate the role of social context in understanding and resolving human conflict, including issues such as social class, power, privilege, oppression, sexism, and injustice.

c) Students will thoughtfully incorporate their knowledge of social context and diversity when conducting a clinical assessment, constructing interventions, and evaluating practice.

5. Clinical Application

Goal: Students will develop an understanding of the unique systemically-oriented assessment and intervention competencies, will apply them effectively in practice, and will critically evaluate their own practice.

Objectives:

a) Students will demonstrate an ability to competently assess and treat a broad spectrum of clinical issues and client configurations (e.g., individual, dyad, family) within a systemic framework.

b) Students will demonstrate an ability to conceptualize client situations from a relational perspective (micro and macro orientations), develop relational goals and objectives, create an “expanded therapeutic alliance” and engage “expanded direct treatment systems” (Miller, Todahl & Linville, 2007; Sprengle & Blow, 2004).

c) Students will demonstrate an ability to generate a systemic diagnosis of a given client system and tailor interventions drawing on their knowledge of the research literature, theoretical assumptions, client readiness, and diversity.

University Mission and the CFT Program

Our systemic orientation and emphasis on contextual considerations, the generation of knowledge, and excellence are enthusiastically supported by our department, the College of Education, and the University of Oregon. In that regard, the University of Oregon mission statement states: The University is a community of scholars dedicated to the highest standards of academic inquiry, learning, and service. Recognizing that knowledge is the fundamental wealth of civilization, the university strives to enrich the public that sustains it through:

- the integration of teaching, research, and service as mutually enriching enterprises that together accomplish the university’s mission and support its spirit of community

- the acceptance of the challenge of an evolving social, political, and technological environment by welcoming and guiding change rather than reacting to it

- a dedication to the principles of equality of opportunity and freedom from unfair discrimination for all members of the university community and an acceptance of true diversity as an affirmation of individual identity within a welcoming community

- the cultivation of an attitude toward citizenship that fosters a caring, supportive atmosphere on campus and the wise exercise of civic responsibilities and individual judgment throughout life
ACADEMIC POLICIES

Admission Requirements
The admission requirements of the Couples and Family Therapy Program are published in the University Catalog and on the Couples and Family Therapy website (http://education.uoregon.edu/program/couples-and-family-therapy).

1. The date by which all completed materials must be received is January 31 for the following fall. A completed application consists of a graduate school application form, a statement of purpose, diversity response, official transcripts of all undergraduate and graduate work completed to date, three letters of recommendation—preferably one from a professor or someone able to judge the quality of the applicant’s academic work, and one from a social service work setting—and scores from the Graduate Record Exam (GRE) or Miller Analogy Test (MAT).

2. Starting on January 31 or shortly thereafter, the CFT admissions committee initiates the review of the completed application packets. Application materials are thoroughly evaluated. Based on this evaluation, candidates may be invited for an interview, be held temporarily in a pool for reconsideration, or eliminated from the pool.

3. The criteria for admission are:
   a) A 2-page, single-spaced, cogent statement of purpose clearly identifying a specific interest in couples and family therapy and a clear statement of the decision making process that has led up to this application to the CFT program.
   b) A 1-page, single-spaced, well-written essay response to the diversity questions: What does diversity mean to you? What does it mean to be sensitive and responsive to diversity as a profession?
   c) GRE combined Verbal and Quantitative score of 1000 (based on scores from 2011 or earlier) or a minimum Verbal 50%, Quantitative 44%, and Written 4.0 for the new GRE scale; or a raw score of 410 or scaled score of 59% on the MAT.
   d) A GPA of 3.0 for all undergraduate and graduate work to date with a Bachelor’s degree from an accredited college or university.
   e) A background in the behavioral sciences, preferably including course work in personality theory, development theory, family relations, human services, sociology and counseling (processes and procedures in counseling).
   f) Letters of recommendation that clearly address the applicant’s ability to perform well academically in a graduate program. The letters must also delineate the applicant’s potential as a clinician, the stability of the applicant, and the referee’s experience with the applicant.

Individuals who do not meet all of these criteria can still apply, but they should justify admission via other exceptional credentials. The CFT faculty will review all complete applications.

After the applications are reviewed and the decision to invite for interview is made, the candidates are contacted and group and individual interviews are scheduled. An interview is mandatory before an admission decision can be rendered. Candidates are interviewed by the CFT faculty with the purpose of determining whether the applicant possesses the full range of academic qualifications, experiential background, clinical competency, and readiness to undertake the rigors of an academically and emotionally demanding clinical preparation program.

Following the conclusions of the interviews, the CFT admissions committee meets to discuss the candidates and rate them along the criteria described above. After all the screened candidates have been interviewed, the admissions committee decides (1) which candidates will be invited to enroll; (2) which candidates are on the admission invitation waiting list; and (3) which candidates are not offered admission. Should an individual who is accepted fail to reply affirmatively, some of the waiting list candidates are then offered admission to the program.
Orientation Timeline
New student orientation is held in the week prior to the start of fall term. This orientation meeting is designed to familiarize new students with information particular to the Couples and Family Therapy Program. New students will have the opportunity to meet the CFT faculty and staff, raise questions regarding their program of studies, and become acquainted with the College of Education and the larger University of Oregon campus.

Request for Accommodation
If you have a documented disability and anticipate needing accommodations, please request that the Counselor for Students with Disabilities at the Accessible Education Center (541-346-3211) send a letter verifying your disability. Disabilities may include but are not limited to neurological impairment, orthopedic impairment, traumatic brain injury, visual impairment, chronic medical conditions, emotional/psychological disabilities, hearing impairment, and learning disabilities.

Continuous Enrollment
Unless on-leave status has been approved, a student enrolled in an advanced degree or graduate certificate program must attend the university continuously until all program requirements have been completed. The student must register for 3 graduate credits each term, excluding summer session, to be continuously enrolled.

To receive a graduate degree, a continuously enrolled student must have completed, at the time of graduation, all requirements described in the department and Graduate School sections of the catalog in effect when the student was first admitted and enrolled at the University of Oregon.

A student who has not maintained continuous enrollment is subject to the requirements described in the department and Graduate School sections of the catalog in effect the first term the student was readmitted by the Graduate School and reenrolled at the University of Oregon.

On-Leave Status
A graduate student interrupting a study program for one or more terms, excluding summer session, must register for on-leave status to ensure a place in the program upon return. Only graduate students in good standing are eligible.

The Graduate School must receive the application by the last registration day in that term, as noted in the schedule of classes. On-leave status is granted for a specified time period that may not exceed three academic terms, excluding summer session. Students with on-leave status need not pay fees. However, students must register and pay fees if they will be using university facilities or faculty or staff services during that term. Students are advised to work with their faculty advisor when considering taking leave. Please refer to the University of Oregon Catalog for additional information.

Transferred Credit
Graduate credit earned while a graduate student in another accredited graduate school may be counted toward the CFT degree under the following conditions. Total transferred credits may not exceed 15 credits in a master’s degree program. The courses must be relevant to the degree program as a whole and taken at the graduate level. The student’s home department and the Graduate School must approve the transfer. The grades earned must be A+, A, A-, B+, B, or P. The courses may not have been used to satisfy the requirements for another degree.

Transferred credit may not be used to meet the requirements of 24 credits in University of Oregon graded graduate courses, nor are they used in computing the UO cumulative grade point average. A Graduate School Request for Transfer of Credit form (https://gradschool.uoregon.edu/sites/default/files/transferGradCreditGS820_Redacted.pdf) must be completed the first term of enrollment. Meet with your advisor if you have additional questions.
Grade Requirements
In order to maintain academic standing as a graduate student, all students must meet the requirements
specified by the Graduate School, the College of Education and the Couples and Family Therapy Program.

CFT graduate students must maintain at least a 3.0 grade point average (GPA) in graduate courses taken
in the CFT Program. Any CFT course with a C+ or lower earned grade must be retaken until a B- or higher
grade is earned. Similarly, the grade of N (no pass) is not accepted for graduate credit and those courses
must be retaken until a P (pass) is earned.

A GPA below 3.00 at any time during a graduate student’s studies or the accumulation of more than 5
credits of N or F grades—regardless of the GPA—is considered unsatisfactory. The Dean of the Graduate
School, after consultation with the student’s home department, may drop the student from the Graduate
School, thus terminating the students’ degree program.

An incomplete (I) may be awarded if the student has completed the majority of coursework as specified in
the syllabus, the work turned in is designated B- or above, and the instructor approves the (I). Graduate
students must convert a graduate course incomplete into a passing grade within one calendar year of the
assignment of the incomplete. Students may request more time for the removal of the incomplete by
submitting a petition to the Dean of the Graduate School.

Class Schedule
Courses are scheduled in a manner designed to foster the integration of theory and practice. Students take
a Beginning Practicum course in the spring of their first year. This class includes both role play preparation
and direct observation of client sessions at the Center for Family Therapy. During the second year of study
(beginning in the summer term or fall term for most students), students see their own clients and meet one
evening a week in group supervision at the Center for Family Therapy. Group supervision continues for
each term students are in practicum.

Laptops and Cell Phones
Due to the fact that cell phones (e.g., text messaging, internet surfing) are disruptive to others in the
classroom, cell phone use is prohibited during class time. Cell phones must be silenced and text
messaging and cell phone internet access is not allowed during class. If you have an exceptional
circumstance (e.g., ill child), and need to be on standby for a possible cell phone call, please set your cell
to vibrate and exit the classroom if you receive a call. If an alternate learning ability requires the use of a
laptop, please contact me on the first day of class about this. Additionally, if you use a laptop to take notes
during class, please seek the permission of those around you. Typing notes during class can be very
disruptive for people sitting near you – be sure that those around you are not distracted by your note
taking. Computer laptop internet surfing is prohibited during class.

Children/Guests in the Classroom
The CFT faculty wishes to create a supportive classroom environment inclusive of all students, in keeping
with the mission of our program. We understand the multiple and competing demands of graduate study
and, concurrently, the challenges of balancing personal and professional lives. We realize that unexpected
circumstances require students to seek to bring their children or other guests to class.

The classroom environment in the CFT program is not always intended for children or guests. The
sensitive and confidential nature of some course content is not always appropriate and, out of respect for
the other students in the class, the CFT policy is that anyone wishing to bring a child or guest to class must
ask the instructor at least 24 hours prior to the class. The course instructor may use their discretion as to
whether they believe it is appropriate for the child or guest to attend the class.

Please note: If the instructor allows a child to attend class, the caregiver is fully responsible for the child's
conduct and safety. If the child's presence becomes distracting at any time, to either the instructor or the
other students, the parent may be asked to remove the child from the classroom.
Advising
The CFT program respects and adheres to the COE Advising Policy (Appendix D). When students are first admitted into the Couples and Family Therapy Program, they are assigned a CFT faculty advisor. The advisor works with advisees to oversee their academic progress and professional development throughout their graduate study. During the first term, each student is required to meet with their advisor in order to facilitate their transition to the CFT program, to initiate their Program Plan, review their academic and professional backgrounds, and to meet any specific needs regarding class schedule or support services.

The College of Education Academic Policies and Procedures Handbook outlines the following student and faculty responsibilities for advising:

Minimum student responsibilities include

- Arranging a meeting with the adviser to complete the Program Plan
- Preparing for advising meeting by developing questions and/or documents for review
- Initiating an advising meeting fall and spring terms to review progress
- Following through on assigned tasks

Minimum adviser responsibilities include

- Assisting students in developing a Program Plan that meets program requirements
- Availability to meet at least once in each of the fall and spring terms with student to review his/her progress
- Reviewing student’s performance in courses and practica and suggesting corrective action if necessary

Students are required to meet with their advisor in the spring term of their first year – prior to beginning direct client contact – to ensure a productive transition to clinical work. Students are required to contact their advisor no later than the first week of spring term to schedule an advising meeting prior to the end of spring term.

Remediation
A need for remediation typically occurs when a student experiences difficulty in one or more of the following areas: (1) behavioral; (2) academic; and (3) legal/ethical (COE Academic Policies and Procedure Handbook, September 2005).

1. Behavioral problems include the student’s inability or unwillingness to follow directions, to accept and respond appropriately to feedback, to work successfully with others, extreme social insensitivity, and other situations which affect the student’s ability to be a successful student/ training therapist.

2. Academic factors may include the student’s inability or unwillingness to acquire and demonstrate competence in program content, or to comply with program, college, and university procedures.

3. Legal/ethical factors may include the student’s use of inappropriate language or actions, and violation of university rules (such as cheating, plagiarism, lying, and other offenses detailed in university and college policy and published in the Schedule of Classes each term) or state laws that demonstrate the student does not meet professional standards.

Remediation is designed to assist students by providing (1) early identification of a problem area(s) and (2) establishing a working plan for problem correction. The remediation plan affords students an opportunity to correct problems and to move toward successful program completion. In some situations, however, remediation may not be possible (e.g., serious ethical breech). Therefore, the CFT remediation policy does not "obligate program faculty to follow or provide specific procedures or activities since each situation is unique and efforts and decisions must be individually tailored to the student’s situation" (COE APPH, A-25).
The guidelines for remediation, which emphasize prevention, early intervention, and cooperative remediation planning, are as follows:

1. The CFT will provide a description of the criteria for successful program completion. These criteria are outlined in course syllabi and in the Clinical Practicum Manual. Moreover, students are obligated to conduct themselves in a manner consistent with the American Association for Couples and Family Therapy’s Code of Professional Ethics.

2. Relevant and high admission and retention standards.

3. Early screening procedures to assure admitted students have the necessary skills to succeed. Program students are required to meet with their faculty advisor once per term, and more frequently when useful. It is the student’s responsibility to initiate per term meetings with his/her faculty advisor. It is the faculty advisor’s responsibility to be reasonably available for these regular meetings. Moreover, students are encouraged to inform their faculty advisor about any needs for accommodation. It is the student’s responsibility to initiate contact with program faculty about his/her need for accommodation.

4. Written procedures for developing action plans to assist and support students who do not perform adequately on screening/admission procedures and clear timelines for demonstrating adequate correction when remediation is an appropriate alternative to immediate termination. In that regard, when a problem area identified, the faculty advisor will bring his/her concerns and observations to the full CFT faculty. When appropriate, several remediation ideas will be discussed, and then brought to the student in a meeting between the student and advisor or, when useful, the entire CFT faculty or other combination of faculty/administrative personnel. A remediation plan is developed in that meeting or shortly thereafter, including identification of problem area(s), tasks for problem resolution, criteria for problem resolution, and a timeline for review and completion. These conditions are documented in writing and placed in the student’s academic file. Failure to comply with any prescribed remedial action may result in disciplinary action, including dismissal from the degree program.

As stated in the College of Education Academic Policies and Procedures Handbook (September, 2005), when serious deficiencies are noted, students are notified in writing by the appropriate faculty member with a copy of the letter to the department head. Similarly, when serious deficiencies are noted in practicum or field study, regardless of the time during the term, practicum supervisors, in collaboration with the Program Clinical Director and Program Director, will prepare a letter for the student with a copy to the Department Head. The letter will include:

- A description of the issues to be addressed
- A plan for addressing each issue
- A description of any previous efforts to address or prevent each issue
- Criteria for determining the issues have been remedied or resolved, and
- A timeline for review.

The program may choose to include the following options: additional remediation of unsatisfactory work or deficiency; offering alternative strategies for moving forward; assistance in transferring to another program; and termination from the program. Additional remediation strategies might include participation in therapy, completion of additional supervision time, transfer to another practicum site, and leave of absence from the practicum and/or degree program. When this process results in a decision to terminate a student from their program, the Department Head will forward a letter to that effect through the Academic Coordinator to the Director of Academic Supports and Student Services who will forward it to the appropriate university office. Once a student has been dismissed from the program the only option for possible readmission is to reapply.

**General Remedial Procedures**

Due process is utilized in resolving concerns about a student’s behavioral, academic, or ethical performance. The CFT faculty will follow the general procedure outlined below:
1. Review the concerns regarding the student.

2. Request and receive, where appropriate, further written evaluations from faculty and supervisors.

3. Convene, when necessary, a meeting with the student in order that the faculty and student may share concerns and arrive at a specific program of remediation.

4. Review the student’s standing, making a recommendation that the standing be maintained or changed. The student will be notified in writing of this recommendation.

5. Notification of recommendation to the student, should remedial action be deemed appropriate, including possible probation, dismissal or a leave of absence. Specific expectations that the student must meet before the student is reconsidered for reinstatement to full status in the program will be clearly outlined in the letter.

6. Determine the nature, type, and frequency of subsequent reviews.

7. If the student, having notification of the CFT faculty’s recommendations, believes the procedure unjust or this decision unfair, or that new information could lead to a different decision, they may present an appeal in writing.

8. The student may not be deprived of the right to pursue their education and training during the process of evaluation or appeal, unless the physical or emotional safety of the student and/or their client(s) is involved. If a student is to be suspended from participation in training, they must be notified in writing. The letter will state the time frames and limits of the temporary suspension, and its rationale. A copy of the letter is to be maintained in the student’s permanent file.

9. Once a student has been dismissed from the program the only option for possible readmission is to reapply.

All College of Education and university policies and procedures regarding student grievance rights apply throughout the review and remediation process described here.

Research
Students interested in research projects are encouraged to contact program faculty. Faculty will assist students in developing research ideas and orient students to research ethics and university policies and procedures governing research and protocol with human subjects. Students must receive program approval prior to initiating a research project.

Disclosure of Personal Information
The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) standards require the program to have “established policies for informing applicants and students regarding disclosure of their personal information” (COAMFTE Standard 140.02, 2003). With this standard in mind, the program would like to highlight that the classroom is an environment where student personal disclosures are possible. Each student should decide for themselves what information to disclose in the class environment. Students are advised to be prudent when making self disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment.

The AAMFT Code of Ethics states, in standard 4.7 (2001), that Marriage and family therapists do not disclose supervisee confidences, except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. With this in mind, the program would like to highlight that clinical supervisors who share responsibility for supervisees will share relevant information without a written waiver in an effort to provide a quality standard of supervision, maintain coherent training throughout the program, and ensure client care.
Defining Diversity
It is difficult to define one concept of diversity that will fit with every situation and context. It is the expectation of the program that as we learn and develop, we will revise and redefine our concept of diversity.

In order to thrive and excel, a culture must honor the rights, safety, dignity, and well being of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical and cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment. Some of the readings in this class do not adequately address diversity so we will be discussing how we might be able to make clinical practices more sensitive to diversity.

It is the policy of the University of Oregon to support and value diversity. To do so requires that we:

- Respect the dignity and essential worth of all individuals
- Promote a culture of respect throughout the University community
- Respect the privacy, property, and freedom of others
- Reject bigotry, discrimination, violence, or intimidation of any kind
- Practice personal and academic integrity and expect it from others
- Promote the diversity of opinions, ideas and backgrounds which is the lifeblood of the university

The Couples and Family Therapy program diversity statement is as follows:

The CFT program embraces a culture of respect and inclusion with a commitment to honoring diversity in all aspects of our program. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. Diversity includes, but is not limited to race, ethnicity, tribal affiliation, national origin, age, sexual orientation, gender, gender-expression/identity, socioeconomic status, disabilities, and spiritual/religious affiliations. We aim to honor and value diverse ways of learning, knowing, and experiencing. We also hope to create a forum where dialogues can take place that foster individual as well as collective self awareness and growth. In keeping with our commitment to these values, we ask that everyone (students, faculty, staff and supervisors) partner in a shared responsibility to build inclusion, equity, and respect of diversity across the CFT program. This can only happen if we continue to reflect on how our cultural backgrounds and diverse life experiences influence our work with clients. Thus, while we each bring unique perspectives to our professional work, as a program we expect that our students, faculty and staff, as human service professionals, will strive toward competency in meeting our clients' diverse needs and respecting all people.
Criminal Background Check *(updated 9/2012)*

This section, with forms and website links, can also be found in the *Current Students* section of the website [http://education.uoregon.edu/couples-and-family-therapy/current-students](http://education.uoregon.edu/couples-and-family-therapy/current-students).

In accordance with College of Education policy, the “College policy requires that all COE students assigned to practica, internship, . . . or other agencies, private or public, must submit documentation for obtaining a criminal history check PRIOR TO their first placement. Students will not be placed in a field experience or practicum until the necessary background clearance is obtained.” Therefore, as a student in the program, you are required to pass a background check. If you are an Oregon State resident, you can receive your verification through the Oregon State Police. If you are from out-of-state, you will need to complete a Federal Bureau of Investigation (FBI) records check. The background checks utilize a set of legible fingerprints for identification. Students must submit the appropriate background check results to the Academic Coordinator as soon as possible. For more information about the COE Background Check policy, visit [http://education.uoregon.edu/academics/coe-id-badge](http://education.uoregon.edu/academics/coe-id-badge). *(CFT students do not need a separate COE badge)*.

Once you receive your report, bring a COPY to the Academic Coordinator for your file. Keep the original as you may need to provide it to your externship site. If you have already obtained a background check within 1 calendar year of the start of the program, you do not need to obtain a new one, but you must provide a copy of the existing one.

*Oregon Residents Only*

**Oregon State Police Background Check/Fingerprinting Information:**

1. First you need to obtain a copy of your fingerprints. A Livescan digital copy of your fingerprints can be obtained from the University of Oregon Department of Public Safety (UODPS) located on the back side of Straub Hall, across from the Student Recreation Center. You need to take photo identification (Driver’s License or Passport). The fee is $15.00 for the fingerprint cards (CASH or CREDIT CARD ONLY). It is highly recommended that you schedule an appointment, which can be done online ([https://safetyweb.uoregon.edu/content/schedule-appointment-fingerprinting](https://safetyweb.uoregon.edu/content/schedule-appointment-fingerprinting)).
2. Follow the instructions, using the “Copy of Own Record Request” form provided below. Mail your
   a. fingerprint card
   b. Copy of Own Record Request Form
   c. $33.00 cash or check payable to Oregon State Police to the following address:

   Oregon State Police
   Identification Services Station
   Unit 11
   P.O. Box 4395
   Portland, OR 97208-4395


3. Results should arrive in 7-10 business days. After the results have been returned to you (they can only be mailed to the requester), please bring a **copy** of your record information to the CFT Academic Coordinator (the fingerprint cards will not be sent to our office). You are encouraged to keep your original documents as they may be requested by your externship site.
COPY OF OWN RECORD REQUEST
(revised 4/17/08)

This Oregon State Police form is to be used ONLY when requesting a copy of your own Oregon Criminal History information or clearance letter. This form may be copied.

NAME:___________________________________________________________________________

                                      Last    First    Middle

OTHER NAMES USED:______________________________________________________________

DATE OF BIRTH:_________/_________/_________

                                      month    day    year

SOCIAL SECURITY NUMBER: _________ - _________ - ______________

YOUR MAILING ADDRESS:____________________________________________________

                                                                 Street or P.O. Box

                                                                 City    State    Zip Code

                                                                 ________________________________

Country

TELEPHONE (________)________________________________________

MY CHECK OR MONEY ORDER, PAYABLE TO OREGON STATE POLICE, IS INCLUDED FOR THIS SERVICE AS FOLLOWS:

COPY OF OWN RECORD ($33.00)  $____________

PLEASE NOTARIZE RESPONSE ($5.00 per copy)  $____________

TOTAL INCLUDED  $____________

**Your fingerprint card will be returned with your response.
Non-Oregon Residents Only

FBI Background Check/Fingerprinting Information:

1. First you need to obtain a copy of your fingerprints. A Livescan digital copy of your fingerprints can be obtained from the University of Oregon Department of Public Safety (UODPS) located on the back side of Straub Hall, across from the Student Recreation Center. You need to take photo identification (Driver’s License or Passport). The fee is $15.00 for the fingerprint cards (CASH or CREDIT CARD ONLY). It is highly recommended that you schedule an appointment, which can be done online (https://safetyweb.uoregon.edu/content/schedule-appointment-fingerprinting).

2. TO OBTAIN A COPY OF YOUR FBI RECORD
   A. Complete the Applicant Information Form (http://www.fbi.gov/about-us/cjis/background-checks/submitting-an-identification-record-request-to-the-fbi). The form must be filled in completely or your request will be denied.
   B. The fee of $18.00 may be paid by credit card (using the form at http://www.fbi.gov/about-us/cjis/background-checks/credit-card-payment-form) or may be payable to the Treasury of the US with a certified check or postal money order (NO PERSONAL CHECKS). Any other forms of payment will be returned unprocessed.
   C. Mail your completed form, payment, and original fingerprint card to the FBI:
      FBI–CJIS DIVISION – Record Request
      1000 CUSTER HOLLOW RD
      CLARKSBURG, WV 26306

      Turn-around time is 10-12 weeks.

      For more info, call (304) 625-2000, or go to http://www.fbi.gov/about-us/cjis/background-checks.

3. Your fingerprint card will NOT be returned to you. When you receive the results (Either - No Record Response - OR - an FBI Identification Record) have been returned to you, please bring a copy of your record information to the CFT Academic Coordinator (the results cannot be sent to our office). You are encouraged to keep your original documents as they may be requested by your externship site.
Coursework

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<tr>
<th>Course</th>
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<td>Professional &amp; Ethical Issues + Discussion</td>
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<td>EDUC 611</td>
<td>Survey of Educational Research Methods</td>
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Total of 90 credit hours for graduation

Students must receive advisor and instructor approval to take classes outside of the regular program plan.

Students who are not in the CFT or CPSY programs are required to receive instructor approval to take most CFT courses. Course entrance criteria for non-CFT students include:

1. Instructor evaluates student readiness, particularly in light of pre-requisite knowledge of core concepts and fit with course objectives.
2. Student must be in a master’s or doctorate program, or post-graduate degree.
3. Submission of resume.
4. Submission of unofficial transcript(s).
5. Student demonstrates an understanding of client confidentiality policies, procedures, and AAMFT Code of Professional Ethics.

CFT 605 Reading (1-4 credits)
Reading credits may be taken for additional learning, such as research, topic study, or professional issues. Students may register for Reading credits as an Independent Study with approval from the instructor. The student should forward the instructor's email permitting registration for the course to the Academic Coordinator along with the agreed upon 18 character title, as it will appear on school transcripts. These credits may be taken with any faculty member serving as instructor. If the student is unsure about who would be the most appropriate instructor for the independent study, the student should talk with their advisor.

CFT 607 Seminar in Clinical Therapy (1-4 credits)
Students have until late June to complete their 400 client contact hours in order to be a Spring graduate. If you cannot complete hours by then, university policy requires that you register for a minimum of 3 credits during summer term (your final term). If the summer term is your 5th term of advanced practicum, then you will register for CFT 607, Seminar in Clinical Therapy.
Course Descriptions

CFT 607 Research Writing Seminar (1) Development of technical writing skills, APA formatting and literature review skills. Research ethics will be learned and reinforced throughout the course as well as considering how context, privilege and oppression informs research and scholarly writing.

CFT 609 Practicum, Beginning (3) Development of clinical micro skills, intake procedures, clinical interviewing, and client documentation. Use of role play, observation of therapy, video analysis, client discussions and co-therapy experience.

CFT 609 Practicum, Advanced (4) Provides clinical experience in systems therapy with close faculty supervision and supervised agency placement. Examines clinical development of intern through live, video-taped, and reflecting team supervision modalities in a small group setting.

CFT 609 Practicum, Externship (1-2) Provides clinical experience in systems therapy with faculty supervision and supervised externship placement. Examines clinical development of intern and professional development at their externship site.

CFT 609 Micro-counseling Skills (1) Introduction of basic micro-counseling skills for use in practice. Application and practice of skills are the central focus of the course.

CFT 614 Child Mental Health & Diagnosis (4) Emphasizes the etiology, nosology, phenomenology, and diagnosis of child mental health disorders. Examines social and cultural assumptions about "normal" versus "pathological" behavior, cognition and emotion. Offered alternate years.

CFT 615 Intro to CFT (3) Overview of the major models and methods of systemic counseling as they have evolved in the field of family therapy. Application of systemic therapy models to assessment and treatment protocol for common presenting problems.

CFT 616 Family Theory (3) A study of the major theoretical orientation and general theories relevant to the study of the family including exchange theory, symbolic interaction, general systems approach, conflict and phenomenology.

CFT 620 Mental Health and Diagnosis (3) Study of maladaptive behavior, treatment, and prevention emphasizing the integrative contributions of biological, behavior, cognitive, psychodynamic, humanist/existential and community perspectives including the DSM IV.

CFT 621 Professional and Ethical Issues + Discussion (3+1) Ethical, legal and practical issues related to professional counseling practices for the family therapist based on the AAMFT Code of Ethics.

CFT 622 Relational Assessment (1) Examines evidence-based practices for assessment in couples therapy. The course will integrate systems and communication theory with emerging contextual and behavioral assessment models.

CFT 624 Group Psychotherapy (3) Development of core competencies in group work based on theoretical review of group dynamics, group types, group process, and legal/ethical considerations in group work.

CFT 625 Violence, Trauma, & Healing (4) Theory and research on precipitation, maintenance, and cessation of violence in family contexts, and assessment of response to violent family behaviors, perpetrators, survivors, and families.

CFT 626 Human Sexuality (3) Contemporary examination of human sexuality in relational context covering sexual development, sexual expression, sexual inadequacy, and the assessment and treatment protocol for sexual dysfunction in heterosexual and homosexual relationships.
CFT 627 Advanced Theories in Relational Therapy (4) Looks at common factors of CFT theories/models and self-evaluation of clinical work. Examines integration, specifically the Metaframworks Model, Solution Focused Therapy, and Emotionally Focused Therapy.

CFT 628 Addictions (3) Review of current research on individual and family adjustment to contemporary challenges including trauma, physical abuse, sexual abuse, delinquency, poverty and homelessness, violence, and addictions.

CFT 629 Couple's Therapy (3) Application of systems theory to dyadic interactional problems within relationship and resolution. Includes research findings, assessment, motivation, change, content and process, ethics, and social-macro considerations.

CFT 630 Wellness & Spirituality Across Lifecycle (3) Understand existential issues, spirituality, and wellness interactions. Learn to work with client(s)’ lifecycle stage and health/stress issues and utilize resources to promote wellness.

CFT 632 Medical Family Therapy (4) Designed to introduce you to the theory, fundamentals, and practical applications of medical family therapy. Students will be able to identify medical specializations, terminology, assessments, collaborative models and client note formats common to medical settings. A collaborative approach to interdisciplinary healthcare practice will be discussed, applied, and reinforced throughout the course.

CPSY 614 Theories of Counseling (3) Overview of selected historical and current counseling theories.

CPSY 615 Counseling Diverse Populations (4) Influence of gender, race, ethnicity, and other factors related to diverse populations on the identity-formation process in contemporary society.

CPSY 617 Theories of Career Development (3) Addresses life-span career development including issues, concepts, and definitions; theories of career development and choice; intervention in strategies; and career resources in the context of a multicultural society.

CPSY 642 Child & Family Interventions (4) Empirically oriented interventions with children and families, ranging from early childhood through adolescence. Integrates developmental and intervention sciences.

EDUC 611 Survey of Educational Research Methods (3) Survey of qualitative, quantitative, and single-subject research methods. Students develop competence in using published research to inform decision-making in various settings.
Two-Year Program Progression

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<td>Addictions &amp; Recovery¹ / Wellness &amp; Spirituality Across Lifecycle²</td>
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¹ Courses offered odd years only
² Courses offered even years only
605 Reading (Independent Study) available all terms, 1-4 credits
607 Seminar in Clinical Therapy available all terms, 1-4 credits

Written Comprehensive Exam - after Winter term, First year
Clinical Comprehensive Exam - May of Second year
First Year Comprehensive Exams

Between the end of winter term and beginning spring term of your first year of study you will sit Part 1 of the comprehensive exams. This examination is designed to evaluate your theoretical foundation and ability to apply those ideas to key clinical situations. The faculty will evaluate your response to the exam. A passing grade on Part 1 & 2 of the Comprehensive Exams is required before clinical work is permitted. Should a student fail the exam, he/she is given a second opportunity to pass the exam.

As stated in the College of Education Policies and Procedures Handbook (September, 2005), “the primary purpose of the comprehensive examination is to provide the program faculty with an opportunity to examine students’ ability to (a) fluently use foundation skills and knowledge; (b) critically and clearly express ideas and knowledge in writing; and (c) critically synthesize current professional literature. The comprehensive examination process permits students to organize and synthesize a broad array of historical and state of the art data and information (B-15).”

The comprehensive exam consists of two parts: (a) a written, knowledge-base evaluation, and (b) a clinical skills exam. Each part is described below.

**Part One: The Written Knowledge-Base Exam**

Students are required to take and pass the comprehensive exam prior to beginning their clinical practicum. The exam tests students’ knowledge of core CFT concepts, theory, professional ethics, and research design. To be eligible to sit for the exam, students must have received a grade of B- or above on all courses offered in the fall and winter terms of the first year. The comprehensive exam is administered either the last week of winter term or the first week of spring term, first year.

Comprehensive exam questions are distributed to students during the fifth week of the fall term of their first year. The list includes three questions. The questions are designed to specifically measure student knowledge of each of the first four program goals. The students are given a total of five hours to complete the closed book, closed-notes exam. The questions are worth a total of 100 points. A student passes the exam by earning a total score of 80% or above. Under a blind condition, at least two CFT faculty members will evaluate each student’s exam responses.

There are three possible results of the written exam: (1) No Pass (total score below 80%); (2) Pass (total score 80-90%); and (3) Pass with Distinction (total score above 90%). Students will be informed of their performance on the exam within 3 weeks of the exam date.

**Part Two: The Clinical Skills Exam**

The clinical exam is designed to measure executive skills competencies, particularly drawn from the family therapy-unique competencies. The Clinical Skills Exam occurs in spring term and is embedded in the Beginning Practicum Course. This is a summative evaluation; more information will be provided during the winter and fall term.

**Passing the First Year Comprehensive Exams**

Students who do not pass the written knowledge-base comprehensive exam will have one final opportunity to earn a passing score. The retake will be offered in the 8th week of the summer term, or the term that immediately follows the original exam date. In the first week of the summer term, the student’s faculty advisor will assist the student in creating a written exam preparation plan. This written plan of action will specify (a) that the examination must be retaken in whole; (b) required additional course work; (c) additional products or activities to be completed by the student, if any; (d) evaluation criteria to be used; and (e) timeline for completion. The advisor will give the student a copy of this plan and discuss its implementation. The faculty advisor will provide guidance and direction in assisting the student to prepare for the exam, but the final product should be the result of the student's work. During the written plan of action meeting (first week of summer term), the student will be given a new set of 3 questions. Students
who do not earn a total score of 80% or above on the retake exam will be dismissed from the CFT program. A similar process is employed for those who do not pass the clinical skills exam. It is possible that a student will perform well on two of the three comp questions. In this case, the faculty evaluators will use their discretion as to whether it is possible to just re-take one of the exam questions at the end of spring term.

**Formal Clinical Presentation (second year comprehensive exam)**

During the term of graduation, students complete a “formal client presentation.” This acts as a comprehensive clinical exam and gives students an opportunity to demonstrate their knowledge of clinical theory, the professional literature and intervention. It reflects the culmination of each student’s understanding of coursework and clinical practice. CFT students are required to earn a passing grade on their Formal Client Presentation to be eligible for successful completion of the program.

Students will earn either Pass with Distinction; Pass; or No Pass. Students who earn a Pass may be required to revise portions of the paper or, in some other way (e.g., reflection paper, submission of new video clips), address certain questions raised by the faculty evaluators. Students who earn a No Pass must reschedule the formal presentation with a revised manuscript and perhaps additional video clips. Failure to complete the assignment on the second effort will result in termination from the program. Please refer to the remediation plan in this manual for No Pass policies and procedures.

Students who have earned a No Pass (NP) for any of their supervision courses will not be eligible to engage in this presentation process until the NP is changed to a Pass (P).

**Graduation Requirements and Process**

In order to graduate, students must fulfill all the requirements of the Graduate School and the Couples and Family Therapy program and be currently registered for the minimum of 3 credit hours in the term of graduation. An Application for Advanced Degree form must be submitted to the Graduate School, [http://gradschool.uoregon.edu/node/152](http://gradschool.uoregon.edu/node/152), by the 1st week of the term of intended graduation.

In addition, your Program Plan should be updated and complete, submitted to the Academic Coordinator, and:

- Comprehensive exam – pass
- Formal Client Presentation – pass
- Removal of Incompletes (either supplemental grade report or petition for removal)
- All transfer credits must have been submitted and accepted the first term of study
- 90 hours of CFT required coursework including
  - 28 hours of Practicum (Beginning, Advanced, and Externship)
  - 400 hours of client contact (includes 200 hours of relations contact) with a ratio of 1:5 or lower.
  - 40 hours Individual Supervision
  - 40 hours of “Raw Data” Supervision
  - 62 credits hours of graded graduate hours
- GPA of 3.0

In addition, turn in your completed and signed 400 Hours Completion form to the Academic Coordinator as soon as the hours are obtained, even if you are planning on continuing to see clients.
AAMFT Code of Professional Ethics
As clinicians in training, all CFT students are governed by the Code of Ethical Conduct of the American Association for Marriage and Family Therapy (AAMFT). A copy of the AAMFT Code of Ethics is enclosed with this handbook (Appendix C).

All students are responsible to read this code and be thoroughly familiar with its contents. A violation of the AAMFT Code of Ethics is considered very serious and automatically results in a review of the student's status by the CFT faculty and may result in dismissal. Students are also required to comply with the U of O “Student Conduct Code” found in the class schedule and online at http://studentlife.uoregon.edu/judicial/conduct/code.htm.

Professional Conduct Assumptions and Guidelines

- The students, faculty and staff in the CFT program will promote cooperation rather than competition.
- The students, faculty and staff in the CFT program will strive to encourage and empower others.
- The students, faculty and staff in the CFT program will recognize and respect that all individuals have different needs, talents, and areas for growth. However, all students enrolled in the program have met the qualifications for the program.
- The students, faculty and staff in the CFT program will seek to make communication respectful, and whenever possible direct.
- The students, faculty and staff in the CFT program will resolve to handle conflict in ways that lead to trust and cooperation and will attempt to resolve conflict in a mutually acceptable manner.
- The students, faculty and staff in the CFT program will resolve to support each other’s growth by sensitively drawing attention to subtle inappropriate behavior that originates in discrimination, and to challenge each other’s attitudes in a spirit of growth.
- The students, faculty and staff in the CFT program will generalize their therapeutic ethical practices to their personal and professional interactions.
- It is considered inappropriate, and in some situations even unethical, to circulate unsubstantiated, negative remarks regarding graduate students and faculty. Concerns regarding the professional practice of colleagues should first be broached with the colleague in question. It is the responsibility of students who hear unsubstantiated remarks, to notify the speaker that such statements are inappropriate and that rumor spreading is harmful to the learning environment.
- Respect the confidentiality of colleagues by protecting both professional (e.g. grades) and personal information shared within the context of this program. Individuals will refrain from disclosing or discussing information about students or faculty without their knowledge or permission.

In addition to the AAMFT Code of Ethics, all students are to be familiar with and follow the University of Oregon Student Conduct Code. Refer to the UO website (http://uodos.uoregon.edu/StudentConductandCommunityStandards/StudentConductCode/tabid/69/Default.aspx) for details.
**Student Grievance**

The College of Education professional education programs are designed to offer state-of-the-art knowledge and experience, quality supervision and to be responsive to student concerns and problems. Most problems encountered by students can be adequately addressed through interactions with faculty, staff or supervisors; however, on occasion, students may feel the need for further action. In these cases, students are encouraged to seek a third party to act as a mediator; however, the College of Education also recognizes the right of students to seek remedy for grievances.

A student grievance is described as any disagreement concerning a course, course of study, grades, comprehensive examination, thesis, dissertation defense, GTF employment, or other matter substantively affecting a student’s relationship to the College of Education.

Prior to filing a formal grievance, students are urged to consider the following options:

1. Talk with the individual causing the problem or with that person’s supervisor.
2. Request mediation through an available campus mediation program.
3. Use the process established within the academic unit within which the complaint arose.

Students who decide to file a grievance should follow the student grievance procedure outlined below.

**College of Education Grievance Procedure**

A student or group of students of the College of Education may appeal decisions or actions pertaining to admissions, programs, evaluation of performance, and program retention and completion. No student shall be penalized or discriminated against for utilizing this procedure. A grievance must be filed during the term in which the circumstances occurred, or before the end of the next term in which the student registered as a student in a College of Education program and must follow the procedural requirements outlined in OAR 571-03-110 and 115 (http://education.uoregon.edu/academics/student-grievance).

Steps in the procedure are outlined below. They are designed for use by an individual student, or a group of students who join together to submit a collective or class grievance.

**Step 1.**
The student(s) will attempt to resolve any disagreement or grievance with the faculty or staff member in question. Students are encouraged to discuss their concern with their faculty adviser. If the concern involves the faculty adviser, students may consult with another member of the program faculty and/or appeal to the next logical level of authority. If the concern is not resolved to the student(s)’ satisfaction within three academic calendar weeks of initial contact with the faculty or staff member, the student(s) may proceed to Step 2 of this procedure.

**Step 2.**
The Step 2 appeal will be the next logical level of authority within the area in which the student(s) course or program resides, or in which the faculty or staff member being grieved against holds appointment. This would be the “major director,” “area head,” or similar title, depending upon the administrative organization of the area. In the event of different interpretations of what constitutes the next appropriate level of administrative review, the Dean of the College of Education will rule on the definition of Step 2 administrators for the particular grievance. Administrators who are party to the grievance will not be part of the review process; in the event of such an occurrence, the grievance will move to the next logical level of review as determined by the Dean of the College of Education.

The student(s) will submit a written statement describing the basis for the grievance, how they have been wronged, and the attempt/s made to date to resolve the grievance with the faculty or staff member. The written statement should be submitted along with available supporting evidence (e.g., a course syllabus, test, term paper) to the designated Step 2 administrator.
The faculty or staff member grieved against will be notified of the grievance within two weeks of the regular academic calendar of its submission to the Step 2 administrator, and will be given a copy of the grievance statement and any supporting evidence. Within three academic calendar weeks of being informed, the faculty or staff member will submit a written statement of facts and any supporting evidence concerning the student(s) grievance to the Step 2 administrator. A copy of this written statement and any supporting evidence will be given to the student(s) within one week of its receipt.

Within three academic calendar weeks of receiving statements and evidence from both parties, the Step 2 administrator shall inform both parties in writing of his/her decision. The Step 2 administrator may seek additional evidence or consultation during this review period. Step 2 should be completed in four academic calendar weeks, beginning with the day that the student(s) submitted a grievance statement to the Step 2 administrator. With concurrence of both parties of the grievance the time period could be extended.

Step 3.
If the Step 2 administrator sustains the faculty or staff member's position and the student(s) decides to appeal, the student(s) may request that the grievance decision be reviewed at the next higher level of administrative review in the College of Education. This would most often be the Associate Dean for Academic Programs, but will be defined in terms of the earlier definition of the appropriate Step 2 administrator. The Dean of the College of Education will rule on the appropriate reviewer in the cases of disagreement.

If the Step 2 administrator sustains the student(s)' position and the faculty or staff member decides to appeal, the faculty or staff person may also request that the grievance decision be reviewed at the next higher level of administrative review in the College of Education. In either event, the appeal must be made within two academic calendar weeks of the Step 2 decision.

Upon receipt of an appeal from either party, the Step 3 administrator shall inform the other party of the appeal. The Step 3 administrator shall subsequently inform both parties in writing of his/her decision within two academic calendar weeks of receipt of the appeal. The Step 3 administrator may seek additional evidence and/or consultation as deemed appropriate.

Step 3 should be completed within two academic calendar weeks, beginning with the day either the student(s) or faculty/staff member requests a review from the Step 3 administrator.

Step 4.
If the student(s) is dissatisfied with the Step 3 decision, he/she may ask for review by the Dean of the College of Education, if the Dean has not already been included in Step 2 or Step 3 review, and is not a party to the grievance. The Dean may choose to convene a panel to review the grievance, or may seek additional evidence or consultation as the Dean deems appropriate. The Dean may also choose to refer the grievance appeal to an appropriate University grievance committee.

Step 5.
If the student(s) is dissatisfied with the Step 4 decision, he/she may take the grievance to an appropriate University committee (listed below).

Grades. If the grievance pertains to a disputed grade, the student(s) may talk with a member of the Office of Academic Advising and Student Services (164 Oregon Hall, 6-3211) about appropriate petitioning procedures).

Faculty/Staff. If the grievance pertains to some other aspect of faculty or staff responsibilities, the student may contact a member of the Student-Faculty Committee on Grievances. Five faculty members and five students are on the committee. Faculty committee members are listed in the back of the University of Oregon Faculty-Staff telephone directory. Procedures used by the Student-Faculty Grievance Committee to settle grievances include informal consultation and formal investigation. If the Committee is unable to resolve the complaint or grievance in a manner that is acceptable to the
persons concerned, the Committee will prepare a report of its findings and recommendations will be forwarded to the President of the University.

Discrimination. If any student enrolled in the College of Education or in a College of Education course believes he/she has been discriminated against on the basis of age, sex, race, marital status, religion, handicap, or national origin, she/he may contact the appropriate college affirmative action liaison officer, the Dean of the College of Education, or may take the grievance directly to the University Office of Affirmative Action.

If students are unsure as to which of the above grievance procedures to use, they may talk with any staff member in the Office of Academic Support and Student Services.

**CLINICAL PRACTICUM**

**Clinical Practicum Requirements**
The Commission on Accreditation for Marriage and Family Therapy (COAMFTE) has established national standards for the clinical practicum. The Oregon Board of Licensed Professional Counselors and Therapists supports these standards. The clinical practicum requirements are as follows:

- A supervised clinical experience of no less that 400 client contact hours, with a minimum of 200 relational hours with couples and families and 200 individual hours. Of those 400 contact hours, 100 may be alternative, but only 75 may be relational alternative. To complete the practicum within a one-year period, students need to average approximately 10 client contact hours per week.

- Supervision must minimally be 80 hours, maintaining a ratio of one hour of supervision for every 5 client contact hours; at least one hour per week of individual supervision (a minimum of 40 hours of “raw data” supervision). Supervision must include live and video-taped methods in addition to client review.

In addition, faculty supervisors must meet the following criteria:

- CFT Program supervisors should be AAMFT Approved Supervisors or Supervisors-in-Training. Program supervisors should also hold doctoral degrees or have appropriate graduate training, and have had relevant professional and clinical experience, or be supervised by a doctoral degree person.

- On-site administrative supervisors may be AAMFT Approved Supervisors, or its equivalent, or must have a master’s degree in counseling or a related discipline. Equivalency criteria include:
  1. Demonstrated training, education and experience in couples and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in couples and family therapy.
  2. Demonstrated training, education and experience in CFT supervision. This may be demonstrated by state credential to provide CFT supervision and/or completing course work or continuing education in CFT supervision, significant CFT supervised supervision experience, or more than 10 years experience supervising CFT students.

All CFT students are in an Advanced Practicum course with 8 or fewer supervisees concurrent with client contact. Therefore, in those cases where a site supervisor does not meet COAMFTE approved supervisor standards, students have weekly contact with AAMFT-Approved faculty supervisors. Supervision hours with supervisors who do not meet COAMFTE supervisor standards are not documented and are not included in the client contact to supervision ratios.
Practicum Objectives
The practicum intern will be engaged in face-to-face client counseling under the supervision of an AAMFT Approved Supervisor or the equivalent in an approved clinical setting accruing a minimum of 400 client contact hours, fifty percent with couples and families. The student will be responsible to the director of the practicum site for all procedures and policies of that site. The CFT faculty supervisor interacts with the student and the site director concerning details and evaluation of this practicum experience. Students must have 24 credits of supervised practicum course work to graduate from the program. The objectives are as follows:

A) **Professional Development in Agency Setting.** Interns will develop increased levels of professional conduct and demonstrate the ability to work within the field of mental health:
   1. demonstrate knowledge of agency policy and procedure
   2. develop a good working relationship with site director, on-site supervisor, and CFT faculty supervisor
   3. develop a cooperative relationship with supervision groups on-site and on campus
   4. demonstrate an openness to direct observation and taping of counseling sessions
   5. demonstrate a willingness to accept and use feedback related to professional conduct and counseling skills

B) **Specific techniques and treatment programs to be learned.** Interns will develop increased expertise in the following areas:
   1. develop a therapeutic relationship with clients
   2. demonstrate systemic problem assessment
   3. develop effective and appropriate treatment plans that lead to a therapeutic contract
   4. select and utilize appropriate interventions that support the treatment plans
   5. effectively evaluate client progress
   6. terminate clients within the guidelines of the national and state code of ethics for couples and family therapists
   7. evaluate client impact on the therapist involving issues related to transference and counter-transference

C) **Develop Model-Specific Expertise.** Students will be able to respond accurately to each of the following content areas:

D) **Underlying assumptions and assessment.**
   1. Identify the major assumptions of the model. What does the model say about where to focus your attention as you assess and promote change? Given this, what are the most important assessment questions? What basic questions is the therapist trying to answer as he/she assesses the individual/family? Make a list of these questions in the general order they are addressed. According to the model, what is the primary “unit of analysis” for assessment?

E) **Therapy Stages and Goal Setting.**
   1. What are the stages of (or phases) of a typical course of therapy from the model’s perspective? Perhaps one way to address this question is to draw a flow-tree of the stages and the possible outcomes of each stage.
   2. How are problems defined according the model? How does the model’s approach to thinking about problems inform how goals are constructed (e.g., strategic therapy works to identify the clients view of the problem, regards attempted solutions as contributing to the problem, and sets achievable goals)? Who is involved in constructing goals and how are they involved? What are the traits of a well-constructed goal? How do you know when a goal has been achieved? Who decides? According to the model, what is successful treatment outcome (e.g., increased differentiation; symptom relief; a new story is generated about the problem; useful interactive process)?
F) **Intervention and Evaluation**

1. Describe the model’s assumptions about intervention. Identify at least 5 interventions associated with the model. What is the therapist’s role in intervention? What are the characteristics of an effective intervention? How do you determine whether an intervention is useful at a given time? Finally, who does the therapist include in therapy and why? What are the general assumptions about who to include and what are some of the expectations of those participants, if any?

**Practicum Evaluation**

Evaluation is a central component in clinical training and supervision. Students are provided regular feedback by the CFT faculty supervisor and their externship supervisor. Externship supervisors evaluate practicum students through weekly supervision sessions and via term evaluations that focus on various family therapy competency skills, personal maturity, personality conflicts, and cooperation with agency leadership. Written copies of the student's on-site term evaluations are forwarded to the CFT faculty supervisor and the CFT Program Clinical Director for review.

The CFT faculty supervisor and CFT Program Clinical Director will meet with students who are not performing up to acceptable standards. In addition, the CFT faculty group supervisor evaluates the trainee’s clinical work every ten weeks. The evaluation process includes the supervisor's completion of a student's term evaluation, a student's self-evaluation, and the on-site supervisor's evaluation of the student. An individual interview is scheduled between the CFT faculty supervisor and intern to review the evaluation material and establish new goals for the upcoming term. Grades earned in the supervision course are based on the criteria published in the course syllabus.

**Evaluation of Supervision**

Each term, students will evaluate their supervision experience on the Term Evaluation Form for Supervisors. The original copy of this form will be completed and turned into the respective supervisors and serve as the focus of discussion between the intern and supervisor during their regular individual meeting. The purpose of this process is to support mutual growth and understanding between supervisor and supervisee. A copy of this form is kept in the student’s clinical file.

**Practicum Readiness**

Graduate students in the CFT program must be evaluated by the clinical faculty before they are assigned to clients at their practicum sites. This evaluation occurs in the spring term advisor meeting. There are several criteria to determine whether a graduate student is ready to assume the responsibilities of a therapist-in-training.

1. The student must have successfully completed the Pre-Practicum course and have passed the comprehensive exam. The competency categories used to make readiness decisions include: clinical micro skills; the ability to construct systemic hypotheses; demonstrate understanding of core, model-specific constructs; knowledge and understanding of the intake procedures; knowledge and understanding of assessment procedures; the ability to develop treatment plans and identify appropriate interventions; and the clear understanding of the needs and methods used to evaluate client progress.

2. A student will be deemed ready for practicum when he/she has (1) passed the comprehensive exam and (2) completed CFT core courses offered during the first year of study. Each course is completed when a grade of B- or above is earned.

3. Each student applies to a Cooperating Agency, and completes all interview and screening procedures required by that agency in consultation with their faculty advisor. The student is responsible for securing an appropriate practicum site that meets the requirements of the program. Please see the Clinical Practicum Manual for further information.
4. All CFT interns are required to comply with Oregon State Ordinance 181.536 Criminal Records checks: Current Employees of Providers, and Ordinance 181.537 Criminal Offender Information Available to Department of Human Resources, having passed a criminal background check through a fingerprint check.

Locating a Practicum Site
Students ready to locate a practicum site are provided a list of participating agencies. Students are required to arrange their practicum with their advisor—and are responsible for following practicum placement procedures as outlined in the Clinical Practicum Manual.

Practicum Placement Procedures
The CFT program has working relationships with a number of mental health agencies between Roseburg and Portland. Students will be informed about practicum sites through a listing of these agencies. A current list of those sites is made available to students once they have met all practicum placement requirements.

The student is to confer with his/her faculty advisor in selecting potential practicum sites that are compatible with the student’s areas of strength and experience. Students may petition the CFT clinical faculty to consider approving a practicum placement that is associated with current employment, and/or approval of a practicum placement that is a paid position, so long as all practicum site requirements are met. The graduate student should identify three potential sites in conference with their faculty advisor. All sites must meet program requirements. These requirements include:

1. The on-site supervisor must be an AAMFT Approved Supervisor or a Supervisor-in-Training. In accordance with the Manual on Accreditation, Version 10, Standard 152.02, an "equivalent" supervisor may be approved by the program should an agency be without an Approved Supervisor or Supervisor-in-Training. Equivalency requirements are:

   a) Demonstrated training, education and experience in couples and family therapy. This may be demonstrated by state MFT credential, AAMFT clinical membership or other documentation of training, education and experience in couples and family therapy.

   b) Demonstrated training, education and experience in CFT supervision. This may be demonstrated by state credential to provide CFT supervision and/or completing course work or continuing education in CFT supervision, significant CFT supervised supervision experience, or more than 10 years experience supervising CFT students.

When students meet weekly with a CFT faculty supervisor, the externship supervisor must have at least a master’s degree in a clinical discipline and more than 10 years of clinical experience. UO CFT students always meet with a CFT faculty member concurrent with externship supervision.

The agency must be able to provide 6-8 hours of client contact per week (for primary sites) and a minimum of 1 hour of individual supervision per week.

The requirements for application include:

- Preparing a current resume, statement of purpose, and outline of learning objectives.
- Speaking with graduate students currently placed at the selected agencies.
- Completing application to at least 3 agencies—being sure each site meets COAMFTE approval criteria.

Students are to secure approval for the practicum sight by following the procedure below:

- Follow all procedures in items 1 and 2.
- Notify faculty advisor of the practicum agency where you have been accepted.
- Notification must include the name of the agency director, and the name of your on-site supervisor. The CFT faculty and CFT director must approve of this placement before the Practicum Agreement is signed.
2. Have the agency director, the externship supervisor, the CFT Program Clinical Director, and you (as trainee) sign your practicum contract and submit the original copy to the Clinic Practicum & Contracts Coordinator. Your practicum placement is not official until you receive a copy of your official practicum contract fully signed. Your practicum will not begin until this process is complete. Therefore, do not begin seeing clients until after all signatures on the contract are collected. Please allow a minimum of two weeks from the time of your initial submission of the contract to the CFT department and the return of your copy of the fully signed document.

3. Secure student malpractice insurance. AAMFT endorses CPH & Associates to provide members with liability insurance, or it can purchased directly through CPH & Associations. The membership and insurance policy is good for one year. Because you need your insurance effective beginning June 25, join AAMFT June 10. CPH will send you an email with a 1-page Certificate of Insurance (Proof of Coverage) pdf document; forward this to the CFT Academic Coordinator, as you must file a copy of your policy verification with the CFT Academic Coordinator prior to the starting date of your practicum. You will not be able to begin your practicum until this document has been filed and recorded.

The graduate CFT clinical faculty and the CFT Program Clinical Director reserve the right to remove an intern from their practicum site at any time during the practicum contract period for the following reasons:

1. The student is not receiving adequate clinical hours at the agency.

2. The student is not receiving adequate supervision at the agency.

3. The student is being placed in a potentially dangerous position at the agency.

4. The student is being requested to perform personal and/or professional functions that are not in line with the AAMFT Code of Ethics.

5. The student is not following the proper procedure set forth by the agency and/or program in regard to the practicum experience.

6. The agency is uncooperative in complying with the requirements of the couples and family therapy practicum experience.

7. Other reasons deemed serious by the CFT Program Clinical Director and CFT faculty.

It is the policy of the CFT graduate program to seek to resolve issues with the agency prior to the removal of a student from the agency. In cases where the concern centers around potential harm to the student and/or client, the CFT Program Clinical Director maintains the authority to remove a student immediately and notify the agency following the decision.

**Practicum Continuation Policy**

Practicum is generally completed within 12-months (a minimum of 4 terms is required). Occasionally, due to extenuating circumstances, students are unable to complete their clinical requirements within this time. Official transcripts will not indicate a student has completed all degree requirements until all components of the clinical practicum have been fulfilled. Students can continue their practicum by registering for CFT 607 Sem in Clinical Therapy.

**AAMFT & OAMFT Membership**

All students are encouraged to become student members of the AAMFT and OAMFT. These organizations provide members with important developments within the field. Applications can be completed on the organizations’ websites, [http://www.aamft.org/](http://www.aamft.org/) and [http://www.oamft.org/](http://www.oamft.org/).
APPENDIX A

CFT Core Competencies


The couples and family therapy (CFT) core competencies were developed through a collaborative effort of the American Association for Marriage and Family Therapy (AAMFT) and interested stakeholders. In addition to defining the domains of knowledge and requisite skills in each domain that comprise the practice of couples and family therapy, the ultimate goal of the core competencies is to improve the quality of services delivered by couples and family therapists (CFTs). Consequently, the competencies described herein represent the minimum that CFTs licensed to practice independently must possess.

Creating competencies for CFTs and improving the quality of mental health services was considered in the context of the broader behavioral health system. The AAMFT relied on three important reports to provide the framework within which the competencies would be developed: Mental Health: A Report of the Surgeon General; the President’s New Freedom Commission on Mental Health’s Achieving the Promise: Transforming Mental Health Care in America; and the Institute of Medicine’s Crossing the Quality Chasm. The AAMFT mapped our competencies to critical elements of these reports, including IOM’s 6 Core Values that are seen as the foundation for a better health care system: 1) Safe, 2) Person-Centered, 3) Efficient, 4) Effective, 5) Timely, and 6) Equitable.

The core competencies were developed for educators, trainers, regulators, researchers, policymakers, and the public. The current version has 139 competencies; however, these are likely to be modified as the field of family therapy develops and as the needs of clients change. The competencies will be reviewed and modified at regular intervals to ensure the competencies are reflective of the current and best practice of CFT.

The core competencies are organized around 6 primary domains and 5 secondary domains. The primary domains are:

1) Admission to Treatment – All interactions between clients and therapist up to the point when a therapeutic contract is established.
2) Clinical Assessment and Diagnosis – Activities focused on the identification of the issues to be addressed in therapy.
3) Treatment Planning and Case Management – All activities focused on directing the course of therapy and extra-therapeutic activities.
4) Therapeutic Interventions – All activities designed to ameliorate the clinical issues identified.
5) Legal Issues, Ethics, and Standards – All aspects of therapy that involve statutes, regulations, principles, values, and mores of CFTs.
6) Research and Program Evaluation – All aspects of therapy that involve the systematic analysis of therapy and how it is conducted effectively.

The subsidiary domains are focused on the types of skills or knowledge that CFTs must develop. These are: a) Conceptual, b) Perceptual, c) Executive, d) Evaluative, and e) Professional. Although not expressly written for each competency, the stem “Couples and family therapists…” should begin each. It should also be noted that this is considered a living document which will undergo periodic review and revision.
1. Admission to Treatment

1.1. Conceptual skills

1.1.1. Understand systems concepts, theories, and techniques that are foundational to the practice of couples and family therapy.

1.1.2. Understand theories and techniques of individual, marital, family, and group psychotherapy.

1.1.3. Understand the mental health care delivery system and its impact on the services provided.

1.1.4. Understand the risks and benefits of individual, couple, family, and group psychotherapy.

1.2. Perceptual skills

1.2.1. Recognize contextual and systemic dynamics (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, spirituality, larger systems, social context).

1.2.2. Consider health status, mental status, other therapy, and other systems involved in the clients’ lives (e.g., courts, social services).

1.2.3. Recognize issues that might suggest referral for specialized evaluation, assessment, or care.

1.2.4. Consider cultural and socioeconomic factors in mental health service delivery.

1.3. Executive skills

1.3.1. Gather and review intake information.

1.3.2. Determine who should attend therapy and in what configuration (e.g., individual, couple, family, extra-familial resources).

1.3.3. Facilitate therapeutic involvement of all necessary participants in treatment.

1.3.4. Explain practice setting rules, fees, rights, and responsibilities of each party, including privacy, confidentiality policies, and duty to care to client or legal guardian.

1.3.5. Obtain consent to treatment from all responsible persons.

1.3.6. Establish and maintain appropriate and productive therapeutic alliances with the clients.

1.3.7. Solicit and use client feedback throughout the therapeutic process.

1.3.8. Develop and maintain collaborative working relationships with referral resources, other practitioners involved in the clients’ care, and payers.

1.3.9. Manage session interactions with individuals, couples, families, and groups

1.3.10. Develop a workable therapeutic contract/plan with clients.

1.4. Evaluative skills

1.4.1. Evaluate case for appropriateness for treatment within professional scope of practice and competence.

1.4.2. Evaluate intake policies and procedures for completeness and contextual relevance.

1.5. Professional skills

1.5.1. Understand the legal requirements and limitations for working with vulnerable populations (e.g., minors).

1.5.2. Collaborate effectively with clients and other professionals.

1.5.3. Complete case documentation in a timely manner and in accordance with relevant laws and policies.

1.5.4. Develop, establish, and maintain policies for fees, payment, record keeping, and confidentiality.

1.5.5. Draft documents required for treatment, including informed consent, release of information, and intake forms.
2. Clinical Assessment and Diagnosis

2.1. Conceptual skills

2.1.1. Understand principles of human development; human sexuality; gender development; psychopathology; couple processes; family development and processes (e.g., family dynamics, relational dynamics, systemic dynamics); co-morbidities related to health and illness; substance use disorders and treatment; diversity; and power, privilege, and oppression.

2.1.2. Understand the major mental health disorders, including the epidemiology, etiology, phenomenology, effective treatments, course, and prognosis.

2.1.3. Understand the clinical needs and implications of persons who suffer from co-occurring disorders (e.g., substance abuse and mental health).

2.1.4. Comprehend individual, couple, and family assessment instruments appropriate to presenting problem and practice setting.

2.1.5. Understand the current models for assessment and diagnosis of mental health and substance use disorders.

2.1.6. Understand the current models for assessment and diagnosis of relational functioning.

2.1.7. Understand the limitations of the models of assessment and diagnosis, especially as they relate to different cultural, economic, and ethnic groups.

2.1.8. Understand the concepts of reliability and validity, their relationship to assessment instruments, and how they influence therapeutic decision making.

2.2. Perceptual skills

2.2.1. Determine the person or system that is the focus of treatment (i.e., who is the client?).

2.2.2. Assess each clients’ engagement in the change process.

2.2.3. Systematically integrate client reports, observations of client behaviors, client relationship patterns, reports from other professionals, results from testing procedures, and interactions with client to guide the assessment process.

2.2.4. Develop hypotheses regarding relationship patterns, their bearing on the presenting problem, and the influence of extra-therapeutic factors on client systems.

2.2.5. Consider the influence of treatment on extra-therapeutic relationships.

2.2.6. Consider physical/organic problems that can cause or exacerbate emotional/interpersonal symptoms.

2.3. Executive skills

2.3.1. Diagnose and assess client problems systemically and contextually.

2.3.2. Engage with multiple persons and manage multiple levels of information throughout the therapeutic process.

2.3.3. Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders, and persons with special needs.

2.3.4. Apply effective and systemic interviewing techniques and strategies.

2.3.5. Administer and interpret results of assessment instruments.

2.3.6. Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.

2.3.7. Assess family history and dynamics using a genogram or other assessment instruments.

2.3.8. Elicit a relevant and accurate biopsychosocial history to understand the context of the clients’ problems.

2.3.9. Make accurate behavioral and relational health diagnoses.

2.3.10. Identify clients’ strengths, resilience, and resources.

2.3.11. Elucidate presenting problem from the perspective of each member of the therapeutic system.

2.3.12. Communicate diagnostic information so clients understand its relationship to treatment goals and outcomes.

2.4. Evaluative skills
2.4.1. Evaluate assessment methods for relevance to clients’ needs.
2.4.2. Assess ability to view issues and therapeutic processes systemically.
2.4.3. Evaluate the accuracy of behavioral health and relational diagnoses.
2.4.4. Assess the therapist-client agreement of therapeutic goals and diagnosis.

2.5. Professional skills
2.5.1. Utilize consultation and supervision effectively.

3. Treatment Planning and Case Management

3.1. Conceptual skills
3.1.1. Know which models, modalities, and/or techniques are most effective for the presenting problem.
3.1.2. Understand the liabilities incurred when billing third parties, the codes necessary for reimbursement, and how to use them correctly.

3.2. Perceptual skills
3.2.1. Integrate client feedback, assessment, contextual information, and diagnosis with treatment goals and plan.

3.3. Executive skills
3.3.1. Develop, with client input, measurable outcomes, treatment goals, treatment plans, and after-care plans with clients utilizing a systemic perspective.
3.3.2. Prioritize treatment goals.
3.3.3. Develop a clear plan of how sessions will be conducted.
3.3.4. Structure treatment to meet clients’ needs and to facilitate systemic change.
3.3.5. Manage progression of therapy toward treatment goals.
3.3.6. Manage risks, crises, and emergencies.
3.3.7. Work collaboratively with other stakeholders, including family members and professionals not present.
3.3.8. Assist clients in obtaining needed care while navigating complex systems of care.
3.3.9. Develop termination and aftercare plans.

3.4. Evaluative skills
3.4.1. Evaluate progress of sessions toward treatment goals.
3.4.2. Recognize when treatment goals and plan require modification.
3.4.3. Evaluate level of risks, management of risks, crises, and emergencies.
3.4.4. Assess session process for compliance with policies and procedures of practice setting.
3.4.5. Monitor personal reactions to clients and treatment process, especially in terms of therapeutic behavior, relationship with clients, process for explaining procedures, and outcomes.

3.5. Professional skills
3.5.1. Advocate for clients in obtaining quality care, appropriate resources, and services in their community.
3.5.2. Participate in case-related forensic and legal processes.
3.5.3. Write plans and complete other case documentation in accordance with practice setting policies, professional standards, and state/provincial laws.
3.5.4. Utilize time management skills in therapy sessions and other professional meetings.

4. Therapeutic Interventions

4.1. Conceptual skills
4.1.1. Comprehend a variety of individual and systemic therapeutic models and their application, including evidence-based therapies.
4.1.2. Recognize strengths, limitations, and contraindications of specific therapy models.
4.1.3. Understand the risk of harm associated with models that incorporate assumptions of family dysfunction or pathogenesis.

4.2. Perceptual skills
4.2.1. Recognize how different techniques may impact the treatment process.
4.2.2. Distinguish differences between content and process issues, their role in therapy, and their potential impact on therapeutic outcomes.

4.3. Executive skills
   4.3.1. Identify treatment most likely to benefit clients for presenting clinical problem or diagnosis.
   4.3.2. Match treatment modalities and techniques to clients’ needs, goals, and values.
   4.3.3. Deliver interventions in a way that is sensitive to special needs of clients (e.g., gender, age, socioeconomic status, culture/race/ethnicity, sexual orientation, disability, personal history, larger systems issues of the client).
   4.3.4. Reframe problems and recursive interaction patterns.
   4.3.5. Generate relational questions and reflexive comments in the therapy room.
   4.3.6. Engage each family member in the treatment process as appropriate.
   4.3.7. Facilitate clients developing and integrating solutions to problems.
   4.3.8. Defuse intense and chaotic situations to enhance the safety of all participants.
   4.3.9. Empower clients to establish effective familial organization, familial structures, and relationships with larger systems.
   4.3.10. Provide psychoeducation to families whose members have serious mental illness or other disorders.
   4.3.11. Modify interventions that are not working to better fit treatment goals.
   4.3.12. Move to constructive termination when treatment goals have been accomplished.
   4.3.13. Integrate supervisor/team communications into treatment.

4.4. Evaluative skills
   4.4.1. Evaluate interventions for consistency, congruency with model of therapy and theory of change, and goals of the treatment plan.
   4.4.2. Evaluate ability to deliver interventions effectively.
   4.4.3. Evaluate treatment outcomes as treatment progresses.
   4.4.4. Evaluate clients’ reactions or responses to interventions.
   4.4.5. Evaluate clients’ outcomes for the need to continue, refer, or terminate therapy.
   4.4.6. Evaluate reactions to the treatment process (e.g., transference, family of origin, current stress level, current life situation) and their impact on effective intervention and clinical outcomes.

4.5. Professional skills
   4.5.1. Respect multiple perspectives (e.g., clients, team, supervisor, practitioners from other disciplines who are involved in the case).
   4.5.2. Set appropriate boundaries and manage issues of triangulation.
   4.5.3. Articulate rationales for interventions related to treatment goals and plan, assessment information, and systemic understanding of clients’ context and dynamics.

5. Legal Issues, Ethics, and Standards
   5.1. Conceptual skills
      5.1.1. Know state, federal, and provincial laws and regulations that apply to the practice of couples and family therapy.
      5.1.2. Know professional ethics and standards of practice that apply to the practice of couples and family therapy.
      5.1.3. Know policies and procedures of the practice setting.
      5.1.4. Understand the process of making an ethical decision.
   5.2. Perceptual skills
      5.2.1. Recognize situations in which ethics, laws, professional liability, and standards of practice apply.
      5.2.2. Recognize ethical dilemmas in practice setting.
      5.2.3. Recognize when a legal consultation is necessary.
      5.2.4. Recognize when clinical supervision or consultation is necessary.
   5.3. Executive skills
      5.3.1. Monitor issues related to ethics, laws, regulations, and professional standards.
5.3.2. Develop policies, procedures, and forms consistent with standards of practice to protect client confidentiality and to comply with relevant laws and regulations.
5.3.3. Inform clients and legal guardian of limitations to confidentiality and parameters of mandatory reporting.
5.3.4. Develop safety plan for clients who present with potential self-harm, suicide, abuse, or violence.
5.3.5. Take appropriate action when ethical and legal dilemmas emerge.
5.3.6. Report information to appropriate authorities as required by law.
5.3.7. Practice within defined scope of practice and competence.
5.3.8. Obtain knowledge of advances and theory regarding effective clinical practice.
5.3.9. Obtain license(s) and specialty credentials.
5.3.10. Implement a personal program to maintain professional competence.

5.4. **Evaluative skills**
- 5.4.1. Evaluate activities related to ethics, legal issues, and practice standards.
- 5.4.2. Monitor personal issues and problems to insure they do not impact the therapy process adversely or create vulnerability for misconduct.

5.5. **Professional skills**
- 5.5.1. Maintain client records with timely and accurate notes.
- 5.5.2. Consult with peers and/or supervisors if personal issues threaten to adversely impact clinical work.
- 5.5.3. Pursue professional development through self supervision, collegial consultation, professional reading, and continuing educational activities.
- 5.5.4. Request third party reimbursement only for covered services.

6. **Research and Program Evaluation**
6.1. **Conceptual skills**
- 6.1.1. Know the extant CFT literature, research, and evidence-based practice.
- 6.1.2. Understand research and program evaluation methodologies relevant to CFT and mental health services.
- 6.1.3. Understand the application of quantitative and qualitative methods of inquiry in the practice of CFT.
- 6.1.4. Understand the legal and ethical issues involved in the conduct of clinical research and program evaluation.
6.2. **Perceptual skill**
- 6.2.1. Recognize opportunities for therapists and clients to participate in clinical research.
6.3. **Executive skills**
- 6.3.1. Read current CFT and other professional literature.
- 6.3.2. Use current CFT and other research to inform clinical practice.
- 6.3.3. Critique professional research and assess the quality of research studies and program evaluation in the literature.
- 6.3.4. Determine the effectiveness of clinical practice and techniques.
6.4. **Evaluative skills**
- 6.4.1. Evaluate knowledge of current clinical literature and its application.
6.5. **Professional skills**
- 6.5.1. Contribute to the development of new knowledge.
APPENDIX B

Program Goals, Educational Outcomes and AAMFT Core Competencies

Couples & Family Therapy Master’s Program
University of Oregon

The overall goal of our program is to produce systemically-minded, competent family therapists in accordance with the Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) Standards for Approved Educational Programs, and the accreditation standards of the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE). In order to achieve this broad goal, the CFT program offers a format that includes: (a) the acquisition of knowledge by formal classroom learning, and (b) the application of that knowledge in clinical settings under the supervision of qualified clinical supervisors.

More specifically, our overall goal is related to the following five sub-categories and associated goals and outcomes: (1) professionalism and ethical conduct; (2) scientific inquiry and critical evaluation; (3) theoretical foundations; (4) social context and diversity; and (5) clinical application. This document maps AAMFT core competencies to our program goals and educational outcomes; it serves as an organizing framework for our curriculum.

Program Goals & Educational Outcomes

1. Professionalism and Ethical Conduct

**Goal:** Students will develop an understanding of professional conduct and ethical standards and will demonstrate an ability to effectively apply their knowledge in clinical practice.

**Objectives:**

- d) Students will gain knowledge of couples and family therapy legal, ethical and professional standards and will demonstrate an ability to apply decision-making protocols and strategies in clinical and research contexts. 1.1.4, 1.3.5, 1.3.6, 1.3.7, 1.3.9, 1.3.10, 1.5.1, 1.5.2, 3.4.4, 3.5.3, 3.5.4, 4.5.2, 5.1.1-5.3.1, 5.3.3, 5.3.5-5.3.7, 5.5.1, 5.5.2

- e) Students will investigate and clarify their beliefs and values with regard to clinical practice and ethical decision making. 3.4.5, 5.3.10, 5.4.1, 5.4.2, 5.5.2, 5.5.3

- f) Students will collaborate effectively with a variety of professionals, including for instance physicians, psychologists, social workers, family law specialists, teachers, school counselors, members of the legal system and clergy. 1.1.3, 1.3.8, 2.5.1, 3.3.7, 3.3.8, 3.5.2, 4.3.12, 4.5.1

2. Scientific Inquiry and Critical Evaluation

**Goal:** Students will develop an ability to critically evaluate the research literature and demonstrate an understanding of the relationship between research results and clinical decision making.

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1 We do not directly provide instruction on competencies 1.5.3, 5.3.2, and 5.3.9
Objectives:
a) Students will develop an understanding of core principles of quantitative and qualitative research methodology and will demonstrate an ability to critically evaluate the merits of a given study. 6.1.2, 6.3.3, 6.4.1

b) Students will demonstrate an understanding of ethical issues associated with research, with particular emphasis on research with human subjects and social justice. 6.1.3

c) Students will be able to describe their procedures for incorporating empirically-supported and evidence-based literature in practice and will demonstrate an ability to critically evaluate this literature from a systemic framework. 1.3.7, 2.1.7, 3.1.1, 5.3.8, 6.1.1, 6.2.1, 6.3.1, 6.3.2, 6.3.4

3. Theoretical Foundations

Goal: Students will gain an understanding of the core theoretical assertions of couples and family therapy and will critically assess their own systems-oriented theory of change.

Objectives:
a) Students will develop an understanding of systemic epistemologies and core systemic constructs. 1.1.1, 1.1.2, 4.2.2

b) Students will demonstrate an ability to apply systemic constructs in diverse settings and with diverse populations, with particular emphasis on clinical assessment, diagnosis, intervention and evaluation of practice. 3.1.3, 3.1.4, 3.2.1, 4.1.2, 4.2.1, 4.5.3

c) Students will understand the distinction between eclecticism and theoretical integration and will demonstrate an ability to create a coherent theory of change that integrates systems theory, communications theory, and the evidence-based, common factors and transtheoretical literatures. 2.3.8, 4.1.1, 4.3.1

4. Social Context and Diversity

Goal: Students will develop attitudes that value human diversity, will practice culturally-sensitive analysis and critical self awareness when counseling diverse populations, and will demonstrate cultural competence in all professional activities.

Objectives:
a) Students will adopt a practice framework that incorporates critical consciousness, self awareness, and knowledge of the relationship between diverse life experiences, human development and the role of diversity in resolving conflict. 1.2.1, 2.1.1

b) Students will demonstrate an ability to critically evaluate the role of social context in understanding and resolving human conflict, including issues such as social class, power, privilege, oppression, sexism, and injustice.

c) Students will thoughtfully incorporate their knowledge of social context and diversity when conducting a clinical assessment, constructing interventions, and evaluating practice. 3.5.1, 4.3.2
5. Clinical Application

**Goal:** Students will develop an understanding of the unique systemically-oriented assessment and intervention competencies, will apply them effectively in practice, and will critically evaluate their own practice.

**Objectives:**

a) Students will demonstrate an ability to competently assess and treat a broad spectrum of clinical issues and client configurations (e.g., individual, dyad, family) within a systemic framework. 1.3.2, 1.3.6, 1.3.9, 1.4.1, 2.1.2, 2.1.3, 2.2.5, 2.3.3, 2.3.4, 2.3.5, 2.3.9, 3.1.2, 3.3.6, 3.4.3, 4.3.3, 4.3.4, 4.3.7, 4.3.11, 5.3.4

b) Students will demonstrate an ability to conceptualize client situations from a relational perspective (micro and macro orientations), develop relational goals and objectives, create an “expanded therapeutic alliance” and engage “expanded direct treatment systems” (Miller, Todahl & Linville, 2007; Sprenkle & Blow, 2004). 1.2.2, 1.3.1, 1.3.3, 2.1.4, 2.2.2, 2.2.3, 2.2.4, 2.3.6, 2.3.7, 2.4.2, 2.4.4, 3.3.1, 3.3.2, 3.3.9, 3.4.1, 3.4.2, 4.3.5, 4.3.8, 4.3.9

c) Students will demonstrate an ability to generate a systemic diagnosis of a given client system and tailor interventions drawing on their knowledge of the research literature, theoretical assumptions, client readiness, and diversity. 1.2.3, 2.1.5, 2.1.6, 2.2.1, 2.3.1, 2.3.2, 2.4.1, 2.4.3, 3.3.4, 3.3.5, 4.3.6, 4.3.10, 4.4.1-4.4.6
APPENDIX C

AAMFT Code of Ethics
Effective July 1, 2001

Preamble

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.013 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective July 1, 2001.

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee. The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Both law and ethics govern the practice of marriage and family therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations. If the AAMFT Code of Ethics prescribes a standard higher than that required by law, marriage and family therapists must meet the higher standard of the AAMFT Code of Ethics. Marriage and family therapists comply with the mandates of law, but make known their commitment to the AAMFT Code of Ethics and take steps to resolve the conflict in a responsible manner. The AAMFT supports legal mandates for reporting of alleged unethical conduct.

The AAMFT Code of Ethics is binding on Members of AAMFT in all membership categories, AAMFT-Approved Supervisors, and applicants for membership and the Approved Supervisor designation (hereafter, AAMFT Member). AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

The process for filing, investigating, and resolving complaints of unethical conduct is described in the current Procedures for Handling Ethical Matters of the AAMFT Ethics Committee. Persons accused are considered innocent by the Ethics Committee until proven guilty, except as otherwise provided, and are entitled to due process. If an AAMFT Member resigns in anticipation of, or during the course of, an ethics investigation, the Ethics Committee will complete its investigation. Any publication of action taken by the Association will include the fact that the Member attempted to resign during the investigation.

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2. Confidentiality
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Principle I
Responsibility to Clients

Marriage and family therapists advance the welfare of families and individuals. They respect the rights of those persons seeking their assistance, and make reasonable efforts to ensure that their services are used appropriately.

1.1. Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, or sexual orientation.

1.2. Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. The content of informed consent may vary depending upon the client and treatment plan; however, informed consent generally necessitates that the client: (a) has the capacity to consent; (b) has been adequately informed of significant information concerning treatment processes and procedures; (c) has been adequately informed of potential risks and benefits of treatments for which generally recognized standards do not yet exist; (d) has freely and without undue influence expressed consent; and (e) has provided consent that is appropriately documented. When persons, due to age or mental status, are legally incapable of giving informed consent, marriage and family therapists obtain informed permission from a legally authorized person, if such substitute consent is legally permissible.

1.3. Marriage and family therapists are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships with clients that could impair professional judgment or increase the risk of exploitation. Such relationships include, but are not limited to, business or close personal relationships with a client or the client’s immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

1.4. Sexual intimacy with clients is prohibited.

1.5. Sexual intimacy with former clients is likely to be harmful and is therefore prohibited for two years following the termination of therapy or last professional contact. In an effort to avoid exploiting the trust and dependency of clients, marriage and family therapists should not engage in sexual intimacy with former clients after the two years following termination or last professional contact. Should therapists engage in sexual intimacy with former clients following two years after termination or last professional contact, the burden shifts to the therapist to demonstrate that there has been no exploitation or injury to the former client or to the client’s immediate family.

1.6. Marriage and family therapists comply with applicable laws regarding the reporting of alleged unethical conduct.

1.7. Marriage and family therapists do not use their professional relationships with clients to further their own interests.

1.8. Marriage and family therapists respect the rights of clients to make decisions and help them to understand the consequences of these decisions. Therapists clearly advise the clients that they have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

1.9. Marriage and family therapists continue therapeutic relationships only so long as it is reasonably clear that clients are benefiting from the relationship.

1.10. Marriage and family therapists assist persons in obtaining other therapeutic services if the therapist is unable or unwilling, for appropriate reasons, to provide professional help.
1.11 Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of such treatment.

1.12 Marriage and family therapists obtain written informed consent from clients before videotaping, audio recording, or permitting third-party observation.

1.13 Marriage and family therapists, upon agreeing to provide services to a person or entity at the request of a third party, clarify, to the extent feasible and at the outset of the service, the nature of the relationship with each party and the limits of confidentiality.

Principle II
Confidentiality

Marriage and family therapists have unique confidentiality concerns because the client in a therapeutic relationship may be more than one person. Therapists respect and guard the confidences of each individual client.

2.1 Marriage and family therapists disclose to clients and other interested parties, as early as feasible in their professional contacts, the nature of confidentiality and possible limitations of the clients’ right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Marriage and family therapists do not disclose client confidences except by written authorization or waiver, or where mandated or permitted by law. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. When providing couple, family or group treatment, the therapist does not disclose information outside the treatment context without a written authorization from each individual competent to execute a waiver. In the context of couple, family or group treatment, the therapist may not reveal any individual’s confidences to others in the client unit without the prior written permission of that individual.

2.3 Marriage and family therapists use client and/or clinical materials in teaching, writing, consulting, research, and public presentations only if a written waiver has been obtained in accordance with Subprinciple 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

2.4 Marriage and family therapists store, safeguard, and dispose of client records in ways that maintain confidentiality and in accord with applicable laws and professional standards.

2.5 Subsequent to the therapist moving from the area, closing the practice, or upon the death of the therapist, a marriage and family therapist arranges for the storage, transfer, or disposal of client records in ways that maintain confidentiality and safeguard the welfare of clients.

2.6 Marriage and family therapists, when consulting with colleagues or referral sources, do not share confidential information that could reasonably lead to the identification of a client, research participant, supervisee, or other person with whom they have a confidential relationship unless they have obtained the prior written consent of the client, research participant, supervisee, or other person with whom they have a confidential relationship. Information may be shared only to the extent necessary to achieve the purposes of the consultation.
Marriage and family therapists maintain high standards of professional competence and integrity.

3.1 Marriage and family therapists pursue knowledge of new developments and maintain competence in marriage and family therapy through education, training, or supervised experience.

3.2 Marriage and family therapists maintain adequate knowledge of and adhere to applicable laws, ethics, and professional standards.

3.3 Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that may impair work performance or clinical judgment.

3.4 Marriage and family therapists do not provide services that create a conflict of interest that may impair work performance or clinical judgment.

3.5 Marriage and family therapists, as presenters, teachers, supervisors, consultants and researchers, are dedicated to high standards of scholarship, present accurate information, and disclose potential conflicts of interest.

3.6 Marriage and family therapists maintain accurate and adequate clinical and financial records.

3.7 While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training, or supervised experience.

3.8 Marriage and family therapists do not engage in sexual or other forms of harassment of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.9 Marriage and family therapists do not engage in the exploitation of clients, students, trainees, supervisees, employees, colleagues, or research subjects.

3.10 Marriage and family therapists do not give to or receive from clients (a) gifts of substantial value or (b) gifts that impair the integrity or efficacy of the therapeutic relationship.

3.11 Marriage and family therapists do not diagnose, treat, or advise on problems outside the recognized boundaries of their competencies.

3.12 Marriage and family therapists make efforts to prevent the distortion or misuse of their clinical and research findings.

3.13 Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise special care when making public their professional recommendations and opinions through testimony or other public statements.

3.14 To avoid a conflict of interests, marriage and family therapists who treat minors or adults involved in custody or visitation actions may not also perform forensic evaluations for custody, residence, or visitation of the minor. The marriage and family therapist who treats the minor may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist’s perspective as a treating marriage and family therapist, so long as the marriage and family therapist does not violate confidentiality.
3.15 Marriage and family therapists are in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

**Principle IV**

**Responsibility to Students and Supervisees**

*Marriage and family therapists do not exploit the trust and dependency of students and supervisees.*

4.1 Marriage and family therapists are aware of their influential positions with respect to students and supervisees, and they avoid exploiting the trust and dependency of such persons. Therapists, therefore, make every effort to avoid conditions and multiple relationships that could impair professional objectivity or increase the risk of exploitation. When the risk of impairment or exploitation exists due to conditions or multiple roles, therapists take appropriate precautions.

4.2 Marriage and family therapists do not provide therapy to current students or supervisees.

4.3 Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee. Should a supervisor engage in sexual activity with a former supervisee, the burden of proof shifts to the supervisor to demonstrate that there has been no exploitation or injury to the supervisee.

4.4 Marriage and family therapists do not permit students or supervisees to perform or to hold themselves out as competent to perform professional services beyond their training, level of experience, and competence.

4.5 Marriage and family therapists take reasonable measures to ensure that services provided by supervisees are professional.

4.6 Marriage and family therapists avoid accepting as supervisees or students those individuals with whom a prior or existing relationship could compromise the therapist’s objectivity. When such situations cannot be avoided, therapists take appropriate precautions to maintain objectivity. Examples of such relationships include, but are not limited to, those individuals with whom the therapist has a current or prior sexual, close personal, immediate familial, or therapeutic relationship.

**Principle V**

**Responsibility to Research Participants**

*Investigators respect the dignity and protect the welfare of research participants, and are aware of applicable laws and regulations and professional standards governing the conduct of research.*

5.1 Investigators are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, investigators seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.
5.2 Investigators requesting participant involvement in research inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate. Investigators are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children.

5.3 Investigators respect each participant’s freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

5.4 Information obtained about a research participant during the course of an investigation is confidential unless there is a waiver previously obtained in writing. When the possibility exists that others, including family members, may obtain access to such information, this possibility, together with the plan for protecting confidentiality, is explained as part of the procedure for obtaining informed consent.

**Principle VI**  
**Responsibility to the Profession**

Marriage and family therapists respect the rights and responsibilities of professional colleagues and participate in activities that advance the goals of the profession.

6.1 Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If the mandates of an organization with which a marriage and family therapist is affiliated, through employment, contract or otherwise, conflict with the AAMFT Code of Ethics, marriage and family therapists make known to the organization their commitment to the AAMFT Code of Ethics and attempt to resolve the conflict in a way that allows the fullest adherence to the Code of Ethics.

6.2 Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with customary professional publication practices.

6.3 Marriage and family therapists do not accept or require authorship credit for a publication based on research from a student’s program, unless the therapist made a substantial contribution beyond being a faculty advisor or research committee member. Co-authorship on a student thesis, dissertation, or project should be determined in accordance with principles of fairness and justice.

6.4 Marriage and family therapists who are the authors of books or other materials that are published or distributed do not plagiarize or fail to cite persons to whom credit for original ideas or work is due.

6.5 Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the organization promotes and advertises the materials accurately and factually.

6.6 Marriage and family therapists participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

6.7 Marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest.

6.8 Marriage and family therapists encourage public participation in the design and delivery of professional services and in the regulation of practitioners.
Principle VII

Financial Arrangements

Marriage and family therapists make financial arrangements with clients, third-party payers, and supervisees that are reasonably understandable and conform to accepted professional practices.

7.1 Marriage and family therapists do not offer or accept kickbacks, rebates, bonuses, or other remuneration for referrals; fee-for-service arrangements are not prohibited.

7.2 Prior to entering into the therapeutic or supervisory relationship, marriage and family therapists clearly disclose and explain to clients and supervisees: (a) all financial arrangements and fees related to professional services, including charges for canceled or missed appointments; (b) the use of collection agencies or legal measures for nonpayment; and (c) the procedure for obtaining payment from the client, to the extent allowed by law, if payment is denied by the third-party payor. Once services have begun, therapists provide reasonable notice of any changes in fees or other charges.

7.3 Marriage and family therapists give reasonable notice to clients with unpaid balances of their intent to seek collection by agency or legal recourse. When such action is taken, therapists will not disclose clinical information.

7.4 Marriage and family therapists represent facts truthfully to clients, third-party payors, and supervisees regarding services rendered.

7.5 Marriage and family therapists ordinarily refrain from accepting goods and services from clients in return for services rendered. Bartering for professional services may be conducted only if: (a) the supervisee or client requests it, (b) the relationship is not exploitative, (c) the professional relationship is not distorted, and (d) a clear written contract is established.

7.6 Marriage and family therapists may not withhold records under their immediate control that are requested and needed for a client’s treatment solely because payment has not been received for past services, except as otherwise provided by law.

Principle VIII

Advertising

Marriage and family therapists engage in appropriate informational activities, including those that enable the public, referral sources, or others to choose professional services on an informed basis.

8.1 Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy.

8.2 Marriage and family therapists ensure that advertisements and publications in any media (such as directories, announcements, business cards, newspapers, radio, television, Internet, and facsimiles) convey information that is necessary for the public to make an appropriate selection of professional services. Information could include: (a) office information, such as name, address, telephone number, credit card acceptability, fees, languages spoken, and office hours; (b) qualifying clinical degree (see subprinciple 8.5); (c) other earned degrees (see subprinciple 8.5) and state or provincial licensures and/or certifications; (d) AAMFT clinical member status; and (e) description of practice.

8.3 Marriage and family therapists do not use names that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.
8.4 Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

8.5 In representing their educational qualifications, marriage and family therapists list and claim as evidence only those earned degrees: (a) from institutions accredited by regional accreditation sources recognized by the United States Department of Education, (b) from institutions recognized by states or provinces that license or certify marriage and family therapists, or (c) from equivalent foreign institutions.

8.6 Marriage and family therapists correct, wherever possible, false, misleading, or inaccurate information and representations made by others concerning the therapist's qualifications, services, or products.

8.7 Marriage and family therapists make certain that the qualifications of their employees or supervisees are represented in a manner that is not false, misleading, or deceptive.

8.8 Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience.
APPENDIX D

College of Education Advising Policy

The College of Education offers a broad range of master’s and doctoral degree programs that prepare students to become leaders in educational, social service, agency, and academic organizations. Each of these programs of study have been structured to address specific objectives and guidelines, and to conform to established professional organization requirements as well as concomitant university and college requirements, policies, and procedures. Upon entry into each program students will be provided an orientation and program handbook detailing pertinent information regarding program, graduation and/or licensure requirements, and administrative procedures. Either at entry to the program, or shortly thereafter, students will be assigned a faculty advisor(s), who assumes overall responsibility for guiding the student through his or her program. This relationship is central to the academic experience and is based on a number of key principles.

Principle #1: Each academic program must have a program handbook and organize an orientation for all incoming students to the program.

A program handbook should include, but not limited to, clearly defined and detailed program description, program structure, program requirements, new student information, student responsibilities, faculty responsibilities, rules and expectations, graduate school requirements, program calendars and deadlines. The handbook also should include links to grievance policies, other resources, and resources available to students.

Each program is also responsible for organizing a student orientation for all incoming students to their respective programs. The information in the handbook should be thoroughly addressed in these orientations, which does not preclude the advisor from going over the same information again with their respective advisees in person.

Principle #2: Each academic program should establish and affirm the advisor-advisee relationship to assist students to complete their program of study in an efficient and progressive manner.

The advisor-advisee relationship is critical to the student’s academic success and thus it is the primary responsibility of the faculty member, and as appropriate the academic program’s administrative staff, to foster a positive and supportive advising relationship with students. The faculty and staff should strive to guide each student to succeed in their respective academic program, including career guidance and development.

For doctoral students or other advanced students, the relationship may, and often will, include research, program evaluation, and other scholarly opportunities.

Principle #3: Students have important responsibilities in the advisor-advisee relationship.

Students must take the responsibility to be aware of the basic parameters and rules governing their academic program and important timelines for completing the program. The responsibility for scheduling meetings with the advisor and completing critical activities are borne jointly by the student in collaboration with the advisor and/or other academic program personnel.

Principle #4: The advisor-advisee relationship is based on clear, respectful, and open communication that values each student’s unique background and characteristics.

The advising relationship is based on clear communication between faculty, staff members and the student to ensure that (a) the basic requirements for progressing and ultimately completing the program successfully are communicated in a timely way and (b) where possible, curricular choices available to the student are discussed and considered. Faculty and staff members should take into consideration each student’s unique background that may affect the way suggestions are offered, or concerns are voiced.
Principle 5: The advisor and advisee should meet regularly to ensure that the student’s progress is monitored and directed toward completion.

The advisor and student should meet at regular and benchmark points throughout the program of study and each meeting should be structured to address critical decisions; e.g., upcoming deadlines, classes to be taken, application procedures, research considerations, graduation requirements etc. As needed, changes in a plan of study should be documented immediately after the meeting and filed with the academic program’s administrative staff.

Principle #6: The advisor-advisee relationship will vary by academic program.

Advising may involve one faculty to a single student to a one-faculty-many-students relationship. In some programs the advising function may involve a meeting of a number of students with an advisor or several advisors to describe and clarify program requirements, sequencing of classes, etc. There may be additional meetings with individual faculty and students or smaller groups. Regardless, these meetings should be scheduled regularly in advance to foster attendance and clarity of expectations.

Principle #7: Students are likely to establish academic relationships with other faculty.

Students often will establish relationships with other faculty members who are not their official advisor and who may influence students at different times during their academic program. Such relationships can be quite positive, but do not supplant the official advising relationship, and responsibility, unless an official administrative change is made.

Principle #8: Administrative procedures for appeals and grievances should be part of each program’s student handbook and stated in a way so as to be clear and simple to follow.

The process through which students may change advisors, appeal decisions, or initiate a grievance must be clearly stated in each program’s student handbook and on the COE website. These procedures should be structured so as to avoid stigma and repercussions if they are enacted. A clear statement of how to follow these procedures should be articulated in the program handbook and college website; thus they should be known to faculty, staff and students. Assistance in considering these options will be offered through the department or at the college-level through the Office of Student Affairs.

Principle #9: Where appropriate, each student should develop their program plan according to their respective program’s guidelines as early in the academic experience as possible.

In some programs and degree options, students establish a program committee with whom they develop a program plan, which details the plan of study addressing program requirements and, where appropriate, student preferences. This program plan is a written agreement between the student and the college that details the program of study leading to the specific degree.

Principle #10 (for doctoral students or advanced graduate students): Doctoral students or advanced graduate students have opportunities to engage in research, program evaluation, or other scholarly activities as part of their academic experience.

Opportunities to engage in research program evaluation or other scholarly activities (e.g., publications, presentations) are part and parcel of the advanced graduate experience in the College of Education. These experiences will, however, vary by the work conducted in the student’s program and by his or her own scholarly interests and career objectives. In many situations the student likely will have access to these opportunities through work conducted by the advisor and in other cases the student will work with other faculty, arrangements which may be set up either by the advisor or student.
APPENDIX E

INCLEMENT WEATHER POLICY & UNATTENDED ANIMAL POLICY

INCLEMENT WEATHER
Because it is a residential campus with 24/7 operations, the University of Oregon historically has not closed during inclement weather. In rare circumstances, however, extremely dangerous weather conditions may force the university to curtail hours (i.e., open late or close early or close completely). When inclement weather occurs, the university will follow one of these schedule options:

- Remaining open with the understanding that many faculty, staff and students may not be able to travel safely to campus and decide to remain home;
- Opening late or closing early, based on weather conditions;
- Closing the institution completely except for essential services.

Essential services: Regardless of the closure decision, employees who perform essential duties will be expected to come to work. Examples include public safety employees, residence hall kitchen workers, and those responsible for snow removal or storm clean-up. Supervisors of employees who perform essential service work are responsible for communicating attendance expectations in advance and discussing anticipated transportation difficulties.

If the university closes, SEIU employees who are notified that they must report for work because they perform essential services, will be paid time and one half for all hours worked during the closure as specified in Article 66, Section 3, of the SEIU collective bargaining agreement. For all other faculty and staff members and students, it is understood that everyone will not be able to travel to campus during inclement weather if the university remains open or operates on a curtailed schedule. Members of the campus community are expected to use their best judgment in assessing the risk of coming to campus and returning home, based on individual circumstances. Those who believe that the road conditions from home are dangerous are urged and even expected to stay there to prevent injury.

Notification: In the event the university operates on a curtailed schedule or closes, UO media relations staff will notify the Eugene-Springfield area radio and television stations as quickly as possible. In addition, a notice regarding the university’s schedule will be posted on the UO main homepage (in the “News” section) at http://www.uoregon.edu.

Faculty Notification of Class Cancellation: Unless the university closes, faculty members not able to travel to campus to convene their classes have the responsibility of attempting to notify students in a timely way that they will not be holding class. Furthermore, it is incumbent on faculty to share the communication strategy at the beginning of the term in the course syllabus, so that students fully understand in advance of inclement weather how to get this information prior to traveling to campus. Faculty members should contact their home department with the information as a first point of contact, and use at least one other method which may come from the following examples, any of which may be accomplished from off campus:

- Use Blackboard, which has both an announcements function and the capacity to send email to all enrolled students; or
- Send an email directly to all students; or
- Utilize the university voicemail greeting system on their office phone to announce the class cancellation.
Managers’ and Supervisors’ Communication: University managers and supervisors need to prepare for inclement weather in two ways. First, they must notify those employees (if any) who perform essential work of the expectation that they will need to report to work during inclement weather regardless of a university closure and discuss transportation options if that poses difficulties for the employees. Second, they need to prepare for notification by assembling up-to-date home phone lists, assigning calling responsibilities, providing employees with their home phone numbers, and reviewing the process with staff. It is important to respect the confidentiality of employee home phone numbers and to notify student employees as well.

Leave Options: Employees who are unable to report to work because of bad weather or because the university closed will use accrued vacation, compensatory time, exchange time, personal leave or leave without pay to cover the work time missed. Use of accrued sick leave is appropriate only in the case of illness. In cases in which employees do not have sufficient leave to cover the unexpected absence, supervisors are encouraged to allow employees to make up the time, if operational needs permit.

Public School Closures: The university often remains open while public schools and local child-care centers close due to bad weather. Supervisors are encouraged to recognize the difficulties this creates for working parents by responding with as much flexibility as the particular work environment will allow successfully. Supervisors may permit parents to bring their children with them to work or to allow them to take work home, if the specific job duties accommodate it. In addition, the Vivian Olum Child Development Center provides on-site child care for school-age children whenever inclement weather closes local public schools, but the university remains open. For more information please contact the Center, 346-6586. Pre-registration is required.

COE Policy: Unattended or Unleashed Domestic Animals

To protect people and animals in and around the College of Education, unattended or unleashed domestic animals are not permitted on College of Education grounds or in college buildings.

Purpose: Each person in the College of Education community is asked to be mindful of the potential dangers that unattended and unleashed animals on University property present. Even the most docile, obedient and affectionate animal can react aggressively if frightened or surprised, especially when leashed to an object and unable to escape for its own protection.

The potential problem for students using vision guide animals is evident. Further, unattended animals can also pose a threat to others, including children who are sometimes in the College of Education complex.

UO Policy on Animal Control

Reference: Under University of Oregon policy (OAR 571-050-0025), “unattended or unleashed domestic animals are not permitted on the property of the University.” The policy further states that the UO Department of Public Safety is to call the animal control agency to remove and impound unattended or at-large animals.
Procedure for Addressing the Presence of an Unattended or Unleashed Domestic Animal

- Students, staff, and faculty members who see an unattended or unleashed domestic animal in or on College of Education property, including dogs tied to objects such as benches or railings, are asked to immediately inform the nearest COE administrative office.

- The office manager/business manager (or designee) who receives a report of an unattended or unleashed domestic animal will immediately inform the UO Department of Public Safety of the animal's description and exact location so that DPS can call Lane County Animal Control to remove the animal. DPS will not impound the animal. Only Lane County Animal Control will remove the animal.

- After contacting OPS, the office manager/business manager (or designee) should send a brief written report of the incident to the assistant dean for administration and management for future reference. This report needs to include the following: (a) Time and date of call to DPS and (b) Description and location of animal.