

Counseling Psychology and Human Services Department  
COLLEGE OF EDUCATION

**UNIVERSITY OF OREGON**

**COUPLES AND FAMILY THERAPY M.S. DEGREE PROGRAM**

**STUDENT HANDBOOK  
2023-2024**

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## PROGRAM DESCRIPTION & OVERVIEW

The Master of Science Degree Program in Couples and Family Therapy (CFT) in the Department of Counseling Psychology and Human Services at the University of Oregon (UO) is designed to provide systematic, ethical and comprehensive clinical training for graduate students wanting to become family therapists.

### ***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, Strategic, Structural, Satir Growth model, Solution-Focused, and Narrative-Interactional models. In addition, students learn individual counseling theories such as Dialectical Behavioral Therapy and Cognitive Behavioral Therapies. The curriculum prepares students to develop a contextual understanding of individuals and families, including, for instance, cultural, regional, ethnic, gender, and socioeconomic considerations. Program faculty promote a strength-based orientation and advocate for community involvement. Coursework occurs concurrently with direct exposure to clinical work, beginning with observation of advanced students and faculty at the Center for Healthy Relationships. The CFT program requires a minimum of 90 credits leading to a Master of Science degree in Couples and Family Therapy.

The CFT program earned accreditation by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) in 2003 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 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 medical providers, psychologists, social workers, family law specialists, teachers, school counselors, and clergy;
4. able to competently counsel clients in the context of ethnicity, culture, gender, socioeconomics and other diverse circumstances;
5. able to thoughtfully evaluate and use the research literature.

Clinical faculty have an integral role in clinical training and a variety of practicum environments are available to students 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 (or elsewhere) 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 1,900 client-contact hours (400 of which may come from hours earned while in the program), under the supervision of a Board-approved supervisor. For additional information about licensing, please see the Oregon Board of Licensed Professional Counselors & Therapists website (<https://www.oregon.gov/oblpc/Pages/index.aspx>).

### ***Educational Outcomes***

Our program goals center in the following areas: (1) professionalism and ethical conduct; (2) scientific inquiry and critical evaluation; (3) theoretical foundations; (4) social context and diversity; and (5) clinical application. Appendix B maps AAMFT core competencies to our educational outcomes; it serves as an organizing framework for our curriculum.

### **Student Learning Outcomes**

As reflected in the CFT program's mission statement and overall goal, students are expected to demonstrate the following knowledge and skills:

**SLO1. Professionalism and Ethical Conduct:** 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 regarding 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.

**SLO2. Scientific Inquiry and Critical Evaluation:** 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.

**SLO3. Theoretical Foundations:** 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 trans-theoretical literatures.

**SLO4. Social Context and Diversity:** 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.

**SLO5. Clinical Application:** 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; Sprenkle & 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.

### **Faculty Outcomes**

Based on the mission of the University of Oregon and the CFT program, in teaching, supervision, and interactions with students and community members, faculty are expected to:

- FO1.** CFT faculty will consistently receive high ratings for effective and culturally competent course instruction and clinical supervision.
- FO2.** CFT core faculty will meet high standards of scholarship including professional presentations, peer-reviewed publications, and the generation of knowledge through research.
- FO3.** CFT faculty will foster a rich learning environment that demonstrates inclusion, critical consciousness, self-exploration, sensitivity to diverse populations, and commitment to social justice.

### **Program Outcomes**

The overall goal of the University of Oregon CFT program is to graduate systemically minded, competent couples and family therapists. We value the creation of an inclusive learning environment that fosters socially aware practitioners who, in partnership with their communities, promote social justice, systems change, and enhancement of individual well-being and community life. At the time of graduation and beyond, our program outcomes will be demonstrated in these ways:

- PO1.** Employers will report that CFT alumni are highly competent and well prepared for clinical practice.
- PO2.** Students will demonstrate critical analysis of culturally competent, systemic practice.
- PO3.** Students will report high satisfaction with the CFT program, including cultural competency, high quality instruction, and career preparation.

### ***Four CFT Program Anchors***

Over the years, the faculty and staff of the CFT program developed four anchors for the program that we believe are central to our success as a CFT community. The anchors are designed to foster self-reflection and to build a learning community culture that acknowledges contextual factors, encourages processes for noticing and resolving micro and macro aggressions, and in the service of becoming culturally competent therapists.



- We all have multiple intersecting identities (that engender both experiences of oppression and privilege) and are embedded in diverse contexts that we affect and are affected by us.
- We are all responsible for learning about privilege and oppression and to be open to the discomfort that this learning can bring.
- We all have the responsibility to learn how we react when we are uncomfortable (e.g., shut down, jump to conclusions, attack, turn away), and to endeavor/make efforts to engage/re-engage.
- We all have a shared responsibility in contributing to an open, collaborative learning community that turns toward systemic racism and other cultural norms that marginalize and harm individuals and communities.

### ***University Mission and the CFT Program***

The systemic orientation and emphasis on contextual considerations, generation of knowledge, and pursuit of excellence of the CFT program are enthusiastically supported by our Counseling Psychology and Human Services 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.

### ***Defining Diversity and Anti-Racism***

Given that it is difficult to define one concept of diversity that will fit with every situation and context, a program expectation is that as we learn and develop, we will revise and redefine our concept of diversity over time, in collaboration with students, clients, and persons with lived expertise.

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. This is an active process, including the practice of activism and anti-racism. The concept of diversity encompasses acceptance and respect in understanding that everyone is unique.

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 everyone is unique. Diversity includes 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.

## **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 (<https://education.uoregon.edu/cft>).

1. All completed materials must be received by the January application deadline for admission the following fall. A completed application consists of the following:
  - a) UO Graduate school application form
  - b) A purpose statement
  - c) Resume or Curriculum Vitae
  - d) Official transcripts of all undergraduate and graduate work completed to date
  - e) 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.
2. Shortly after the January deadline, the CFT admissions committee initiates the review of the completed application packets. At least two faculty members on the admissions committee

thoroughly evaluate the materials for each applicant. Based on this evaluation, candidates are: (a) invited to participate in an interview, (b) held temporarily in a pool for reconsideration, or (c) eliminated from the pool.

3. The criteria for admission are:

- a) A three-page, single-spaced, purpose statement describing all the following:
  - i. Discuss your professional goals, including reasons that this degree will support these goals. Additionally, describe what interests you about the University of Oregon's CFT program, in particular.
  - ii. Discuss your perspective of how anti-racism and intersectionality play a role in clinical work. Describe, also, ways in which you have acted as an anti-racism and equity activist in your life and/or work.
  - iii. Discuss how your lived experiences may help or hinder your future work with clients.
- b) A GPA of 3.0 for all undergraduate and graduate work to date, with a bachelor's degree from an accredited college or university.
- c) 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).
- d) 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 maturity and interpersonal skills of the applicant, and the referee's experience with the applicant.

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

After the review of applications and the admission committee decides whom to invite for interviews, candidates receive information about the on-campus interview day. The full-day campus interview experience consists of a combination of individual, dyad and group interviews. Phone or Skype/Zoom interviews may be arranged for candidates unable to attend the on-campus interview day. An interview with at least one CFT faculty member is mandatory before an admission decision can be rendered. CFT faculty will interview candidates 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 according to 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. Wait list candidates may be admitted to the program if one or more accepted candidates decline or do not respond by April 1.

### ***Orientation Timeline***

New student orientation occurs in the week before fall term starts. CFT faculty and staff organize an orientation meeting to familiarize new students with information about the Couples and Family Therapy Program. New students will have the opportunity to meet the CFT and CPHS Department 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. During orientation or shortly thereafter, new students will have the opportunity to sign a FERPA release form so that CFT faculty have student permission to discuss student readiness, aptitude, and academic performance for the purpose of externship site placement and future employment opportunities.

### ***Request for Accommodation***

Students with a documented disability, who anticipate needing accommodation, are encouraged to request that the Counselor for Students with Disabilities at the Accessible Education Center (541-346-1155) send a letter verifying the disability and needed accommodations. Disabilities may include neurological condition, orthopedic impairment, traumatic brain injury, visual impairment, chronic medical conditions, emotional/psychological disabilities, hearing impairment, and learning disabilities. CFT faculty and staff can only guarantee adherence to accommodations for students that have followed the formal process of requesting accommodations through the Accessible Education Center.

### ***Email Correspondence***

Students are expected to use their academic uoregon email for all program correspondence; gmail or other email accounts are not permissible. Students should consider if an email is necessary, as some information may be found in previous emails from faculty or staff, program manuals/handbooks, course syllabi, etc. When sending emails, it's expected that they are respectful in nature, include a clear subject in the subject line, and include a clear question or request in the body of the email.

Email is a common communication tool in the program to gather necessary information. When receiving emails from faculty and staff, students are expected to respond promptly. It is good practice to check email at least once daily during the week. It is not expected to be active on email over the weekend.

### ***Important Dates***

There are several important dates that students must be aware of throughout the academic year, such as academic and administrative deadlines, clinic and departmental meetings, holidays/campus closures, and other crucial dates. The CFT Program maintains a list of these dates, which is disseminated to students at the beginning of each academic year; any changes or updates are shared with students by email. Students are expected to stay informed of these dates by regularly consulting the Important Dates document, checking email, and following up when necessary.

### ***Continuous Enrollment***

A student enrolled in an advanced degree or graduate certificate program must attend the university continuously until all program requirements are complete unless the student has received an on-leave status. The student must register for three graduate credits each term, excluding summer session, to meet requirements for continuous enrollment.

To receive a graduate degree, a continuously enrolled student must have completed, at the time of graduation, all requirements described in the department and Division of Graduate Studies policies that were in effect when the student began their program of study at the UO. A student who has not maintained continuous enrollment is subject to the requirements described in the department and Division of Graduate Studies policies in effect the first term the student readmits and is re-enrolled at the UO.

### ***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 Division of Graduate Studies must receive the application by the last registration day in that term, as noted in the schedule of classes. On-leave status granted for a specified time 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 and faculty or staff services during that term. Students ought to work with a faculty advisor when considering taking leave. Please refer to the University of Oregon Division of Graduate Studies Policies and Procedures for additional information.

### ***Transferred Credit***

Graduate credit earned while a graduate student in another accredited graduate school or while enrolled in another UO program may potentially count toward the CFT degree under the following conditions:

1. Total transferred credits may not exceed 15 credits in a master's degree program.
2. The courses must be relevant to the degree program and taken at the graduate level. The student's home department and the Graduate Studies department must approve the transfer.
3. The grades earned must be A+, A, A-, B+, B, or P.
4. The courses have not been used to satisfy the requirements for another degree.

Transferred credit cannot 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 Studies Request for Transfer of Credit form must be completed the first term of enrollment in the CFT program. (<https://graduatestudies.uoregon.edu/sites/default/files/transfer-of-grad-credit.pdf>)

Students should meet with a faculty advisor to discuss eligibility for transferring credit and if they have additional questions about related policies.

### ***Grade Requirements***

To maintain academic standing as a graduate student, all students must meet the requirements specified by the Division of Graduate Studies, 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. A 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 3.0 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. A student found to be making unsatisfactory progress may be placed on academic warning or probation or may be dismissed from the program.

An incomplete (I) may be awarded if the instructor determines that the student meets all the following criteria. The student has been making satisfactory progress on coursework as determined by the criteria in the syllabus; has been active in the course, is unable to complete a portion of the course requirements due to extenuating circumstances beyond their control that occurred after the last day to drop a class; is able to independently complete the remaining requirements without attending additional classes beyond the term or receiving additional instruction; and requests an Incomplete by the published deadline

For more information on policies concerning grades and incompletes, please see the Division of Graduate Studies website: <https://graduatestudies.uoregon.edu/academics/policies/general/grades-incompletes>.

### ***Incomplete Courses***

Students must have all incomplete courses resolved to start clinical work. Once clinically active, students may only have one outstanding Incomplete to remain active in clinical work. If a student has more than one incomplete course in one term, they have one term to resolve the outstanding Incompletes to continue enrollment in Advanced Practicum.

### ***Class Schedule and Sequencing\****

Courses are scheduled 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 Healthy Relationships. 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 per week for group supervision at the onsite training clinic. Group supervision continues for each term students are in practicum.

The following courses must be successfully completed before a student can begin direct client contact as therapist of record:

1. CFT 615: Intro to Couples and Family Therapy
2. CFT 616: Systems Theory Foundations
3. CFT 620: Mental Health and Diagnosis
4. CFT 640: Beginning Practicum
5. CPSY 611: Counseling Skills
6. CPSY 612: Professional Ethical Issues
7. EDUC 611 or 612: Research Methods

To participate in the Clinical exam, students must have successfully passed course requirements and pertinent preliminary exams and be attending or have completed CFT 640 (Beginning Practicum).

*\*These course-sequencing policies are fixed unless a student has exceptional circumstances that are important to consider. Any change or exception made to the course sequence and schedule must receive prior approval from CFT Program Director.*

### **Cell Phones**

Since cell phones (e.g., text messaging, internet surfing) are often 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 a student has an exceptional circumstance (e.g., ill child), and needs to be on standby for a cell phone call, the student should set their cell to vibrate and exit the classroom if you receive a call.

### **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 may not be 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.

### **Academic Advising**

The CFT core faculty provide academic advising to CFT students. Academic advising often falls in two primary categories: 1) course plans/program plan and 2) clinic/clinical preparation. Students are assigned an academic advisor prior to enrollment. For students interested in participating in research, reach out to the CPHS department faculty member with whom you share research interests and discuss with your CFT faculty academic advisor. If you wish to change your academic advisor, please first discuss this with your academic advisor when workable. If you have a concern about having that conversation, discuss this with the Program Director or, when that is not workable, discuss it with the CPHS Department Head.

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

Minimum student responsibilities include:

- Seeking guidance with the advisor for questions related to program plan

- Preparing for advising meeting by organizing questions and/or documents for review
- Following through on assigned tasks

Minimum advisor responsibilities include:

- Assisting students in developing a Program Plan that meets program requirements
- Availability/accessibility

### ***Remediation***

A need for remediation typically occurs when a student demonstrates difficulty in one or more of the following areas: (1) behavior and professionalism; (2) academic and (3) legal/ethical.

1. Behavioral and professionalism concerns include the student's inability or unwillingness to follow faculty/supervisor directions, to accept and respond appropriately to feedback, to work collaboratively with others, extreme social insensitivity, chronic tardiness and/or absences and other situations which hinder a student from having appropriate collegial relationships and being successful in their academics and/or clinical practice.
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 and ethical decision-making standards.

CFT faculty design and conceptualize remediation plans 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 breach; hostile behavior that severely compromises the learning environment). 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 program will describe the criteria for successful completion. These criteria are outlined in course syllabi and in the Clinical Practicum and Program Handbook. Moreover, students are obligated to conduct themselves in a manner consistent with the American Association for Marriage and Family Therapy's Code of Professional Ethics.
2. Early screening procedures to assure admitted students have the necessary skills to succeed. It is the student's responsibility to initiate meetings with a faculty advisor or attend posted office hours. Students are encouraged to inform a faculty advisor about any need for accommodation; it



is the student's responsibility to initiate contact about their need for accommodation.

3. The CFT faculty will develop remediation and action plans in a timely manner in order to assist students who do not perform adequately on evaluations and comprehensive (comps) exams. Clear timelines for demonstrating adequate correction is an appropriate alternative to immediate dismissal from the program. In that regard, when faculty and/or supervisors identify performance and professionalism issues, a faculty advisor will discuss concerns and observations with other CFT faculty and/or the other director. Remediation ideas will be discussed and ensure that there is clarity about the problem areas. These concerns will be brought to the student's attention in a meeting between them and their advisor or, when useful, the entire CFT faculty or other combination of faculty/administrative personnel. A faculty advisor will lead the development of a remediation plan, as appropriate, in the initial meeting with the student or shortly thereafter. The remediation plan will include the identification of problem area(s), tasks for problem resolution, criteria for problem resolution, and a timeline for review and completion. The written remediation plan components and conditions will be placed in the student's academic file and a copy will be provided for the student who is under remediation. Failure to comply with any prescribed remedial action may result in disciplinary action, including dismissal from the degree program. If there is more than one remediation plan for a single student, it may be grounds for dismissal from the degree program.

As stated in the College of Education Academic Policies and Procedures Handbook, Section A, 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 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 CFT program faculty may choose to offer alternatives to remedial action such as assistance in transferring to another program and dismissal from the CFT program. Remediation strategies might include participation in therapy, completion of additional supervision time, transfer to another externship site, and leave of absence from the practicum and/or degree program. When this process results in a decision to dismiss a student from their program, the Department Head will forward a letter to that effect to the CFT Academic Program Coordinator who will forward it to the appropriate university office. If a student is dismissed from the CFT program, the only option for readmission is to reapply.

### ***General Remedial Procedures***

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

1. Review the concerns regarding the student.
2. Convene, when necessary, a meeting with the student so that the faculty and student may share concerns and arrive at a specific program of remediation.
3. For students about to enter clinical practicum, the clinical and/or program director will conduct a clinical readiness interview with any students whom the faculty have had concerns or questions regarding their academic performance or professionalism up to that point. A faculty advisor will also be present at this meeting to ensure transparent communication and consistency. Students concerned about their own readiness to begin their clinical practicum may also meet with one or both directors. The faculty will document these concerns and communicate to the students' upcoming clinical supervisors. A faculty advisor will inform students in writing about the need for and the scheduling of an in-person clinical readiness interview in writing after their Comps 2 exam. Students required to participate in a clinical readiness interview may not start their advanced practicum until this meeting occurs.
4. Request and receive, where appropriate, further written evaluations from faculty and supervisors. All onsite and externship clinical supervisors as well as instructors of CFT students will notify the CFT program director (academic courses) or CFT clinical director (externship practicum courses) to document concerns about student performance and/or behavior. The stated concerns will be addressed in a mandatory advising meeting with the student within four weeks of the initial correspondence.
5. Review the student's standing, recommending that the standing be maintained or changed. The student will be notified in writing of this recommendation.
6. Notify the student of the recommendation as soon as possible in cases where remedial action is deemed appropriate and necessary. Within the written recommendation, there will be specific expectations that the student must meet before the student is eligible for consideration of reinstatement to full status in the program.
7. Determine the nature, type, and frequency of subsequent reviews.
8. If the student, having received notification, would like to appeal the decision, they may present the appeal in writing to the CFT program director.
9. The student may not be dismissed from the program during evaluation or appeal, unless the physical or emotional safety of the student, other students, or program personnel and/or clients are in jeopardy. If a student is suspended from participation in training, they must be notified in writing. The letter will state the rationale, timeline, and limits of the suspension. A copy of the letter is to be maintained in the student's permanent academic file.
10. Once a student has been dismissed from the program, the only option for readmission is to reapply.

### ***Matters of Record***

Matters of Record (MR) are intended to document issues of concern with a student (and/or therapist intern) that are consistent with appropriate ethical and legal conduct of providing clinical services and advancing in coursework. This conduct includes items within program and clinic manuals, all relevant ethical and legal codes, and policies and procedures of their externship site. If issues emerge with a student regarding any area of professional conduct, unprofessional or unethical conduct, developmental skill, and/or administrative conduct, a MR may be issued to the student. A MR will be issued in writing via email and will include details related to the specific issue and expectations for the issue to be remedied. All MRs are issued by the Program or Clinical Director and shared with the student and the CFT Faculty and supervisor team. Common issues that arise that warrant a MR include, but are not limited to, continued feedback that is not addressed, disrespect and/or dismissive behavior toward faculty or staff, continued issues of timeliness and/or attendance in courses, not showing or being consistently late for scheduled program meetings, direct violation of ethical or legal guidelines, and issues of professionalism. The clinic manual outlines the common behavioral concerns that arise when in clinical training.

The first MR is considered a warning. The second MR requires the student to meet with the CFT faculty to discuss their conduct and may result in a remediation plan. The third MR will be discussed by the CFT faculty and may result in the student being dismissed from the program; the faculty will weigh the issue, the student's professionalism, and progress in their development. All MRs will be reviewed by the CFT faculty and discussed with the student directly. Copies of the MR will be added to the student's academic program file.

Students may be put on a remediation plan if they are not working professionally and or within ethical/legal guidelines and mandates required. When students are put on a remediation plan for clinical matters, they receive notice from the Clinical Director. All issues will be documented in writing with expectations for how to proceed to remedy the remediation period. A meeting will occur with the student and may include the full CFT faculty. Consequences associated with remediation may include a pause in program plan, being stopped from working with clients, and/or other directives as decided amongst the Directors and the faculty.

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

### ***CFT Program Research Options***

If you have an interest in participating in research while a student in the CFT program, please discuss this with your academic advisor.

### ***Disclosure of Personal Information***

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 (2015), 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.* The program would like to highlight that clinical supervisors who share responsibility for supervisees will share relevant information without a written waiver to provide a quality standard of supervision, maintain coherent training throughout the program, and ensure client care.

### **Responsible Reporting Policy**

Any student who has experienced sexual assault, relationship violence, sex or gender-based bullying, stalking, and/or sexual harassment may seek resources and help at [safe.uoregon.edu](https://safe.uoregon.edu). To get help by phone, a student can also call either the UO's 24-hour hotline at 541-346-7244 [SAFE], or the non-confidential Title IX Coordinator at 541-346-8136.

Students experiencing any other form of prohibited discrimination or harassment can find information at <https://investigations.uoregon.edu/> or contact the non-confidential AAEO office at 541-346-3123 or the Dean of Students Office at 541-346-3216 for help. As UO policy has different reporting requirements based on the nature of the reported harassment or discrimination, additional information about reporting requirements for discrimination or harassment unrelated to sexual assault, relationship violence, sex or gender-based bullying, stalking, and/or sexual harassment is available at <https://investigations.uoregon.edu/reporting>.

Specific details about confidentiality of information and reporting obligations of employees can be found at <https://investigations.uoregon.edu/title-ix>.

Due to University of Oregon policy, CFT instructors may need to report current incidences of discrimination, harassment, or physical and sexual assault that students disclose about their own experiences in our presence. Although we may be required to report the situation, the UO tells us that you will still have options about how to move forward with the information, including whether or not you wish to pursue a formal complaint and if you want to access support services on campus. Disclosures of student experiences of discrimination, harassment, or physical and sexual assault that occurred while you have been a student at the University of Oregon and that are made as a part of a class assignment, or as a part of supervision of your clinical work, may be exempt from required reporting.

In circumstances where CFT faculty must make a report, we would call the Care and Advocacy Program (CAP). The Care and Advocacy Program is designed to support students who have experienced sexual harassment, including sexual assault, dating or domestic violence, gender-based harassment or bullying, and stalking (<https://safe.uoregon.edu/>).

Students can decline offers of support from CAP advocates. Information shared with the CAP program about sexual violence, dating/domestic violence, stalking, sexual harassment, and discrimination based on gender/sex are confidential (unless the incident triggers mandatory child abuse reporting

requirements). CAP does share de-identified numbers for reporting purposes with the Title IX Coordinator, but any additional information is only shared with the Title IX Coordinator if a student releases it in writing.

- For more information about Title IX, please see: <http://www2.ed.gov/about/offices/list/ocr/sexoverview.html>
- For more information about students' rights and steps to take, please see: <https://safe.uoregon.edu/>
- For more information about the Care and Advocacy Program please see: <http://safe.uoregon.edu/about>
- For more information about violence prevention activities on our campus, please see: <https://studentlife.uoregon.edu/svpe/asap>
- For more information about faculty and staff reporting requirements, please see: <https://investigations.uoregon.edu/reporting>

### ***Criminal Background Check***

In accordance with College of Education policy, all COE students assigned to field placement of any kind must complete a fingerprint-based criminal history check PRIOR TO their first term in the field. There are two options to meet this requirement: (1) FBI-Approved Channeler Check or (2) Direct FBI Background Check. International students must complete Option 2: Direct FBI Background Check. We recommend that all other students complete the FBI-Approved Channeler Check due to much shorter processing times. *Students in educator licensure programs should complete background checks through TSPC.*

## **University of Oregon — College of Education Background Check Verification Process**

The State, University, and our partners are committed to ensuring the protection of minors and other vulnerable populations. This applies to all students participating in any course that requires you act as a practicing professional (i.e., counselor, teacher, therapist, case manager, etc.) or be responsible for the care, custody, or control of minors and/or other vulnerable populations. Observations and other curriculum-based activities that do not require students to act as a practicing professional nor require students to be responsible for the care, custody or control of minors and/or other vulnerable populations are excluded from these requirements (see related university policy, IV.05.06 Protection of Minors <https://policies.uoregon.edu/vol-4-finance-administration-infrastructure/ch-5-public-safety/protection-minors>).

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### **Who is required to complete the UOs clearance process?**

- All Applied Behavioral Analysis, Counseling Psychology, and Couple and Family Therapy licensure program candidates are required to complete the UO Risk Mitigation (RMS) clearance process prior to act as a practicing professional.
  - Due to their likely interaction with vulnerable populations, COE Family and Human Services direct services field study program students are required to complete the UO RMS clearance process.
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## When are students required to have clearance?

Students MUST have a clear and current background clearance before beginning of any course/program-required field experience in which they act as a practicing professional. Current is defined as within three years of the initial clearance date.

The RMS clearance is only one factor in the approval process, academics progress is reviewed by your program before placement. Students are expected to meet the volunteer requirements of the sites at which they are placed.

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## What are steps for completing the UO Risk Management's RMS steps process?

1. Follow the link to the [UO College of Education's Risk Mitigation](http://www.riskmitigation.us/UOCOE) application site ([www.riskmitigation.us/UOCOE](http://www.riskmitigation.us/UOCOE))
2. Click **"Add to Cart"** and submit \$20.50 processing payment using credit card or PayPal. Risk Mitigation will email you a payment confirmation. This email will also contain a link to the application page.
3. Next, click the **"Get Started"** button and answer the questions as thoroughly as possible.

### Application Tips:

- The application has 7 steps, consisting of several pages of notices and authorizations with questions interspersed throughout. Please read through the information completely.
- Most pages require you to **"Check" a confirmation box** at the bottom before moving to the next step.
- To move from page to page, click the **"Submit"** button at the bottom once you have entered your responses.
- At the end of the application, click the final **"I Agree/Submit"** button and wait for notification that your application has been submitted. You will also receive an email confirmation. (If by mistake you clicked the "Save" button, you will need to use the link you received immediately after payment to start again (this is a glitch in the system and does not work correctly).

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## How long does it take to get the UO RMS clearance results?

The RMS background check process typically takes **up to 10 business days** but can take longer in some cases. You will receive an email notification from RMS once you have clearance.

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## How are clearance results shared with my program?

UO Risk Mitigation clearance date results are sent to the UO COE Licensure, Assessment, and Field Services office. The COE Assessment, Licensure, and Field Services team provides weekly updates to programs with a list of students who have completed the clearance process with the date cleared.

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## How long is the UO Risk Mitigation considered current or valid?

- The UO background check expires 3 years from the initial clearance date. To be in a field placement, students must be within 3 years of this clearance date or resubmit for renewal.
- At any point, the UO may require a student(s) to obtain an updated background clearance.

Questions about background checks? Contact the Office of Assessment, Licensure, and Field Services: [coelicensure@uoregon.edu](mailto:coelicensure@uoregon.edu).

### **TK20**

TK20 is a data management system that provides students, faculty, and staff with tools to manage field placement, evaluations, and other program-specific requirements. The CFT program utilizes TK20 for many purposes relating to clinical training, including logging/tracking clinical hours toward graduation and clinical evaluations. Students are required to use TK20 for the purposes outlined by the program and follow all deadlines accordingly.

- Log in using your Duck ID: <https://tk20.uoregon.edu/>. Information about the use of TK20 is discussed further in the Externship and Practicum Manual.
- For questions and/or issues, submit a ticket to IT through the UO Service Portal (<https://service.uoregon.edu/TDClient/2030/Portal/Home/>) by typing 'Tk20' in the search bar or directly accessing the link (<https://service.uoregon.edu/TDClient/2030/Portal/Requests/TicketRequests/NewForm?ID=50922&RequestorType=Service>).

These resources are also linked on the TK20 log in page under 'Resources'.

### **Technology Needed**

Specific technology is needed when using the HEDCO Clinic during practicum. The minimum computer device requirements for using HEDCO Clinic technologies are listed below.

#### **Computer Processor, RAM (memory) and storage requirements**

	Minimum	Recommended
Processor	2.0 gigahertz (GHz), four cores	4.0 GHz or higher, six cores
RAM (memory)	8 GB	16 GB or higher
Storage	256 GB	512 GB or higher

### **System requirements**

- An internet connection – Home broadband wired or wireless
- Speakers and a microphone – built-in, USB plug-in, or wireless Bluetooth. A wired or wireless headset with microphone or earbuds with microphone is recommended
- A webcam or HD webcam - built-in, or USB plug-in

## Supported Operating Systems

- macOS 11 (Big Sur) or later
- Windows 10 (Home, Pro, or Enterprise versions) or later

## Notes:

**Windows 10 S Mode is not supported and does not work with some critical applications; Chromebooks and Chrome OS are not supported.**

**Tablet and mobile devices must not be your sole or primary computing device.**

The UO cannot guarantee full support of the following devices:

- iOS and Android devices
- Tablet PCs with Windows 10 must run Windows 10 Home, Pro, or Enterprise. *S Mode is not supported*

## Recommended browsers

- Windows: Firefox , Chrome, or Edge within two versions of the latest version
- macOS: Safari, Firefox, or Chrome within two versions of the latest version

Examples of computers which meet the minimum requirements (the CFT program does not require that you purchase either of these specific laptops – these are meant only as examples which work):

- Apple (this link goes through the DuckStore, but is really an Apple site):  
[https://www.apple.com/us\\_edu\\_381254/shop/buy-mac/macbook-pro/13-inch-space-gray-apple-m1-chip-with-8-core-cpu-and-8-core-gpu-256gb](https://www.apple.com/us_edu_381254/shop/buy-mac/macbook-pro/13-inch-space-gray-apple-m1-chip-with-8-core-cpu-and-8-core-gpu-256gb)
- PC: <https://www.dell.com/en-us/shop/dell-laptops/new-latitude-3540-laptop/spd/latitude-15-3540-laptop/s006l3540usvp>.

## ***HEDCO Building***

The HEDCO building was completed in spring of 2009. The Couples & Family Therapy program shares Suite 240 with the Counseling Psychology program and Communication Disorders & Sciences program. This area includes faculty offices, program support staff areas, meeting rooms, student spaces, a faculty/staff kitchen, and a student kitchen (with microwave, sink, and small fridge), faculty mailboxes (room 242), student mailboxes (265), and the Robin Jaqua Archetypal Library (240). Graduate students always have access to the suite once they submit their UO ID Prox number to the Academic Program Coordinator (APC). The Prox card is used to enter through the main front doors on the east side of the building or the south side entrance by the clinic, stairs, and elevators. With this access, students must act responsibly, respect security, and maintain a clean, shared space. If a student Prox card is not working, the student should send the Academic Program Coordinator an email stating which door you tried to enter and your Prox card number (last five digits on the backside of the card).

## **Meeting Spaces**

Students may reserve [meeting spaces](#) in HEDCO 240, 244, 258, or 271. Send an email to [cphsstudent@uoregon.edu](mailto:cphsstudent@uoregon.edu) with the following information:

- Day of the week (Monday, Tuesday, etc.)
- Date (e.g., September 22)



- Start time
- End time
- Number of people
- Event title (e.g., CFT research meeting, CFT comp exam prep, CFT supervision)
- Contact person and email
- Room preference if there is one

If you are not able to reserve and you need the room on that same day, you may contact the APC by email or in-person.

During business hours, students also have access to other facilities in HEDCO.

### **Learning Commons**

The Learning Commons (LC) is located on the first floor. The LC is a student work area with 26 desktop computers running both Mac and Windows, Microsoft Office, and internet, and a fully staffed student-run help desk. Students may check out a laptop and adaptor, but items must be returned by the closing hours of that same day. Printing is provided through the campus cash system with both black and white (8¢ per piece of paper, single or double-sided) and color printing (40¢ per side). There are five large panels where students can hook up their laptops for group work activities. There are two small group rooms and four individual study rooms that students can reserve. During the academic terms, the LC is open Monday – Thursday, 8:00 AM – 8:00 PM, and Friday, 8:00 AM – 5:00 PM. It is open regular hours during finals week, but it is not open between terms. During the summer, it is open Monday – Friday, 8:00 AM – 5:00 PM.

### **Lost and Found**

The HEDCO Lost & Found is located at the help desk in the Learning Commons.

### **Student Academic Services**

(SAS) is another resource located in HEDCO, Suite 130. SAS houses the Scholarship Award Program, which offers information on COE scholarships and other funding (<https://education.uoregon.edu/admissions/scholarships-funding>), and the Diversity, Equity, and Inclusion forum (<https://education.uoregon.edu/diversity-equity-and-inclusion#equity-forum>).

The Education Station Café is a favorite spot for people from all over campus. It is open during the academic terms on Monday – Thursday, 8:00 AM to 5:00 PM, and Friday 8:00 AM – 3:00 PM. If you use your own cup, you save 25¢.

## COURSEWORK

### List of Courses

#### Required Courses

	Title	Credits
CFT 640	Practicum, Beginning	3
CFT 606	Practicum, Advanced (4 terms)	16
CFT 606	Practicum, Externship (4 terms)	7
CFT 610	Clinical Internship	2
CPSY 611	Counseling Skills	3
CFT 612	Parenting Interventions	3
CFT 615	Intro to CFT	3
CFT 616	Systems Theory Foundations	3
CFT 620	Mental Health & Diagnosis	3
CPSY 618	Group Dynamics & Counseling	3
CFT 625	Violence, Trauma, & Healing	4
CFT 626	Relational Sex Therapy	3
CFT 628	Addiction & Recovery	4
CFT 629	Intimate Partners Therapy	4
SPSY 650	Developmental Psychopathology	4
EDUC 611 <sup>1</sup>	Survey of Educational Research Methods <i>or</i>	
EDUC 612	Social Science Research Design	3
CPSY 612	Professional Ethical Issues	3
CPSY 614	Theories of Counseling	3
CPSY 617	Theories of Career Development	3
CPSY 615	Counseling Diverse Populations	3
CFT 610	Clinical Foundations	<u>3</u>
		<b>82 Credits</b>

#### Elective Courses

Select courses from the following 3 domains listed below (LPC, DEI, Prevention).

Important: Consult with your academic advisor to ensure the courses<sup>2</sup> you wish to take are integrated into your full plan of studies. Take **8-9** elective course credits (90 credit graduation requirement).

Independent study (Readings) may be taken in place of electives under only **exceptional circumstances**. Consult with your faculty advisor.

#### Professional Counseling (LPC) Core (1 or 2 courses in this domain)

CPSY 621	Lifespan Developmental Psychology (3)
CPSY 625	Child & Family Interventions (3)
CPSY 645	Health Equity & Promotion (3)

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<sup>1</sup> Take either EDUC 611 or EDUC 612.

<sup>2</sup> Attempt to take one course from each domain, though given multiple factors this may not always be possible. The elective course options allow for flexibility. Please consult with your academic advisor

**Diversity, Equity, Inclusion (1 or 2 courses in this domain)**

CPSY 608	Workshop: Topics in Latinx Mental Health (3)
CPSY 626	Psychological Services for Latinx (3)
EDLD 623	Cultural Adaptation (3)

**Prevention (1 or 2 courses in this domain)**

CPSY 635	Social Aspects of Behavior (4-5)
PREV 631	Intro to Prevention Science (3) <sup>3</sup>
PREV 633	Contemporary Issues in Public Health (3)
PREV 634	Implementation Science (3)
PREV 635	Prevention & Policy (3)

**Note:** 90 minimum credit hours required for graduation.

**CFT 605 Reading (1-4 credits – Exceptional basis)**

On an exceptional basis, Reading credits (often referred to as ‘independent study’) 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 Program Director, academic advisor, and course instructor. Reading credit with CFT faculty will be approved on an exceptional basis commensurate with university ‘exceptional circumstances’ policy. When approved, the student should forward the instructor’s email permitting registration for the course to the CFT Academic Program Coordinator along with the agreed upon 18-character title, as it will appear on school transcripts. This email correspondence must also reflect Program Director and student academic advisor approval. A student may take these credits with any faculty member serving as instructor. If the student is unsure about who would be the most appropriate instructor for independent study, the student should talk with an advisor.

**CFT 607 Sem in Clinical Therapy (1-5 credits)**

Students have until the Friday of Finals Week to complete their client contact hours to be a spring term graduate. If you cannot complete hours by then, university policy requires registering for at least 3 credits during summer term (your final term). If the summer term is your 5<sup>th</sup> term of clinic work, then you will register for CFT 607, Seminar in Clinical Therapy. This is a variable credit course listing so be sure to select it for 3 credit hours after you register, unless advised differently by a faculty advisor.

**Course Descriptions**

**CFT 640 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 606 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.

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<sup>3</sup> This course is a Prevention Science core course; during some terms it may not be available to students outside PS.

**CFT 606 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.

**CPSY 611 Counseling Skills (3)** Introduction of basic micro-counseling skills for use in practice. Application and practice of skills are the central focus of the course.

**CFT 612 Parenting Interventions (3)** Examines evidence-based practices for parenting children and adolescents, including trauma-focused parenting strategies.

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

**CFT 616 Systems Theory Foundations (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 adaptive behavior, treatment, and prevention emphasizing the integrative contributions of biological, behavior, cognitive, psychodynamic, humanist/existential and community perspectives – and introductory application of the Diagnostic and Statistical Manual.

**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 Relational Sex Therapy (3)** Contemporary examination of sexuality in a relational context covering desire discrepancies, sexual health, sexual expression, and assessment and treatment protocol for sexual difficulties in intimate relationships.

**CFT 628 Addiction and Recovery (4)** Review of current research on individual and relational adjustment to issues of substance use and recovery. Intersecting challenges including trauma, racism, poverty and homelessness are discussed.

**CFT 629 Intimate Partner Therapy (4)** 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.

**CPSY 612 Professional and Ethical Issues (3)** Ethical, legal, and practical issues related to professional counseling practices for the family therapist based on the AAMFT Code of Ethics.

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

**CPSY 615 Counseling Diverse Populations (3)** 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 618 Group Dynamics and Counseling (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.

**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.

– or –

**EDUC 612 Social Science Research Design (3) \***

Overview of qualitative, quantitative, and single-subject research methods. Emphasis on introducing students to considerations, issues, and techniques of social science research design.

*\* You have two options for the Research course – EDUC 611 (Survey of Educational Research Methods) or EDUC 612 (Social Science Research Design). A key difference between these courses: EDUC 611 is designed for educators and therapists who plan primarily to be practitioner-consumers of the research literature. EDUC 612 is designed for therapists who have a high interest in a research career and doctoral training. If you are unsure which course to register for, consult with a faculty advisor.*

**SPSY 650 Developmental Psychopathology (4)** Overview of developmental psychopathology, with emphasis on childhood, adolescence, and early adulthood. Covers phenomenology, etiology, development, classification systems, and prognosis of major psychological disorders.

It is possible that the course names, credit hours or course numbers may change throughout the academic year, before the manual is updated for the following year. Students will be notified of changes as soon as possible.

**Two-Year Program Progression Example<sup>4</sup>**

**FIRST YEAR COURSES**

FALL	Number	Title	Credit
	CFT 615	Intro to CFT	3
	CFT 616	Systems Theory Foundations	3
	CPSY 611	Counseling Skills	3
	CPSY 612	Professional Ethical Issues	3
	EDUC 611*	Survey of Educational Research Methods (3)	
		-or-	

<sup>4</sup> Subject to change; students will be proactively notified of substantive changes.

	EDUC 612*	Social Science Research Design (3)	3
<b>WINTER</b>			
	CFT 612	Parenting Interventions	3
	CFT 620	Mental Health & Diagnosis	3
	CFT 626	Relational Sex Therapy (2024)	4
	CPSY 614	Theories of Counseling	3
	CPSY 615	Counseling Diverse Populations	3
<b>SPRING</b>			
	CFT 629	Intimate Partner Therapy	4
	CFT 640	Beginning Practicum	3
	CPSY 617	Theories of Career Development	3
	CPSY 618	Group Dynamics & Counseling	3
		Elective(s)	3+
<b>SUMMER</b>			
	CFT 610	Clinical Internship	2
	CFT 606	Advanced Practicum	4
	CFT 610	Clinical Foundations	3
<b>SECOND YEAR COURSES</b>			
<b>FALL</b>			
	CFT 606	Externship	2
	CFT 606	Advanced Practicum	4
	CFT 625	Violence, Trauma, & Healing	4
		Elective(s)	3+
<b>WINTER</b>			
	CFT 606	Externship	2
	CFT 606	Advanced Practicum	4
	CFT 628	Addiction & Recovery (2025)	3
		Elective(s)	3+
<b>SPRING</b>			
	CFT 606	Externship	2
	CFT 606	Advanced Practicum	4
	SPSY 650	Developmental Psychopathology	3
		Elective(s)	3+

### **First Year Comprehensive Exam (knowledge/content-based)**

Students are required to demonstrate knowledge of core constructs and clinical skills prior to client contact. This includes a written exam that is outlined in CFT 640: Beginning Practicum. A student must pass this exam to be eligible for Advanced Practicum and client contact.

### **Formal Client Presentation**

During the term of graduation, students complete a “formal client presentation” (FCP; final year capstone project/comprehensive exam). This acts as a comprehensive clinical exam and gives students an opportunity to demonstrate their knowledge of clinical theory, anti-racism, equity, and client context, 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 FCP 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. 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 must have 80% of their clinical hours completed at the time of their presentation. Meaning, students who do not have many clinical hours must wait until they have reached this milestone to present their FCP.

Students who have earned a No Pass (NP) or Incomplete (I) for any of their supervision courses will not be eligible to engage in this presentation process until the NP/I is changed to a Pass (P). Students engaged in the Research/Thesis option may be eligible to complete an abbreviated version of the FCP.

### ***Graduation Requirements and Process***

In order to graduate, students must fulfill all the requirements of the Division of Graduate Studies and the Couples and Family Therapy program and be currently registered for the minimum of 3 credit hours in the term of graduation. Students must submit an *Application for Advanced Degree* form in GradWeb by the deadline posted on the Division of Graduate Studies website (<https://graduatestudies.uoregon.edu/academics/completing-degree/masters-degree-deadlines>).

In addition, students' Program Completion Form should be completed and submitted to the Academic Program Coordinator, once these requirements are complete:

- Exams – passed
- Formal Client Presentation – passed
- Incompletes resolved
- All transfer credits must have been submitted and accepted the first term of study
- Minimum of 90 credit hours of CFT required coursework including
  - At least 26 credits of Practicum (Beginning, Advanced, Clinical Internship, and Externship)
  - 350 hours of direct client, at least 150 of those must be relational direct client contact
  - 100 total hours of individual and/or group supervision
    - 50 hours of raw data supervision (e.g., video, live sessions)
  - 62 credits of graded graduate hours with passing grades
- GPA of 3.0

**Note:** The hours required for the CFT program may be lower than the required hours to apply for licensure for some states. For portability, students are required to seek information from the state they plan to go to to assess their client contact hours requirements for licensure application. The University of Oregon's CFT curriculum meets the program-level training requirements for licensure as a marriage and family therapist in Oregon. Currently, all 50 U.S. states and the District of Columbia

have a marriage and family therapy licensure law and, because the University of Oregon's program is accredited by COAMFTE, our curriculum also meets the requirements for licensure in many states. However, state laws vary. As a reminder – if the hours required are higher than the program requirement, students must contact the Clinical Director to ensure they reach the required hours for their state.

## 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 than 350 client contact hours, with a minimum of 150 relational hours with couples and families.
- Supervision must be at least 100 hours; at least one hour per week of individual supervision (a minimum of 50 hours of observational/raw data supervision). Supervision must include live and video-taped methods in addition to client review.
- Any required hours changes will be promptly announced to students.

In addition, faculty supervisors must meet the following criteria:

- CFT Program supervisors should be AAMFT Approved Supervisors or AAMFT Supervisors-in-Training, or Oregon state board (OBLPCT) approved to supervise LMFTs. Program supervisors should also hold doctoral degrees or have appropriate systems level training with a degree in CFT, and have relevant professional and clinical experience, or be supervised by a doctoral degree person.
- On-site (externship) supervisors may be AAMFT Approved Supervisors, or its equivalent, or must have a master's degree in counseling or a related discipline and be clinically licensed. 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 include state credentialing 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 of 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.

### ***Clinical and Practicum Readiness***

An important component of clinical training is ensuring that students are ready for the *responsibility* of working with the general public. Graduate students in the CFT program must be evaluated by the core CFT faculty before they are assigned to clients at their practicum sites. This evaluation occurs in the spring term by the CFT faculty advisors and CFT faculty. There are several criteria to determine whether a graduate student is ready to assume the responsibilities of a therapist-in-training. While the program academically prepares students, it's vital that readiness is considered across a variety of domains.

1. The student must have successfully completed the Beginning Practicum course and have passed pertinent exams. 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 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 they have (1) passed the CFT comprehensive exam and (2) successfully completed CFT core courses offered during the first year of study. Outstanding incompletes must be resolved.
3. Each student applies to an externship site and completes all interview and screening procedures required by that agency in consultation with the Clinical Director. The student is responsible for securing an externship site that meets the program requirements. Please see the Externship and 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.
5. Overall student academic performance and completing the pre-requisites for entering clinical work.
6. Qualitative feedback from instructors across all academic courses to date.
7. Student adherence to the CFT program 4 anchors.
8. Student adherence to the UO student code of conduct.
9. CFT program Clinical Readiness form.

Clinical Readiness form: Students will be asked to complete the checklist during their first term in the program, and the term before clinical work starts. Along with the student self-assessment (2x), and the faculty assessment of the same list during the term before clinical work starts, the readiness list will serve as guide for discussion about readiness. Students will receive feedback from faculty about their readiness and a meeting will be scheduled when there are concerns that may prohibit a clinical start. In these cases, a plan will be discussed so the student has a clear and measurable trajectory to start clinical work in the future.

Clinical Readiness Form (see appendix)

### ***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 350 client contact hours, 150 hours with relational clients. The student will be responsible to the director and supervisor of the externship 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. 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, externship supervisor, and CFT faculty supervisor
  - (3) develop a cooperative relationship with supervision groups at the externship 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 countertransference
- C) Develop Model-Specific Expertise. Students will be able to respond accurately to each of the following content areas:
- 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 they assess the individual/family? Make a list of these questions in the general order in which they are addressed. According to the model, what is the primary “unit of analysis” for assessment?
- Therapy Stages and Goal Setting.
    - (1) What are the stages of (or phases) of a typical course of therapy from the model’s perspective? 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 to 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 interactional process)?
  - 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 principal 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 couples and family therapy competency skills, personal maturity, personality conflicts, and cooperation with agency leadership. Written copies of the student's externship 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 intern'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. This process supports mutual growth and understanding between supervisor and supervisee. A copy of this form is kept in the student's clinical file.

### ***Locating an Externship Site***

Students ready to locate an externship site are provided with a list of participating agencies by the Clinical Director. Students are responsible for following externship placement procedures as outlined in the Externship and Practicum Manual and by the Clinical Director.

### ***Externship Placement Procedures***

The CFT program has working relationships with several mental health agencies between Cottage Grove and Portland. Students will be informed about externship sites through a listing of these agencies each year.

Students will work with the Clinical Director to consider approving an externship placement associated with current employment and/or approval of a paid externship placement, so long as all site requirements are met. All sites must meet program requirements. An outline of all externship policies and procedures is clearly outlined in the Externship and Practicum Manual.

### ***Practicum Continuation Policy***

Practicum is completed within 12 months (at least 4 terms are 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 and in consultation with the CFT Clinical Director, as supervision must be available.

### ***Clinical Roles Outside of the CFT Program***

Students may not work at a clinical site outside of the CFT program (e.g., in addition to the student's externship) without an identified onsite clinical supervisor as it is a violation of the AAMFT code of ethics and Oregon law for the student to provide clinical services without a qualified supervisor. The CFT program will not provide supervision for sites not sanctioned by the program (i.e., with a university contract and externship agreement). The CFT program is not responsible for the services provided in such arrangements; such activities are not part of CFT curriculum and are not supervised by the CFT program or the University of Oregon. If you choose to work at a site that is not sanctioned by the program, it may not count for clinical hours. You are also obligated to inform your outside clinical site that the CFT program is not responsible for the supervision and the program is not responsible for your performance.

### ***AAMFT Membership***

All students are encouraged to become student members of the AAMFT. The organization provides members with important developments within the field. Applications can be completed on the

organization website, <http://www.aamft.org/>.

## PROFESSIONAL CONDUCT

### ***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 for reading this code and becoming 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 UO "Student Conduct Code" (<https://dos.uoregon.edu/code-procedures>).

### ***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 (e.g., disclosures) shared within the context of this program. Individuals will refrain from disclosing or discussing information about students or faculty without their knowledge or permission.

### ***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.

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 a faculty advisor. If the concern involves a faculty advisor, 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 their 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 their 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, they 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, they 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 (101 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 they have been discriminated against based on 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.



## 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

### *Educational Outcomes and AAMFT Core Competencies<sup>5</sup>*

#### **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). 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.

#### **Educational Outcomes**

**Student Learning Outcomes:** As reflected in the CFT program's mission statement and overall goal, students are expected to demonstrate the following knowledge and skills:

**SLO1. Professionalism and Ethical Conduct:** 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. **1.1.4, 1.3.4, 1.3.5, 1.4.1, 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, 5.5.4**
- b) 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**
- 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. **1.1.3, 1.3.8, 2.5.1, 3.3.7, 3.3.8, 3.5.2, 4.3.12, 4.5.1**

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<sup>5</sup> We do not directly provide instruction on competencies 1.5.3, 5.3.2, and 5.3.9

**SLO2. Scientific Inquiry and Critical Evaluation:** 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. **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**

**SLO3. Theoretical Foundations:** 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**

**SLO4. Social Context and Diversity:** 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**

**SLO5. Clinical Application: 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**

**Faculty Outcomes:** Based on the mission of the University of Oregon and the CFT program, in teaching, supervision, and interactions with students and community members, faculty are expected to:

- FO1.** CFT faculty will consistently receive high ratings for effective and culturally competent course instruction and clinical supervision.
- FO2.** CFT core faculty will meet high standards of scholarship including professional presentations, peer-reviewed publications, and the generation of knowledge through research.
- FO3.** CFT faculty will foster a rich learning environment that demonstrates inclusion, critical consciousness, self-exploration, sensitivity to diverse populations, and commitment to social justice.

**Program Outcomes:** The overall goal of the University of Oregon CFT program is to graduate systemically minded, competent couples and family therapists. We value the creation of an inclusive learning environment that fosters socially aware practitioners who, in partnership with their communities, promote social justice, systems change, and enhancement of individual well-being and community life. At the time of graduation and beyond, our program outcomes

will be demonstrated in these ways:

**PO1.** Employers will report that CFT alumni are highly competent and well prepared for clinical practice.

**PO2.** Students will demonstrate critical analysis of culturally competent, systemic practice.

**PO3.** Students will report high satisfaction with the CFT program, including cultural competency, high quality instruction, and career preparation.

## APPENDIX C

### *AAMFT Code of Ethics*

Effective January 1, 2015

[https://www.aamft.org/Legal\\_Ethics/Code\\_of\\_Ethics.aspx](https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx)

#### **Preamble**

The Board of Directors of the American Association for Marriage and Family Therapy (AAMFT) hereby promulgates, pursuant to Article 2, Section 2.01.3 of the Association's Bylaws, the Revised AAMFT Code of Ethics, effective January 1, 2015.

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.

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating 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. Additionally, 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. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

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, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. 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 AAMFT Procedures for Handling Ethical Matters. 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.

The following core values speak generally to the membership of AAMFT as a professional association, yet they also inform all the varieties of practice and service in which marriage and family therapists engage. These core values are aspirational in nature and are distinct from ethical standards. These values are intended to provide an aspirational framework within which marriage and family therapists may pursue the highest goals of practice.

The core values of AAMFT embody:

Acceptance, appreciation, and inclusion of a diverse membership.

Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge, and expertise in systemic and relational therapies.

Responsiveness and excellence in service to members.

Diversity, equity and excellence in clinical practice, research, education, and administration.

Integrity is evidenced by a high threshold of ethical and honest behavior within Association governance and by members.

Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical standards, by contrast, are rules of practice upon which the marriage and family therapist is obliged and judged. The introductory paragraph to each standard in the AAMFT Code of Ethics is an aspirational/explanatory orientation to the enforceable standards that follow.

#### **STANDARD I: RESPONSIBILITY TO CLIENTS**

*Marriage and family therapists advance the welfare of families and individuals and make reasonable efforts to find the appropriate balance between conflicting goals within the family system.*

##### **1.1 Non-Discrimination.**

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

### 1.2 Informed Consent.

Marriage and family therapists obtain appropriate informed consent to therapy or related procedures and use language that is reasonably understandable to clients. 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. 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.

### 1.3 Multiple Relationships.

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 document the appropriate precautions taken.

### 1.4 Sexual Intimacy with Current Clients and Others.

Sexual intimacy with current clients or with known members of the client's family system is prohibited.

### 1.5 Sexual Intimacy with Former Clients and Others.

Sexual intimacy with former clients or with known members of the client's family system is prohibited.

### 1.6 Reports of Unethical Conduct.

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

### 1.7 Abuse of the Therapeutic Relationship.

Marriage and family therapists do not abuse their power in therapeutic relationships.

### 1.8 Client Autonomy in Decision Making.

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 clients that clients

have the responsibility to make decisions regarding relationships such as cohabitation, marriage, divorce, separation, reconciliation, custody, and visitation.

#### 1.9 Relationship Beneficial to Client.

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

#### 1.10 Referrals.

Marriage and family therapists respectfully assist persons in obtaining appropriate therapeutic services if the therapist is unable or unwilling to provide professional help.

#### 1.11 Non-Abandonment.

Marriage and family therapists do not abandon or neglect clients in treatment without making reasonable arrangements for the continuation of treatment.

#### 1.12 Written Consent to Record.

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

#### 1.13 Relationships with Third Parties.

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.

### **STANDARD 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 Disclosing Limits of Confidentiality.

Marriage and family therapists disclose to clients and other interested parties at the outset of services 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 Written Authorization to Release Client Information.

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 Client Access to Records.

Marriage and family therapists provide clients with reasonable access to records concerning the clients. When providing couple, family, or group treatment, the therapist does not provide access to records without a written authorization from each individual competent to execute a waiver. Marriage and family therapists limit client's access to their records only in exceptional circumstances when they are concerned, based on compelling evidence, that such access could cause serious harm to the client. The client's request and the rationale for withholding some or all of the record should be documented in the client's file. Marriage and family therapists take steps to protect the confidentiality of other individuals identified in client records.

### 2.4 Confidentiality in Non-Clinical Activities.

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 Standard 2.2, or when appropriate steps have been taken to protect client identity and confidentiality.

### 2.5 Protection of Records.

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.

### 2.6 Preparation for Practice Changes.

In preparation for moving a practice, closing a practice, or death, marriage and family therapists arrange for the storage, transfer, or disposal of client records in conformance with applicable laws and in ways that maintain confidentiality and safeguard the welfare of clients.

### 2.7 Confidentiality in Consultations.

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.

## **STANDARD III: PROFESSIONAL COMPETENCE AND INTEGRITY**

*Marriage and family therapists maintain high standards of professional competence and integrity.*

### 3.1 Maintenance of Competency.

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

### 3.2 Knowledge of Regulatory Standards.

Marriage and family therapists pursue appropriate consultation and training to ensure adequate knowledge of and adherence to applicable laws, ethics, and professional standards.

### 3.3 Seek Assistance.

Marriage and family therapists seek appropriate professional assistance for issues that may impair work performance or clinical judgment.

### 3.4 Conflicts of Interest.

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

### 3.5 Maintenance of Records.

Marriage and family therapists maintain accurate and adequate clinical and financial records in accordance with applicable law.

### 3.6 Development of New Skills.

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, and/or supervised experience.

### 3.7 Harassment.

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

### 3.8 Exploitation.

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

### 3.9 Gifts.

Marriage and family therapists attend to cultural norms when considering whether to accept gifts from or give gifts to clients. Marriage and family therapists consider the potential effects that receiving or giving gifts may have on clients and on the integrity and efficacy of the therapeutic relationship.

### 3.10 Scope of Competence.

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

### 3.11 Public Statements.

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.

### 3.12 Professional Misconduct.

Marriage and family therapists may be 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.

## **STANDARD IV: RESPONSIBILITY TO STUDENTS AND SUPERVISEES**

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

### 4.1 Exploitation.

Marriage and family therapists who are in a supervisory role 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 Therapy with Students or Supervisees.

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

### 4.3 Sexual Intimacy with Students or Supervisees.

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.

### 4.4 Oversight of Supervisee Competence.

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 Oversight of Supervisee Professionalism.

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

### 4.6 Existing Relationship with Students or Supervisees

Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors,

therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

#### 4.7 Confidentiality with Supervisees.

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.

#### 4.8 Payment for Supervision.

Marriage and family therapists providing clinical supervision shall not enter into financial arrangements with supervisees through deceptive or exploitative practices, nor shall marriage and family therapists providing clinical supervision exert undue influence over supervisees when establishing supervision fees. Marriage and family therapists shall also not engage in other exploitative practices of supervisees.

### **STANDARD V: RESEARCH AND PUBLICATION**

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

#### 5.1 Institutional Approval.

When institutional approval is required, marriage and family therapists submit accurate information about their research proposals and obtain appropriate approval prior to conducting the research.

#### 5.2 Protection of Research Participants.

Marriage and family therapists are responsible for making careful examinations of ethical acceptability in planning research. To the extent that services to research participants may be compromised by participation in research, marriage and family therapists seek the ethical advice of qualified professionals not directly involved in the investigation and observe safeguards to protect the rights of research participants.

#### 5.3 Informed Consent to Research.

Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists 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. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

#### 5.4 Right to Decline or Withdraw Participation.

Marriage and family therapists 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. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

#### 5.5 Confidentiality of Research Data.

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.

#### 5.6 Publication.

Marriage and family therapists do not fabricate research results. Marriage and family therapists disclose potential conflicts of interest and take authorship credit only for work they have performed or to which they have contributed. Publication credits accurately reflect the relative contributions of the individual involved.

#### 5.7 Authorship of Student Work.

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

#### 5.8 Plagiarism.

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.

#### 5.9 Accuracy in Publication.

Marriage and family therapists who are authors of books or other materials published or distributed by an organization take reasonable precautions to ensure that the published materials are accurate and factual.

## **STANDARD VI: TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES**

*Therapy, supervision, and other professional services engaged in by marriage and family therapists take place over an increasing number of technological platforms. There are great benefits and responsibilities inherent in both the traditional therapeutic and supervision contexts, as well as in the utilization of technologically assisted professional services. This standard addresses basic ethical requirements of offering therapy, supervision, and related professional services using electronic means.*

### **6.1 Technology Assisted Services.**

Prior to commencing therapy or supervision services through electronic means (including but not limited to phone and Internet), marriage and family therapists ensure that they are compliant with all relevant laws for the delivery of such services. Additionally, marriage and family therapists must: (a) determine that technologically-assisted services or supervision are appropriate for clients or supervisees, considering professional, intellectual, emotional, and physical needs; (b) inform clients or supervisees of the potential risks and benefits associated with technologically-assisted services; (c) ensure the security of their communication medium; and (d) only commence electronic therapy or supervision after appropriate education, training, or supervised experience using the relevant technology.

### **6.2 Consent to Treat or Supervise.**

Clients and supervisees, whether contracting for services as individuals, dyads, families, or groups, must be made aware of the risks and responsibilities associated with technology-assisted services. Therapists are to advise clients and supervisees in writing of these risks, and of both the therapist's and clients'/supervisees' responsibilities for minimizing such risks.

### **6.3 Confidentiality and Professional Responsibilities.**

It is the therapist's or supervisor's responsibility to choose technological platforms that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

### **6.4 Technology and Documentation.**

Therapists and supervisors are to ensure that all documentation containing identifying or otherwise sensitive information which is electronically stored and/or transferred is done using technology that adhere to standards of best practices related to confidentiality and quality of services, and that meet applicable laws. Clients and supervisees are to be made aware in writing of the limitations and protections offered by the therapist's or supervisor's technology.

### **6.5 Location of Services and Practice.**

Therapists and supervisors follow all applicable laws regarding location of practice and services, and do not use technologically assisted means for practicing outside of their allowed jurisdictions.

### **6.6 Training and Use of Current Technology.**

Marriage and family therapists ensure that they are well trained and competent in the use of all chosen technology-assisted professional services. Careful choices of audio, video, and other options are made in order to optimize quality and security of services, and to adhere to standards of best practices for technology-assisted services. Furthermore, such choices of technology are to be suitably advanced and current so as to best serve the professional needs of clients and supervisees.

## **STANDARD VII: PROFESSIONAL EVALUATIONS**

*Marriage and family therapists aspire to the highest of standards in providing testimony in various contexts within the legal system.*

### **7.1 Performance of Forensic Services.**

Marriage and family therapists may perform forensic services which may include interviews, consultations, evaluations, reports, and assessments both formal and informal, in keeping with applicable laws and competencies.

### **7.2 Testimony in Legal Proceedings**

Marriage and family therapists who provide expert or fact witness testimony in legal proceedings avoid misleading judgments, base conclusions and opinions on appropriate data, and avoid inaccuracies insofar as possible. When offering testimony, as marriage and family therapy experts, they shall strive to be accurate, objective, fair, and independent.

### **7.3 Competence.**

Marriage and family therapists demonstrate competence via education and experience in providing testimony in legal systems.

### **7.4 Informed Consent.**

Marriage and family therapists provide written notice and make reasonable efforts to obtain written consents of persons who are the subject(s) of evaluations and inform clients about the evaluation process, use of information and recommendations, financial arrangements, and the role of the therapist within the legal system.

### **7.5 Avoiding Conflicts.**

Clear distinctions are made between therapy and evaluations. Marriage and family therapists avoid conflict in roles in legal proceedings wherever possible and disclose potential conflicts. As therapy begins, marriage and family therapists clarify roles and the extent of confidentiality when legal systems are involved.

### **7.6 Avoiding Dual Roles.**

Marriage and family therapists avoid providing therapy to clients for whom the therapist has provided a forensic evaluation and avoid providing evaluations for those who are clients, unless otherwise mandated by legal systems.

### **7.7 Separation of Custody Evaluation from Therapy.**

Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage and family therapists who treat minors 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 obtains appropriate consents to release information.

#### 7.8 Professional Opinions.

Marriage and family therapists who provide forensic evaluations avoid offering professional opinions about persons they have not directly interviewed. Marriage and family therapists declare the limits of their competencies and information.

#### 7.9 Changes in Service.

Clients are informed if changes in the role of provision of services of marriage and family therapy occur and/or are mandated by a legal system.

#### 7.10 Familiarity with Rules.

Marriage and family therapists who provide forensic evaluations are familiar with judicial and/or administrative rules prescribing their roles.

### **STANDARD VIII: FINANCIAL ARRANGEMENTS**

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

#### 8.1 Financial Integrity.

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

#### 8.2 Disclosure of Financial Policies.

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.

#### 8.3 Notice of Payment Recovery Procedures.

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.

#### 8.4 Truthful Representation of Services.



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

#### 8.5 Bartering.

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.

#### 8.6 Withholding Records for Non-Payment.

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.

### **STANDARD IX: 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.*

#### 9.1 Accurate Professional Representation.

Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy in accordance with applicable law.

#### 9.2 Promotional Materials.

Marriage and family therapists ensure that advertisements and publications in any media are true, accurate, and in accordance with applicable law.

#### 9.3 Professional Affiliations.

Marriage and family therapists do not hold themselves out as being partners or associates of a firm if they are not.

#### 9.4 Professional Identification.

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.

#### 9.5 Educational Credentials.

Marriage and family therapists claim degrees for their clinical services only if those degrees demonstrate training and education in marriage and family therapy or related fields.

#### 9.6 Employee or Supervisee Qualifications.

Marriage and family therapists make certain that the qualifications of their employees and supervisees are represented in a manner that is true, accurate, and in accordance with applicable law.

#### 9.7 Specialization.

Marriage and family therapists represent themselves as providing specialized services only after taking reasonable steps to ensure the competence of their work and to protect clients, supervisees, and others from harm.

#### 9.8 Correction of Misinformation.

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.

*Find downloadable PDFs of the AAMFT Code of Ethics in other languages on the AAMFT website.*

## 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 their program. This relationship is central to 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 recourses, 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 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 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*

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 Canvas, 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 an 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 childcare for school-age children whenever inclement weather closes local public schools, but the university remains open. For more information, please contact the Center, 541-346-6586. Pre-registration is required.

## APPENDIX F

### ***Unattended or Unleashed Domestic Animals Policy***

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.



## APPENDIX G

### *Spanish Language Psychological Service & Research (SLPSR) Specialization*

<https://education.uoregon.edu/program/spanish-language-psychological-service-research-specialization-slpsr>

Specialization Director: Ellen Hawley McWhirter, Ph.D.

#### **Description**

This new graduate specialization is a training opportunity offered by the Counseling Psychology Program within the Department of Counseling Psychology & Human Services. The purpose of this specialization in Spanish Language Psychological Service and Research (SLPSR) is to prepare students for engaging in mental health services provision and research with Spanish speaking populations. Students will take coursework designed to enhance their understanding and knowledge of Spanish-speaking Latinas/os in the U.S., provide them with opportunities to provide supervised clinical services to Spanish speaking clients, and engage in research with Spanish speaking participants. Students will be challenged to critically assess the unique social, historical, political, and cultural contexts that shape and are shaped by the experiences of Latinas/os in the United States, with particular attention to conditions of social injustice and inequity, and how such conditions influence the health and well-being of Latina/o Spanish-speaking communities. Students will have the opportunity to apply their knowledge and skills and learn first-hand from Lane County's Latina/o population through clinical work with Spanish-speaking clients or engaging in research with Spanish-speaking participants, bilingual supervision, continuous learning experiences and participation in local educational and cultural events, and a capstone project.

#### **Rationale**

Spanish is the second most common language in the United States. Many communities in the U.S., including communities across Oregon, lack mental health service providers who are able to serve the needs of clients who are Spanish speaking. Improving access to and quality of services requires increasing the number of clinicians and researchers who have the necessary linguistic and cultural competencies to do so. Providing quality services means more than having conversational language competency and extends beyond studying a few textbook chapters and articles on Latino populations. Thus, this specialization is designed with the long-range goal of increasing the number of linguistically and culturally competent mental health service providers and researchers for working with Spanish speaking populations. Second, this specialization is designed to provide depth and breadth to the training of Spanish competent students in the participating programs. Such training is consistent with the philosophy, goals, and objectives of each participating program, and consistent with the mission statement of the Counseling Psychology and Human Services department.

#### **Eligibility**

Students are eligible for this specialization if they are (1) admitted to one of the following

accredited clinical graduate programs in the College of Education: Counseling Psychology, Couples and Family Therapy, or School Psychology, (2) performing well academically (minimum GPA of 3.0), and performing well in their pre-clinical or clinical work to date, as confirmed by their advisor and training director; (3) possess pre-existing fundamental competencies in speaking Spanish, and (4) have the approval of their advisor to apply for the specialization. See below for more details and the admissions process.

### **Goals and Objectives of the Specialization**

**Goal #1:** To produce graduates who can understand and speak Spanish at a competency level sufficient for ethical and responsible provision of psychological services to Spanish speaking clients.

Objective 1a: Graduates are knowledgeable of a broad range of vocabulary in Spanish that is commonly used by Spanish speaking individuals to communicate thoughts, feelings, behaviors, perceptions, and experiences related to topics addressed in mental health counseling and research.

Objective 1b: Graduates can communicate effectively in Spanish regarding thoughts, feelings, behaviors, perceptions, and experiences related to topics addressed in mental health counseling and research.

**Goal #2:** To produce graduates who are knowledgeable about Latino/a Spanish speaking populations in the U.S. with respect to sociopolitical history, cultural and linguistic norms, and within group variation.

Objective 2a: Graduates can describe the sociopolitical history of two or more U.S. Spanish speaking populations.

Objective 2b: Graduates are knowledgeable of cultural and linguistic norms and within group variation associated with two or more U.S. Spanish speaking populations.

**Goal #3:** To produce graduates who are committed to multicultural competence, social justice, and enhancing the welfare of Spanish speaking people in clinical and research practices.

Objective 3a: Graduates demonstrate commitment to continuous cultural learning.

Objective 3b: Graduates demonstrate commitment to continuous enhancement of language skills.

Objective 3c: Graduates demonstrate knowledge of equity and justice issues faced by Spanish speaking Latino/a people.

Objective 3d: Graduates are able to engage in culturally competent clinical practice with Spanish speaking Latina/o clients that reflects social justice values.

**Goal #4:** To produce graduates who understand the standards of knowledge for bilingual therapy provision and research, including a strong commitment to ethical practice.

Objective 4a: Graduates demonstrate knowledge of best practices in provision of mental health services to Spanish speaking Latina/o people.

Objective 4b: Graduates demonstrate knowledge of ethical principles and standards of practice relevant to provision of mental health services to Spanish speaking Latina/o people.

Objective 4c: Graduates demonstrate knowledge of ethical principles and standards of practice relevant to conducting research with Spanish speaking Latina/o people.

**Expected competencies of participants who complete the SLPSR specialization:**

**Competency 1:** Students demonstrate ability to provide effective context-sensitive psychological interventions with Latina/o adults and/or children and families who speak Spanish.

**Competency 2:** Students demonstrate knowledge of evidence-based practices with Spanish-speaking populations.

**Competency 3:** Students demonstrate incorporation of the ecological model in case conceptualization, intervention, evaluation of treatment, and research with Spanish-speaking Latina/o clients/participants.

**Competency 4:** Students demonstrate awareness and understanding of diversity among Latina/o and Spanish-speaking clients, and influential contextual issues (e.g., culture, identity, religion, gender, sexual orientation, disability, marginalization, poverty, etc.).

**Competency 5:** Students apply knowledge of diversity and contextual issues to all aspects of clinical work with Spanish-speaking clients and research with Spanish-speaking Latina/o participants.

**Competency 6:** Students recognize connections between injustice, oppression, and mental health, and the responsibility to address these issues as relevant in their work with Spanish-speaking Latina/o clients.

**Competency 7:** Students competently apply multicultural knowledge, experience, theory, and scholarship to their own research with Spanish-speaking Latina/o participants.

**Competency 8:** Students demonstrate commitment to learning and enhancement of multicultural and Spanish language competencies, including continued development of critical self-awareness in areas such as privilege, power, social justice, and identity.

**Competency 9:** Students demonstrate competence in applying established ethical principles and practices in all facets of their professional work with Spanish-speaking Latina/o adults and child/family populations.

**Competency 10:** Students demonstrate awareness of their strengths and areas of needed development for effective clinical work and research with Spanish-speaking Latina/o clients, including recognizing how their privilege, identities, and power influence their research and practice activities.

Required Coursework	Term Offered	Credits
CPSY 626: Psychological Services & Research with Latino and Spanish speaking communities. For Fall 2019, it is listed as: CPSY 610 Psychology Serv Latinos	Annual, fall term	3
CPSY 615: Counseling Diverse Populations	Annual, winter term	3
CPSY 606: Practicum Bilingual Supervision (1-2 credits for 3	Annual, fall, winter & spring	3
CPSY 627: Topics in Latinx Mental Health	Annual, spring term	3
CPSY/CFT/SPSY 606: Practicum or Externship (in student's major; clinical work with Spanish speaking clients) *Note, we cannot guarantee that you will be able to work with Spanish speaking clients at your site. Consult with your training director and the practicum instructor to determine feasibility.	Annual, offered through your home program	1
CPSY 612: Professional Ethics	Annual, fall term	3
<b>TOTAL CREDITS:</b>		<b>16</b>

We anticipate that it will take 2 years to complete the coursework. Students who meet the criteria for the specialization and are admitted, but who anticipate they will not be able to complete the coursework or some other requirement, can still take the classes and engage in as many of the associated learning experiences as possible. The courses CPSY 626: Psychological Services & Research with Latino and Spanish speaking communities and CPSY 508: Topics in Latina/o Mental Health are open to students outside of the specialization.

### Required Continuous Learning Activities

Students in the specialization will obtain and document a minimum of 20 hours of participation in educational and cultural events specifically focused on Latina/o communities, and Spanish speaking communities in particular. For example, each term, the Center for Latina/o and Latin American Studies sponsor events designed to educate the academic community and/or the public such as lectures, panel presentations, and movies followed by discussion and critical analysis. Attending conferences and conference presentations specifically focused on clinical work and/or research with Latino Spanish-speaking populations, such as the biannual conference of the National Latina/o Psychological Association, will also count toward completion of these required continuous learning activities. Alternatively, students may enroll in a graduate level course of 2-4 credits that is focused on the history, culture, and/or language of Spanish-speaking Latinos, pending approval by the specialization director and the class instructor. Sample courses that would be considered include SPAN 507: Seminar: Border Cultures and National Identities or SPAN 528: Spanish in the United States.

### Required Capstone Project

In order to successfully complete the specialization, all students regardless of the degree-granting program in which they are enrolled, must complete the Spanish Language Psychological Service and Research Capstone Project which will consist of conducting an oral

presentation in Spanish that is a minimum of 15 minutes in length. This presentation may take one of the following forms: (1) a case presentation on mental health services provided to a Latina/o Spanish speaking client or (2) a presentation of clinical intervention research conducted with Latina/o Spanish-speaking participants. The presentation will be delivered to a faculty member associated with the specialization (list of associated SLPSR faculty in table 1), and should take place during the Bilingual Supervision Practicum so that peers will be present as well. This Capstone project provides SLPSR specialization students the opportunity to apply and demonstrate skills needed to function effectively as a researcher or clinician with Latina/o Spanish speaking participants or clients. Students will receive verbal feedback and an overall score indicating whether or not they have passed.

In order for the specialization to be successfully completed and transcribed, students must fulfill all the requirements of the specialization, including passing with a P or minimum grade of B- in the 16 required for- credit courses, completing the 20 documented hours of continuous learning, and completing and passing the Capstone project. In addition, they must be students in good standing in their respective degree programs.

### **Admissions**

There are four criteria for admission to the SLPSR specialization.

- (1) Students must be graduate students in good standing enrolled in one of the following Department of Counseling Psychology and Human Services graduate programs (Ph.D., Counseling Psychology or M.S., Couples & Family Therapy) or in one of the following programs in the Department of Special Education and Clinical Services (Ph.D., School Psychology or M.S., School Psychology).
- (2) Students must be performing well academically (minimum GPA of 3.0), and performing well in their pre-clinical or clinical work to date, as confirmed by their advisor and training director in the Verification Letter (see form on the [Spanish Language Specialization website](#)).
- (3) Students must demonstrate sufficient Spanish language oral competencies to begin the specialization. Sufficient Spanish language oral competencies may be demonstrated through one of the following:
  - A. passing the OPI (Oral Proficiency Interview) in Spanish with a minimum score of Intermediate, mid-level, **or**
  - B. demonstration of Spanish oral competencies such as through completion of a Spanish minor as an undergraduate and within the past 5 years. Students who wish to demonstrate competency via this option will be expected to converse in Spanish with the Specialization Director or a designee, and if there is any doubt regarding sufficient competency, will then be required to pass the OPI.

*The OPI refers to the American Council on the Teaching of Foreign Languages (ACTFL) Oral Proficiency Interview (OPI)(see <https://www.actfl.org/assessment-research-and-development/actfl-assessments/actfl-postsecondary-assessments/oral-proficiency-interview-opi> ). The OPI results in classification as Novice (low, mid, high), Intermediate (low, mid, high),*

*Advanced (low, mid, high), or Superior proficiency (ACTFL, 1999a). The required initial level of language competence should be at least at the Intermediate mid-level. Students are responsible for all arrangements, including costs, for the OPI.*

- (4) Students must submit a statement of purpose and curriculum vitae to be reviewed by the admissions committee. *In the future this specialization opportunity may be made available to other clinical graduate programs, and a complementary specialization may be developed for undergraduate students. At the present time, the specialization is available only to students within the programs listed above.* Admissions to the specialization will occur on a rolling basis. Required coursework already completed will count retroactively toward the specialization once a person has been admitted to the specialization.

Prospective students should complete the **Application Cover Sheet** available on the [Spanish Language Specialization website](#), and submit all materials to the SSC of Counseling Psychology for delivery to Dr. Ellen McWhirter.

## APPENDIX H

### *CFT Clinical Readiness Checklist*

#### CFT Program: Clinical Readiness (Student)

Student Name:

Faculty Advisor:

Date:

#### Assessment Stage

- Assessment I (fall 1<sup>st</sup> year)
- Assessment II (term before clinical start)
- Ongoing Assessment (if 7+ term program plan)
- Post-Assessment (start of final term)

Please reflect on your behavior and interaction regarding key indicators of professionalism and clinical readiness. This is intended to be an honest self-assessment of your current behavior. For the statements below, use the following frequency scale to rate your behavior as a beginning therapist.

**1** = I need to acquire additional knowledge and/or skill to demonstrate the behavior.

**2** = I have the knowledge and skill but need to demonstrate more consistently.

**3** = I have the necessary knowledge, skill, and understanding to consistently demonstrate the behavior.

**4** = Not applicable (some items are specific to clinical work)

<b>Cultural Humility/Social Justice</b>	Rating			
	1	2	3	4
1. I value multiple perspectives and demonstrate sensitivity to individual differences				
2. I use the knowledge I gain from reading literature about cultural competence, and actively engage in conversations with others accordingly.				
3. I use my position to hold myself and peers accountable for disrespectful language or actions that are othering.				
4. I use affirming and otherwise nurturing practices that advance equity and social justice principles.				
5. I actively refrain from othering people as a joke/humor.				
6. I work to use language that is free of bias – including racial identity, ethnicity, indigenous heritage, national origin, disability, neurodivergence/difference, age, generational influences, socioeconomic status, religion/spirituality, gender, sexuality, and sexual orientation.				

<b>Interpersonal Relationships</b>	Rating			
	1	2	3	4
1. I interact with university faculty, staff, and colleagues respectfully.				
2. When I disagree, I express myself respectfully and without personal critique.				
3. I demonstrate flexibility and cooperation in working with others.				
4. I accommodate, respect, and value the cultural beliefs and practices of those with whom I interact.				
5. I model the principles of social justice in my university classes and in other public spaces.				
6. I work to turn toward (rather than attack or turn away) when I learn I had a negative impact on a peer.				
7. I engage with my match with respectfully and effectively turn toward conversations about the match process.				
<b>Ethical and Professional Behavior</b>	Rating			
	1	2	3	4
1. I keep my knowledge of client sessions and client situations confidential and do not discuss them with those who should not have access.				
2. I do not use social media to share about clients and/or clinical work.				
3. I arrive to client sessions (as therapist or observer) on time and prepared.				
4. I interact professionally and respectfully with clinical staff, clinical colleagues, and other members of the clinical community.				
5. I only offer clinical feedback when I have consent to do so.				
6. When I share clinical feedback, I do so with curiosity and suspend any assumptions that I “know better” than the active therapist.				
7. I respond appropriately to feedback from my professors, advisor, and/or supervisors by actively identifying how to shift and/or change my behavior so that I can follow the feedback accordingly.				
8. I monitor my reactivity and seek support if/when I notice my reactivity is keeping me from the learning and/or feedback process.				
9. I accept constructive feedback without defensiveness.				
10. I actively demonstrate a learning posture as a new therapist.				



11. I act affirmatively in honoring the ethics of the profession by holding myself and others accountable to the standards and expectations stipulated in both the AAMFT and ACA Codes of Ethics.				
12. I arrive to my university classes on time and prepared.				
13. I turn in assignments on time.				
14. I respond to emails in a timely manner.				
15. I actively treat all university and externship site staff with respect and care.				
16. My written communication is acceptably free of grammatical and spelling errors.				
17. I avoid any academic misconduct in violation of the University Student Code of Conduct.				
<b>Personal Well-Being</b>	Rating			
	1	2	3	4
1. I recognize when I am overwhelmed and take appropriate and timely steps to support my well-being.				
2. I actively work to understand how my own trauma and/or stress can show up interpersonally with peers and clients.				
3. I actively seek support when I am unsure or feel inadequate, knowing I can't work in isolation as a therapist.				
4. I practice ways to be completely present, outside of school/work/social.				
5. I regularly offer compassion to myself, knowing I am brand new to this work and it requires a growth mindset.				
6. I actively evaluate my own capacity to work as a therapist – knowing that I should not ethically pursue work as a therapist if I am not well.				
<b>Reflective Practice</b>	Rating			
	1	2	3	4
1. I use the research literature to appropriately to inform all phases of clinical work.				
2. I set aside time to reflect on the process of learning for myself.				
3. I use critical thinking and self-directed learning as commitment to ongoing professional growth.				
4. I willingly embrace the practice of ongoing self-assessment and reflection.				
5. I reflect on how I interact with my peers, and adjust my behaviors if I am not being collegial and respectful.				

6. I am honest with myself about my limitations (e.g., academically, clinically) and seek support as necessary.				
<b>Contribution to the Learning Community</b>	Rating			
	1	2	3	4
1. I actively contribute to an open, collaborative learning community.				
2. I find ways to thoughtfully participate in small or large group discussions and activities.				
3. I demonstrate my understanding of issues of privilege and power when interacting with my colleagues and faculty.				
4. I seek clarification and extra help appropriately.				
5. I work with colleagues and professionals to create a safe-as-possible learning environment.				
6. I maintain curiosity about my own experiences of oppression influence my role as peer, student, and therapist in training.				
7. I take responsibility for learning my reactions to discomfort and work to communicate what I need when those reactions surface so I can engage/re-engage with the learning community.				
8. I seek to understand the ways my own privilege appears in interactions with peers, faculty, staff, and clients.				
9. I actively reflect on the program anchors and consider if my behavior in the learning community is consistent with those anchors.				

My strengths as a beginning therapist:

My areas of growth as a beginning therapist:

Based on my current ratings, the two behaviors I am committed to working on:

## APPENDIX I

### *CFT Directory*

<b>CFT Faculty/Staff</b>	<b>Email</b>	<b>Phone</b>
Center for Healthy Relationships	<a href="mailto:clinics1@uoregon.edu">clinics1@uoregon.edu</a>	(T) 541-346-0923 (F) 541-346-6772
HEDCO Meeting Room Reservations	<a href="mailto:cphsstudent@uoregon.edu">cphsstudent@uoregon.edu</a>	
CFT List serves	<a href="mailto:cftlist@lists.uoregon.edu">cftlist@lists.uoregon.edu</a> <a href="mailto:cft-year-one@lists.uoregon.edu">cft-year-one@lists.uoregon.edu</a> <a href="mailto:cft-year-two@lists.uoregon.edu">cft-year-two@lists.uoregon.edu</a> <a href="mailto:cftalumni@lists.uoregon.edu">cftalumni@lists.uoregon.edu</a>	
Tiffany Brown (HEDCO 243) Clinical Director	<a href="mailto:tiffanyb@uoregon.edu">tiffanyb@uoregon.edu</a>	541-346-2117
Jody Ferguson (HEDCO 171) HEDCO Clinic Manager	<a href="mailto:jodyferg@uoregon.edu">jodyferg@uoregon.edu</a>	541-346-0922
Talia Keene (HEDCO 170B) HEDCO Clinic Asst Manager	<a href="mailto:ckeene3@uoregon.edu">ckeene3@uoregon.edu</a>	541-346-8211
Jeff Todahl (HEDCO 245) CFT Program Director	<a href="mailto:jtodahl@uoregon.edu">jtodahl@uoregon.edu</a>	541-346-0919
Christina Schneider (HEDCO 240) CFT Academic Program Coordinator	<a href="mailto:cft@uoregon.edu">cft@uoregon.edu</a>	541-346-0909
For a full listing of CPHS faculty, please see the COE website:	<a href="https://education.uoregon.edu/directory/faculty">https://education.uoregon.edu/directory/faculty</a>	