

STUDENT HANDBOOK
Master of Arts in Psychology: Counseling Emphasis
2024-2025

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Program Overview

The Master of Arts in Counseling Psychology program at Cal Poly Humboldt prepares individuals for the independent professional practice of psychological counseling, which includes providing therapeutic services to individuals and groups experiencing psychological distress. Our program is accredited by the California Board of Behavioral Sciences and provides the educational requirements for the Marriage and Family Therapist (MFT) license in the state of California. Successful completion will allow the candidate to apply for Associate (AMFT) status with the Board to accrue the post-degree hours of supervised practice necessary for state licensure.

Program Philosophy

The Counseling Committee of Cal Poly Humboldt's Psychology Department holds as a core belief that the training and development of a competent, ethical psychotherapist begins with a supportive community that recognizes the professional and developmental needs of the trainee. We use a cohort model, in which all members of a cohort take the same courses together every semester, thereby providing the opportunity for students to form collaborative relationships with their peers. We aim to keep class sizes small, which allows for deeper student-faculty connections, and we foster a culture of open and clear communication.

The program aims to address the diverse needs of clients, in part by working to strengthen the abilities and agency of each individual student. We believe that clinical competence evolves from a familiarity with a wide variety of theoretical orientations, the development of proficiency with evidence-based skills and techniques, multicultural awareness and competence in working with clients from diverse backgrounds and experiences, and a willingness to reflect on the student's own values and beliefs and how they affect the therapy process.

Core Values and Objectives

In accordance with our core values, the objectives of our program are to assist students in reaching the following:

1. Gaining a knowledge-base and counseling skills for working with a diverse array of clients and from a wide variety of theoretical orientations
2. Achieving competence in applying evidence-based tools and techniques
3. Forging a professional role and identity as a counselor that is grounded intra- and interpersonal awareness
4. Developing a commitment to social justice and multicultural counseling principles
5. Attaining a strong ethical stance and applying effective ethical decision-making

Each objective is elaborated below:

1. Gaining a knowledge-base and counseling skills for working with a diverse array of clients and from a wide variety of theoretical orientations

Students are encouraged to explore assessment and treatment from several perspectives. Coursework of the program includes: interviewing techniques, diagnosis, personality assessment, psychotherapy techniques with individuals, couples, groups, families and children, multicultural counseling, case conferences, supervision and fieldwork opportunities.

Classroom instruction also provides students with opportunities to view and to practice counseling techniques derived from a variety of perspectives and theoretical orientations. Theoretical orientations covered *may* include, but are not limited to): Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, Mindfulness Interventions, Narrative Therapy, Psychodynamic/Relational Psychotherapy, Emotionally-Focused Couples Therapy, Play Therapy, Structural and Strategic Family Systems, Intergenerational Family Systems, and Multicultural Approaches to Counseling, among others.

2. Achieving competence in applying evidence-based tools and techniques

All coursework has as its goal attaining a thorough academic understanding of theories of psychopathology and treatment, including the research which supports those theories. Coursework includes instruction in empirical methodology and culminates in a comprehensive exam or thesis. A theoretical approach to assessment, diagnosis, psychotherapeutic treatment modalities and process-outcome evaluation is stressed as a foundation from which expertise in applied skills is developed. Relevant coursework includes research methods; philosophy, design and evaluation of theories of individual, group, child, and family psychotherapy, as well as an optional thesis.

3. Forging a professional role and identity as a counselor that is grounded intra- and interpersonal awareness

It is expected that students will develop their own counseling style that evolves from skill development, training and experience. In order to achieve this goal, supervision and training will include examining any blind spots that may interfere with effectiveness as a counselor. In keeping with the major objectives, we view the program as a means to assist student clinicians in becoming therapeutic persons who will have significant and positive influences on clients. In order to accomplish the above, there are certain attitudes toward training that allow this growth. Some of the necessary characteristics are as follows:

- A willingness to change, fostered by an attitude of flexibility.
- Development of empathy toward clients, yourself and others involved in the program.
- A commitment to act with intention and professionalism, and to approach academic and practical learning experiences honestly and responsibly.
- Viewing becoming a counselor as a process, which always ongoing and is valuable at every stage.
- A capacity to examine the impact of your own beliefs, values, attitudes, and behaviors on others (e.g., peers, instructors, clients).
- Ability to ask and to receive feedback from others, both mentors and peers.
- A willingness to expand your awareness and notice when you withdraw from experience or feedback.
- A tolerance of ambiguity.
- Accepting your own for growing edges and a willingness to examine and learn from them.
- A capacity to challenge any unreasonable assumptions or any self-destructive beliefs or behaviors. This involves a continuous process of self-evaluation.

4. Developing a commitment to social justice and multicultural counseling principles

A core belief of our program is that there is no counseling competence without multicultural competence. A pre-requisite for cultural competence is cultural humility, which is an attitude that honors diversity and embraces a multicultural approach; it is evidenced by openness to learning about the lived experiences of others, and an acknowledgement that such learning is a life-long practice. Cultural competence encompasses an awareness of one's own values/biases, an understanding of the worldview of others, knowledge of effective practices for counseling diverse clients, a consideration of the effect of larger systemic forces on individuals, and an examination of the impact of power and privilege. Promoting social justice is an ethical requirement of our profession. Therefore, advocating for the disempowered and actively working to promote social justice are core values of all counselors, and they should be so for students in our program as well.

Multicultural knowledge and practices will be part of the curriculum in the classroom, through professional seminars and the multicultural counseling course. Additionally, other courses will also integrate multicultural knowledge and perspectives with different content areas. In field placements, students will have the opportunity to transfer what they have learned in the classroom to public settings. This theoretical/applied approach is based on developing consultation skills, learning to network for client services, assisting individuals, groups, and organizations to identify strengths and develop resources, working in supervised

community mental health placements, and gaining exposure and multicultural skills to serve diverse populations. Students will be integrating their skills and applying them at a multi-system level to promote mental health.

5. Attaining a strong ethical stance and applying effective ethical decision-making

The importance of the ethical practice of psychology cannot be emphasized enough. Therefore, ethical guidelines will be incorporated into each of the courses offered in the clinical program, as well as in one course specifically addressing law and ethics in California. Our program views ethical considerations in counseling clients at CAPS, in the use of human participants in research, and teaching students in the classroom as much more than just a mandate to protect one from lawsuits. Students are expected to become familiar with the Ethical Principles of Psychologists and California Association of Marriage and Family Therapists Code of Ethics (see Appendices) and to abide by them throughout the course of this program. Violations of ethical guidelines will carry consequences that may range from program remediation to dismissal from the program.

Program Milestones

In order to Advance to Candidacy and/or successfully graduate from the program, students will need to meet all the following criteria:

1. Fulfill 60 units of required coursework
2. Maintain a GPA of 3.0 or above, with no grade below a B-
3. Perform required hours of supervised practicum, which include a minimum of 150 hours of direct (face-to-face) counseling experience with clients, and 75 hours of advocacy and support
4. Undergo at least 20 hours of personal psychotherapy (with program pre-approval) during the time the student is registered in the program
5. Receive positive (rated as adequate or above) evaluations of professionalism every semester from instructors, advisor/Program Coordinator, and practicum supervisors
6. Successfully complete a culminating experience (e.g.: Comprehensive Exam or optional Master's Thesis)

Counseling Committee

The Counseling Committee is an official committee of the Department of Psychology, and is responsible for program and curriculum planning, developing admission standards and making admission decisions, evaluating and supporting student counseling and professional development, recommending continued matriculation of admitted students, approving and coordinating field experiences, and advancement to candidacy, among others.

Students are evaluated by the committee regarding their progress in the program, in the areas of academic performance, professionalism, and counseling competence. This committee routinely and regularly discusses program direction and development, fieldwork, program needs, curriculum design, student progress, student concerns, remediation plans, and student grievances and appeals.

The committee is chaired by the Counseling Program Coordinator, who is responsible for coordinating the work of the committee and also serves as the official advisor to all students in the program. The Counseling Committee meets 1-2 per month and is currently composed of the following faculty members:

- Elena Padrón, Ph.D., Associate Professor & Counseling Program Coordinator
- Carrie Aigner, PhD., Associate Professor
- Jennifer Petullo, M.A., LMFT, Counseling Program Faculty

Admissions Process

Students are accepted into the program based on academic record, human services experience, demonstrated excellence in oral and written communication, and the potential for becoming effective and ethical psychotherapists. Applicants are screened first on the basis of their application materials, and some are invited to move forward to the interview process. Students are admitted during the Fall semester only.

When evaluating applications to the program, we consider the following:

- Submission of a complete application packet via CalState Apply by the application deadline
- GPA: When calculating GPA, we include GPAs from all transcripts, including community colleges and transfer universities. We do not admit students with a GPA under 3.0
- Previous research experience and/or experience in the helping profession
- Strength of the letters of recommendations (at least two are required; three are encouraged)
- Quality of all written essays and statements, reflecting the core principles of our program and a potential for becoming an effective and ethical psychotherapist
- Completion of pre-requisite courses

All of the following course are required to be completed before the start of the program:

- Introduction Research Design
- Introduction to Statistics
- Introduction to Psychology

In addition, at least two of the following are required:

- Abnormal Psychology
- Developmental Psychology
- Personality Theory
- Neuroscience
- Cognitive Psychology
- Interviewing and Counseling

Coursework

Students should follow the suggested program curriculum as set forth for each semester for their cohort. Courses and practicum training are designed to provide preparation for a variety of clients and therapeutic approaches. Therefore, the student must have completed (or be enrolled in) courses and/or practicum training designed to address the issues of a particular type of client prior to beginning work with that client.

Below are the required courses. Please note that courses are subject to change. Some one-unit courses may be offered as a weekend course or on a Friday, and some courses may only be taught every two years as indicated. Finally, some students may need more time to complete 682 Practicum. In these cases, students may stay an additional semester to finish the required practicum hours.

Required courses are as follows:

PSYC 518 - Advanced Developmental Psychopathology **Units: 3**

Advanced coverage of psychological problems in children and adolescents with particular focus on evidence-based practices. Contemporary research on assessment, treatment, prevention, and intervention are key areas of exploration.

PSYC 636 - Sexuality Counseling Units: 1

Psychological, physical, social, and clinical aspects of human sexuality designed to meet California state requirements for licensure as an MFT.

PSYC 638 - Diagnosis of Mental Disorders Units: 3

Major diagnoses of psychological disorders, strengths and weaknesses of diagnostic systems, research on origin and course of pathological outcomes, and strategies for identifying, diagnosing, and formulating treatment of psychological disorders.

PSYC 640 - Aging and Long-Term Care Units: 1

Biological, social, cognitive, and psychological aspects of aging including long-term care, end of life, and grief.

PSYC 641 - Research Methods: Philosophy and Design Units: 3

Epistemological foundations of research methods applicable to experimental, clinical/ counseling, and applied psychology. Practical research problems: design, sampling, and control.

PSYC 644 - Suicide Risk Assessment and Intervention Units: 0.5

Assessment and documentation of suicide risk and interventions for working with clients with suicide ideation. Factors that contribute to suicide risk.

PSYC 650 - Assessment and Treatment of Child Abuse Units: 0.5

Assessment and reporting of child abuse. Interventions for intervening in cases of abuse and working with individuals with previous abuse.

PSYC 653 - Advanced Psychotherapy with Children and Families Units: 3

Psychotherapy models and interventions for working with children and families, presented using developmental and ecosystemic frameworks. Topics include family, play, psychodynamic and cognitive-behavioral therapies.

PSYC 654 - Interviewing and Counseling Techniques Units: 3

Exposure to theory-based counseling techniques. Supervised practice, including video or audio taping, feedback sessions. Research findings about effectiveness.

PSYC 656 - Couples Therapy Units: 3

Introduction to marital/couple therapy: major theories of relationship counseling and therapy, assessment techniques, domestic violence, ethics. Emphasis on experiential learning and demonstration of marital/couple counseling.

PSYC 657 - Group Counseling and Group Psychotherapy Units: 3

Theories and principles in group counseling. Develop group therapy leadership skills.

PSYC 658 - Theories of Individual Counseling and Psychotherapy Units: 3

Introduction to major theories in counseling. Focus on theory, application of techniques to clinical practice, and empirical validation.

PSYC 660 - Law and Ethics in Psychology **Units: 3**

Ethics and California law applicable to the counseling profession.

PSYC 662 - Practicum Preparation **Units: 1**

Seminar approach to various clinical issues regarding practicum placement. May include case study, skill enhancement exercises.

PSYC 664 - Assessment and Testing for Psychotherapists **Units: 3**

Overview of formal psychological testing and assessment, administering tests within the boundaries of competence, and writing psychological assessment reports.

PSYC 672 - Psychopharmacology **Units: 3**

This course will focus on the clinical application of psychotropic medications in the treatment of psychiatric disorders. Pharmacodynamics and pharmacokinetics of all major classes of medications will be covered.

PSYC 673 - Mental Health Addiction and Recovery **Units: 1**

Overview of drug abuse and co-occurring disorders including assessment, prevention, treatment, recovery, and social-cultural dimensions.

PSYC 676 - Multicultural Counseling **Units: 3**

Training in theories, research and counseling strategies in multicultural psychology. Development of multicultural counseling skills, including self-awareness and the impact of bias, oppression and privilege on mental health and counseling.

PSYC 682 - Fieldwork **Units: 1-6** (Required: 16 units total)

Supervised practicum experience in specific settings to meet BBS requirements. Field placements are consonant with student and community needs. These placements are arranged with the student, their faculty supervisor, the Program Coordinator, and selected agencies with approved licensed supervisors at the end of the first year or during the second year of the program.

In addition, students will be required to complete a **culminating experience**. For more information refer to the Culminating Experience section of this document. The following courses are required for each option:

Culminating Experience Option 1: Comprehensive Exam

PSYC 678 - Comprehensive Exam Preparation **Units: 3**

Prepare for and review material for the comprehensive exam, including integrating knowledge across major content areas of the discipline and applying knowledge to clinical cases.

PSYC 691 - Comprehensive Exam for Counselors **Units: 0**

The exam will consist of multiple choice and essay questions that cover the major domains of the program.

Culminating Experience Option 2: Thesis

PSYC 690 - Thesis **Units: 1-6** (minimum of 3 units)

Guided investigation of research problem culminates in formal report in compliance with Cal Poly Humboldt standards.

Grade Policy

University Grade Policy

Cal Poly Humboldt students must maintain a minimum 3.0 grade point average in all courses taken as a graduate student. Any student with a cumulative G.P.A. below 3.0 will be placed on probation by the University. Two consecutive semesters on academic probation will result in automatic dismissal from the University. See the [Graduate Student Handbook](#) for details of academic probation and disqualification.

Additional Program Grade Policy

In addition, the Counseling Psychology Program requires that **ALL PROGRAM COURSES MUST BE PASSED WITH A GRADE OF "B-" OR HIGHER. If a student earns a grade of "C+" or lower in any required course, this will result in placement on probation by the program. The student must repeat the course and earn a minimum grade of "B-".** Depending on whether or not the course that must be repeated is linked to fieldwork, the student may be removed from fieldwork, resulting in a substantial delay in completing the program. If a student receives a second grade of "C+" or lower in any required course, this will result in dismissal from the program.

Incompletes

A university policy changes all "I" grades to "F's" if coursework is not completed in one year. Students who receive an Incomplete (I) grade in a course should complete the course requirements as soon as possible. Students with more than one outstanding incomplete on their records will not be eligible to enroll in fieldwork and may be ineligible to enroll in other required coursework.

Supervised Counseling Practice

Fieldwork/Practicum

Field placements are consonant with student and community needs. These placements are arranged with the student, their faculty supervisor, the Program Coordinator, and selected agencies with approved licensed supervisors at the end of the first year or during the second year of the program.

A minimum of 150 hours of direct (face-to-face) counseling experience with clients and 75 hours of advocacy and support must be earned prior to graduation. Up to 750 hours of direct counseling may be earned prior to receiving the M.A. degree. Please note that some students may need more time to complete the total practicum hours. In these cases, the student may stay an additional semester to complete program requirements.

First Year:

During the first semester, the student is expected to focus on gaining skill and knowledge of counseling theory and application. Interviewing and Counseling Techniques (654) and Practicum Preparation (662) are courses designed to gain skill in clinical intake and involve rehearsal, role-play, and video recording rather than direct client contact. Beginning second semester, students start their direct counseling experience by beginning a counseling relationship with a small number of clients (typically 1-4) at Cal Poly Humboldt's Counseling and Psychological Services (CAPS). The individual supervision provided this second semester focuses on the intake experience and the establishment of a collaborative relationship with clients. Each student will be assigned to a supervisor.

Note: Students are asked to complete a Live Scan background check during the first month of their first year in the program. The Live Scan may be completed by going to the University Police Department and filling out the appropriate paperwork. Students will be responsible for the cost of completing the Live Scan background check (approximately \$70). This background check is necessary in order for students to see clients at CAPS. If the Live Scan shows prior convictions, a committee will review the results on a case by case basis to determine the student's eligibility to continue in the Counseling Psychology program. Students should be aware that the California licensing board, the Board of Behavioral Sciences, has their own policies regarding convictions that may affect a student's ability to be licensed. Students are strongly encouraged to view these policies at the following link:

https://www.bbs.ca.gov/consumers/criminal_convictions.html.

Counseling and Psychological Services (CAPS) locations and contact information are as follows:

<https://counseling.humboldt.edu/counseling-psychological-services-new>

CAPS Practicum Coordinator: Jodi Smith, LMFT

Jodi.Smith@Humboldt.edu

CAPS at Student Health and Counseling (SHC)

2nd Floor, Room 205

707-826-3236

CAPS at Behavioral & Social Science (BSS)

2nd Floor, Room 208

707-826-3921

Director: Elizabeth McCallion, Ph.D.

Executive Director of Student Health & Wellbeing Services: Jennifer Sanford, Ph.D.

Second Year:

Practicum/fieldwork experience this year focuses on developing skills in individual, child, family and group counseling. The student will have a field placement at either CAPS or a community agency with primary counselor responsibilities. Most students will complete their training at CAPS. However, some approved placements can be off-site, at community agencies and schools. Please contact the Coordinator of the Counseling Program for more information about contacting sites.

Supervision

Group and/or individual supervision with an assigned licensed supervisor is provided for each student on a weekly basis beginning the second semester of the first year. Group and individual supervision during the second year will be with a licensed supervisor, either from a staff or faculty member within the program or CAPS, or from an off-site supervisor.

Supervision should provide an atmosphere of acceptance and encouragement so as to promote a realistic sense of self-trust and self-reliance in the trainee's clinical efforts. Supervision offers practical training on the following:

- Roles and responsibilities of counselors
- Development of a therapeutic alliance
- Knowledge and experience applying specific counseling techniques and working with diverse clients

- Awareness of legal, ethical, and safety concerns as they arise in the provision of therapy
- Guidance to understand how a trainee's own needs, expectations, and conflicts influence the process and effectiveness of the therapy they provide, and assistance to work through these issues.

Department of Psychology Guidelines for Field Placements

Approval to practice at traineeship sites during the course of the program is limited to: 1) the regularly scheduled practica in the curriculum, 2) possible summer practicum with special permission, and 3) any practicum after 2 years in the program have been completed but not all degree requirements are met (e.g., thesis is in progress). Students must register for fieldwork (1-unit minimum) during semesters when they are actively working in a field placement under supervision for licensure hours. This process continues for all semesters until the thesis is filed, and the degree is granted or the student has passed the comprehensive exam and the degree is granted. Additional sites or practicum experience will not be approved if the student has not completed the regular coursework in a timely fashion and is not actively working on the thesis, if they have chosen that option.

Purpose: The purpose of field placements in the Counseling M.A. program is to provide the graduate student:

- 1) direct counseling experience in a community agency
- 2) supervised placement where the student can gain understanding of the counselor's role and function in the community
- 3) opportunity for direct and indirect supervision of counseling skills
- 4) familiarity with a team approach

Settings: Field placements must meet the following criteria:

- 1) have sufficient clients who can be seen in a professional manner and referred to the counseling trainee
- 2) be community oriented and/or community based
- 3) be directly related to the helping professions
- 4) have adequate on-site licensed supervision facilities and personnel or program approval for off-site supervision
- 5) be willing to communicate and to network with the university counseling program
- 6) be approved by the Counseling Committee.

Guidelines for students:

- 1) Students must formally request permission for off-site fieldwork placements.
- 2) Students shall be registered for Psychology 682 (Fieldwork) during all semesters they are working at an agency.
- 3) Students shall maintain the standards expected of them by the agency, including attendance at staff meetings, keeping appointments, etc. Conflicts with school/agency expectations should be discussed promptly with the coordinator of the Counseling program.
- 4) Confidentiality and protection of clients must be maintained.
- 5) Regular weekly meetings with the on-site supervisor should be scheduled. Students should plan on at least one hour per week for individual or triadic supervision or two hours per week of group supervision for every five hours of direct client services they provide.
- 6) If permitted by the agency and the client, students should include sessions each semester which are audio and/or video recorded and reviewed during supervision.

Guidelines for licensed supervisors:

- 1) The supervisor shall complete the Responsibility Statement for Supervisors prior to beginning supervision with the student. Note especially Item 5 on the Responsibility Statement (see Appendix B).

- 2) Licensed supervisors should plan on meeting weekly with their students for the purpose of feedback and evaluation of progress, and shall sign weekly summaries of hours at that time (see Appendix B).
- 3) Licensed supervisors should maintain contact with the coordinator of the Counseling Program. Discomfort with progress of the student should be communicated promptly so difficulties can be quickly resolved.
- 4) Supervisors are responsible for direct implementation of training skills; i.e., assisting the student in improving skills.
- 5) The supervisor must complete an evaluation of the student once per semester on the form provided by the university.
- 6) At the end of the agency placement, the licensed supervisor shall complete the Experience Verification form (see Appendix B).
- 7) All forms should be duplicated and sent to the department office for maintenance in the student's permanent file.

Guidelines for Offsite Practicum Coordinators:

- 1) The Coordinators should contact the cooperating agency as often as needed to assure a quality placement.
- 2) The Coordinators are responsible for assisting in placement difficulties of any nature and in keeping the Counseling M.A. Committee advised.
- 3) The Coordinators are responsible for assigning credit for off-campus placement.

Culminating Experience

Students are required to complete a culminating experience before exiting the program. This requirement may be met in two ways:

- a) By taking and passing the comprehensive exam, or
- b) By completing an approved Master's thesis

Comprehensive Exam Option

The comprehensive exam is the culminating experience to demonstrate knowledge gained during the graduate program by displaying an understanding of the broad skills utilized by therapists, falling along the following domains:

1. Research
2. Assessment
3. Diagnosis and treatment of psychopathology
4. Individual counseling
5. Group counseling
6. Couples counseling
7. Family therapy
8. Laws and ethics
9. Multicultural counseling
10. Development across the lifespan
11. Psychopharmacology

The examination is designed to reveal the student's knowledge of cultural, legal, ethical, and professional issues faced by practicing therapists as well as assessment, identification, diagnosis, intervention, and current research related to the practice of marriage and family therapists. Students will be evaluated on the level of their knowledge as well as their ability to express their knowledge in acceptable written form.

Required coursework for this option includes the following:

PSYC 678 - Comprehensive Exam Preparation Units: 3

Prepare for and review material for the comprehensive exam, including integrating knowledge across major content areas of the discipline and applying knowledge to clinical cases.

PSYC 691 - Comprehensive Exam for Counselors Units: 0

The exam will consist of multiple choice and essay questions that cover major domains of the program.

Thesis Option

If a student chooses the thesis option for their culminating experience, they will select a thesis topic and locate a faculty member interested in the thesis topic to serve as committee chair. In consultation with the chair, the student will identify faculty as potential members of the thesis committee. The student is responsible for understanding all aspects of the research, including the statistics and computer methods. In the thesis proposal, the design and data analysis should be presented in detail. The student will be expected to demonstrate understanding of these matters at the final oral thesis defense.

Required coursework for this option includes the following:

PSYC 109 – Introduction to Psychological Statistics Units:4

Students are required to take PSYC 109 as a prerequisite for writing a thesis. *In addition, a graduate statistics course like PSYC 578 and/or PSYC 588 is strongly recommended.*

PSYC 690 - Thesis Units: 1-6 (minimum of 3 units)

Guided investigation of research problem culminates in formal report in compliance with Cal Poly Humboldt standards. Students must be enrolled PSYC 690 every semester during which the thesis work is being conducted.

Procedures for beginning and completing a Master's thesis are outlined in more detail in the [Graduate Student Handbook](#). A full-time member of the Psychology Department faculty must supervise every thesis. Students are encouraged to choose a topic and a graduate advisor during their second semester and to begin active research at this time.

The following policies apply to all students conducting a thesis within the Psychology Department:

1. Each psychology thesis committee will be composed of three members, two of whom must be full-time members of the Psychology Department (or those who are normally full-time but are serving part-time in other units.) The Thesis Chair must be a full-time member of the Psychology Department. If a third member is chosen from outside the Psychology Department, this member must have the approval of the Thesis Chair and the Department Chair. It is the responsibility of the student to locate a Chair who has some expertise with the thesis topic. (See list of faculty research interests.) In consultation with the Chair, other potential members of the thesis committee are identified. The Chair bears the final responsibility for all aspects of the thesis.
2. The full Thesis Committee should have an opportunity to react to the thesis proposal as early as possible in the development of the proposal and to assure risk management to humans and animal subjects has been secured. When, in the judgment of the Chair, the proposal is sufficiently formulated to warrant further examination and input, data collection shall follow the Committee's approval of the proposal at a Proposal Meeting.
3. A brief abstract (no more than one page) of the thesis proposal shall be circulated to the Psychology faculty within one week of the Committee's approval. This will serve mainly as informational, but faculty members will also have one week in which to respond or contribute input to the student and Committee before the thesis proceeds.
4. The student must follow the APA standards for ethical research and work with humans and animals, if applicable.
5. The student must also follow the standard style for psychological research reports as presented in the most recent APA Publication Manual, with modifications as requested by the Thesis Committee or Project Advisor.
6. When, in the judgment of the Chair and the student, the final draft of the thesis is complete, copies should be distributed to the other Committee members. The student has the responsibility of scheduling a time (usually

one hour) for a final oral defense of the thesis. This meeting should be scheduled at least two weeks after the final draft copy of the thesis/project has been distributed. Professors are typically busy with exam preparation, grading, and other end-of-term duties during the last three weeks of the semester. Therefore, students should plan to schedule their thesis defense before the last three weeks of any semester.

7. Any final action, including approval of the proposal and the oral defense, requires the presence of all Committee members. The final Oral Defense should include substantive demonstration of the candidate's knowledge and competence in his or her area of research.
8. Replacement of a member of the Committee requires the approval of the Chair, and the person to be replaced, if possible.
9. The student should plan the thesis on the presumption that faculty members have no obligation to be available to work on theses/projects during the summer.
10. Any exceptions to this policy require recommendation from the Department Chair and the approval of the respective Program Committee.

ATTENTION: Students MUST have their proposal submitted and approved by the Institutional Review Board (IRB) prior to the end of the third semester of graduate study and advance to candidacy. Failure to meet this deadline may delay graduation and/or prevent inclusion of the student's name in the graduation commencement bulletin.

Professionalism

Professionalism is one of the main training objectives of our program and trainees are expected to behave respectfully and professionally in any setting in which they are acting as a representative of the program, department, or the counseling profession. We view professionalism as including upholding the training standards of our program, respectful and responsible behavior, forging a professional role and identity as a counselor that is grounded intra- and interpersonal awareness, a commitment to social justice and multicultural principles, and a capacity for ethical practice and decision-making.

The therapist's own personality or style is a significant factor contributing to the effectiveness of therapy. A major interest of the program is to support students to develop appropriate boundaries, self-awareness and sensitivity. Trainees are encouraged to explore their expectations and perceptions of others as well as self-perceptions and expectations. Identification of important areas of personal concern or conflict and effort at resolution of these conflicts for the therapist will produce more efficacious therapeutic interventions.

Evaluation of Professionalism

In order to ensure that students are progressing according to program expectations of professionalism, formal evaluations of professionalism will be completed by the Counseling Committee throughout their time in the program. Students will be provided with written feedback and will have an opportunity to discuss any areas of concern with their advisor or the Graduate Committee.

Course instructors, the practicum coordinator/supervisor, and the student's advisor/Program Coordinator will complete ratings of student professionalism each semester. Students will be rated from 1-5 (with 3 being acceptable) on each item. Items will fall along four major domains:

- A. Behavior in the classroom
- B. Behavior in the department/agency/community
- C. Interpersonal skills
- D. Reflectiveness and self-regulation

The Counseling committee will meet to discuss student progress on an ongoing basis. It is important to note that students will be evaluated in accordance with their level of training. Students will receive feedback in the form of a **Professionalism Review Letter at the end of each semester**, which will be prepared by the Counseling Committee on the basis of ratings provided by: a) instructors, b) their advisor/Program Coordinator, and c) practicum supervisors. If a student receives a rating of 1 or 2 (lower than adequate) on any item, by any rater, this will trigger a remediation process.

Criteria for Evaluation of Student Professionalism

Each item below will be rated by each instructor, practicum coordinator/supervisor, and the student's advisor/Program Coordinator. Items will be rated as follows:

5 = Outstanding: Mastery of knowledge/skills/attitudes

4 = Good: Knowledge/skills/attitudes are notably strong

3 = Acceptable: Knowledge/skills/attitudes are appropriate developmental level

2 = Developing: Some deficits or concerns in knowledge/skills/attitudes

1 = Deficits: Significant deficits and concerns regarding knowledge/skills/attitudes

N/A = Not Applicable: Unable to measure with given data

AREA A: CLASSROOM BEHAVIOR

1. Is present for all required hours of instruction and arrives to class on time. If they must miss a class or any part of class, they notify instructor in advance and agree on a plan for completing any missed work; they then follow-up on that arrangement.
2. Completes all class work by the due date/time. If, due to circumstances outside of their control, the student requests additional time on an assignment, they notify instructor in advance and agree on a plan with the instructor for completing any missed work. They then submit the required work by the agreed-upon deadline.
3. Is appropriately engaged in class, paying attention and making enough contributions to class discussions.
4. Is able to self-monitor when they taking up an excessive amount of time/space in class, take a step back and create space for others to speak.

AREA B: BEHAVIOR IN THE DEPARTMENT/AGENCY/COMMUNITY

5. Arrives to meetings in a timely manner. If they must miss a meeting, they notify person in advance and agree on a plan for catching up and making up what was missed.
6. Is able to self-monitor when they taking up an excessive amount of time/space from faculty or staff in the department, and has appropriate expectations from others.
7. Understands that ethical and professional standards extend beyond the classroom, including conduct in public settings and forums, and the surrounding community. The student behaves professionally in any setting in which they are acting as a representative of the program, department, or the counseling profession.
8. Understands that ethical and professional standards also extend to electronic communications, including cohort-wide group chat/text messages, public online forums, social media, etc. Student refrains from unprofessional behavior in these communications (e.g.: posting inappropriate pictures, making insensitive or disrespectful comments)

AREA C: INTERPERSONAL SKILLS

9. Behaves respectfully and appropriately toward peers, instructors, and staff. This includes both in-person (both verbal and non-verbal communication) and electronic communication (e.g.: timeliness of responses, respectful tone, appropriate content).
10. Demonstrates intellectual curiosity and flexibility by being open to learning new material and listening to different viewpoints.
11. Exhibits cultural humility and multicultural competence appropriate for level of training, and a commitment to

social justice principles

12. Shows effective conflict resolution skills, and when possible, first addresses differences/issues directly and clearly with the involved party.

AREA D: REFLECTIVENESS AND SELF-REGULATION

13. Manages stress appropriately and employs effective strategies for regulating their own emotions and behaviors
14. Aware of potential impact of their own beliefs, values, attitudes and behaviors on others (e.g. peers, instructors, clients).
15. Able to question and reflect on own feelings, attitudes, biases, and behavior
16. Can accurately assess their own skills and competencies, including identifying areas for growth.
17. Open to feedback from peers and/or instructors and is able to adjust behavior in response to feedback.

Remediation Process for Professionalism

Students should be aware that a failure to demonstrate what the Counseling Program faculty deems an acceptable level of professionalism throughout the program may result in dismissal. In other words, formal admittance or participation in the Counseling Psychology Program does not guarantee that the student will graduate from the program. Students must maintain acceptable standing as a professional in both the Counseling Psychology Program and the psychological community in general.

If students are not meeting the standard of professionalism set forth above, defined as at least a rating of “3” or “acceptable” on all items by all raters, a remediation plan will be put in place. Following are the steps for the remediation process:

1. The areas of concern will be noted on the student’s Professionalism Review Letter, and the student will be asked to attend a remediation meeting meet with their advisor/Program Coordinator or with the Counseling Committee to discuss next steps.
2. During the meeting, the student will have an opportunity to ask questions and they will receive some guidance regarding strategies to address the problem. The student may be asked to meet one-on-one with specific raters in order to address the issues directly, if needed.
3. Following the remediation meeting, the student will submit a letter of response to the Counseling Committee, detailing: a) their understanding of the areas of concern, and b) the steps they plan to take to remediate it.
4. The student will have until the end of the following semester to successfully address the areas of concern. Students are encouraged to consult instructors, supervisors, and meet with their advisor/Program Coordinator or members of the Counseling Committee for guidance or support during this time.
5. Before the end of the following semester, the student will submit a follow-up letter to the Counseling Committee with a self-assessment of their progress on remediation. The Counseling Committee will take this letter into account when completing the student’s Professionalism Review Letter for that semester.
6. The possible outcomes of remediation are:
 - a. If the student has successfully addressed concerns by the following semester (i.e.: no ratings below acceptable during the following semester’s review) the remediation process will be closed and the student will be considered in good standing in the program. This is the outcome we most hope for, and the Committee will work together with the student to provide guidance to that effect.
 - o Note, however, that if after successfully completing the first remediation process, a second remediation is triggered during subsequent semesters (due to ratings of 1 or 2 on any item by any rater), the student will be dismissed from the program. Repeated need for remediation is seen as representing ongoing or significant difficulties meeting the standards of professionalism set forth by our program.

- b. If the student has not successfully remediated the areas of concern after one semester (i.e.: again receives a score of 1 or 2 on the problematic items that triggered the initial remediation plan) or if additional scores below acceptable levels emerge in the following review (i.e.: receives a rating of 1 or 2 on any additional items), the student will be dismissed from the program. Continued professionalism concerns or failure to use feedback to address those concerns do not meet the standards of our program.

Policy on Personal Therapy

The Counseling Program requires trainees to undergo a minimum of 20 hours of individual psychotherapy, specifically during the time they are in the program. We predict that personal issues will surface in class, in supervision, in reading materials, and during sessions with clients which will need to be dealt with in order to be an effective counselor. Additionally, having had personal experience as a client makes the counselor role much more relevant and understandable to most trainees.

Please note that students will need to file for, and receive, approval from the Program Coordinator before beginning to accrue personal psychotherapy hours. This is to ensure that the practitioner possesses the appropriate credentials and that the form/modality will provide sufficient support to the student, based on the standards of the Counseling Committee.

Advancement to Candidacy

The program requires recommendation by the department for advancement to candidacy. Advancement to candidacy is an acknowledgement of a student's potential to complete the requirements for the Master's degree. Students should apply for advancement to candidacy and graduation at least one semester prior to completion of the program. A student must be enrolled in the semester during which Advancement to Candidacy takes place.

Candidacy requirements are as follows:

- Graduate classified standing (fulfilled all program admission requirements)
- A GPA of 3.00 or better in all work counted toward the degree; with no grade lower than a B-
- Completion of 12 to 15 units approved coursework for the master's program
- Approval of the Counseling Committee and Program Coordinator, which are contingent on: a) academic performance, b) assessments of supervised counseling, and c) formal evaluations of student professionalism. If a student shows areas of concern in one of more of these domains, that could delay or prevent approval for Advancement to Candidacy.

Forms and more detailed information can be accessed on the Cal Poly Humboldt Graduate Studies website:
<https://gradprograms.humboldt.edu/content/advancement-candidacy-and-graduation>

Licensure

Licensing was developed by the State of California to assure that psychotherapists meet specific requirements in education and training. For Marriage and Family Therapists specifically, the California Board of Behavioral Sciences is in charge of overseeing the licensure process.

The courses in our program have been designed to meet the curricular requirements necessary for obtaining a Marriage and Family Therapist license in the state of California, and to provide students with the skills to become a highly

competent community mental health practitioner. Our program also provides the coursework and supervised hours necessary to meet the requirements for the Licensed Professional Clinical Counselor, although students must take 3 to 4 additional courses outside of the program

The requirements for MFT licensure in the State of California *may* include the following:

- Obtaining a qualifying Master’s degree. Graduating from our program will ensure this requirement is met.
- Registering with the Board as an Associate (AMFT)
- Undergoing fingerprinting and passing a criminal background check
- Passing the California Law and Ethics Exam
- Completing 3,000 hours of supervised internship experience sanctioned by the BBS.
- Passing the LMFT Clinical Exam
- Submitting a formal application for licensure

Please note that the information above is provided for reference only. Students should directly contact the board to ensure they have the most accurate and up-to-date information regarding laws and regulations:

California Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200
Sacramento CA 95834
(916) 574-7830
www.bbs.ca.gov

Our program will provide a strong preparation to the motivated student. However, it is important to highlight that, although completion of our program guarantees a student has met the curriculum requirements for the license, it does not provide assurances that graduates will meet all other requirements set by the State of California in order to obtain licensure. It is the individual responsibility of the student to ensure that they are able to fulfill the requirements for licensure.

Recommendations for Registering as an AMFT with the BBS:

The following guidelines are suggested in order to expedite exiting from this program and filing for registration as an AMFT with the Board of Behavioral Sciences (BBS), in order to complete the post-graduate internship:

1. Keep in close contact with the Staff Coordinator and the Program Coordinator, regarding such matters as meeting program requirements. Also, follow guidelines established in your current COUNSELING HANDBOOK.
2. File Advancement to Candidacy forms before the final date in the third semester if taking the comprehensive exam, or, if writing a thesis, upon approval of the IRB proposal. The Staff Coordinator may assist you in completing these forms.
3. Keep in close contact with the BBS regarding MFT requirements.
4. During spring semester of the second year in the program, make an appointment with practicum supervisor to fill out the Experience Verification Form.
5. If choosing a thesis option, complete and submit Master’s thesis.
6. Complete the graduation process.
7. Fill out and submit a transcript request form (along with a check covering the cost of the transcript(s) to the Staff Coordinator. Note: Our department needs one official transcript. Once the M.A. is posted on the transcript, it will be forwarded to the student from our office in a sealed envelope marked “MFT: Do Not Open.”

8. We will obtain signatures from the program coordinator on the Program Certification form. This form will be mailed to each student along with the official transcript in a sealed envelope marked “MFT: Do Not Open.”
9. Send the envelope marked “MFT: Do Not Open” (which includes the official transcript and Program Certification Form) to BBS along with other application materials in the internship packet.
10. Continue to log weekly hours but do not send them at this time. Save them until they are requested.
11. Get appropriate signatures from those licensed person(s) who have served as supervisors during the two years of the program. Afterwards, keep these as in #9 until they are requested by the BBS. Continue to keep track of these supervision hours.
12. Good luck in working with the BBS on your own from here on! Let us know when you pass the licensing exam with flying colors.

Grievance and Appeals Procedures

In the event that there is an objection to, or an appeal of a decision by an individual faculty member or committee, there are recognized informal and formal avenues for appeal that are identified in University Catalog.

The Counseling Psychology program has an **internal mechanism** for problem resolution, which is separate from University procedures:

1. Students are always encouraged to deal directly with faculty and supervisors whenever a problem arises regarding a course or field placement.
2. The Faculty Program Coordinator is the next line of appeal.
3. For general or curricular concerns, individual students or cohorts are encouraged to bring problems or suggestions to the attention of the Counseling Committee.
4. In the case of a formal appeal of a faculty member or program administrator’s decision, the matter may be brought back to the Counseling Committee.
5. When concerns are not successfully resolved at the Committee level, students may appeal to the Department Chair and/or College Dean.
6. If problems are not successfully resolved to the satisfaction of the student, the assistance of the University Ombudsperson may be sought.

University Enrollment & Leave Policies

Seven-Year Limit

All master’s students enrolled in Master of Arts, Master of Fine Arts, Master of Science or Master of Business Administration programs in the CSU are required to complete their degree within seven years. The seven years is calculated by reviewing the oldest course listed on the course list of the advancement to candidacy (e.g. if oldest course is in fall 2013, the seven-year limit is fall 2020).

If warranted by individual circumstances, students may petition to extend the seven-year limit. The student must first apply for graduation and then contact the major professor to arrange a method of determining if the student is still current in the field of study for those courses that are seven years or older.

A Request for Program Variation or Waiver form to extend the 7-year limit must include the reason for the extension, and specifies the intended date of graduation. The major professor, committee members, Staff Coordinator, and graduate dean sign the petition. Documentation of Examination for Currency for Extension of the Seven-Year Limit for each course (that is seven years or older). They must be attached to the Request for Program Variation or Waiver form. A complete record of how currency for the course was determined (questions, the student’s answers, and a signed evaluation) must be filed in the program office for a minimum of five years after the student has completed the degree. Forms for completing this process may be obtained from the graduate office.

Continuous Enrollment

Students admitted to Master's degree programs are required to enroll in a minimum of one unit per term for at least two terms per academic year (fall, spring, summer) until their degree requirements are met. Master's degree students who do not maintain continuous enrollment (enrolled for at least two terms each academic year), and who have not been granted a leave of absence are required to reapply for admission to the university and to the graduate program. Thus, students will be subject to any new admission or degree requirements that have been approved since their first admission to the program. The seven-year time limit will continue to apply to all course work on the approved graduate course list.

If the department allows master's students to enroll in Extended Education for continuous enrollment, they may register for one unit of 693 through the Office of Extended Education. Enrollment in 693 allows a graduate student to maintain continuous enrollment and to maintain their status in the master's degree program. Extended education enrollment allows a graduate student to make use of the same campus resources accorded to Extended Education students.

To maintain continuous enrollment, students will register using the EE registration form and the completed/signed Continuous Enrollment Extended Education form. The form is basically a permission form/authorization from the student's department allowing the student to enroll through EE for continuous enrollment.

Students who have substantial work to do to complete their project/thesis will register as a regularly enrolled student. The number of units registered for would be estimated based on the amount of work required and the extent of faculty involvement.

Educational Leave/Leave of Absence

A student may request a leave of absence or educational leave from the university in order to pursue other educationally related activities or to clarify his/her educational goals. Graduate students should contact the Office of Academic Programs & Undergraduate/Graduate Studies, SH 217A, for information.

A student must attend at least one term prior to requesting a leave of absence. A leave of absence maintains continuing student status. This allows a student to maintain catalog rights and eligibility to enroll for the term immediately after the expiration of the leave without reapplying to the university. While on leave, a student is not considered enrolled and is not eligible for any services from the university. The student will be apprised via their preferred email address of registration information and deadlines for the term he/she is to return to Cal Poly Humboldt.

A leave of absence may be requested for one or two terms, but may be extended for two additional terms (for a maximum of four terms) under special circumstances. For more information, or to obtain an educational leave request form, contact the Office of the Registrar. *Note:* Students must keep their Cal Poly Humboldt preferred email address up-to-date. Cal Poly Humboldt will be contacting them via email with important registration information after the leave has ended. Please see Email Policy.

A student cannot graduate or submit their culminating experience during the period of time they are on a leave of absence. If a student's leave of absence was to complete the culminating experience for final submission to the thesis committee for approval, the student will need to be enrolled. Some disciplines will allow enrollment through Extended Education, please check with your department.

APPENDIX A. Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating/Domestic Violence & Stalking Policy

Consistent with CSU and Cal Poly policy, the Counseling Psychology Program at Cal Poly Humboldt is committed to maintaining an inclusive community that values diversity and fosters tolerance and mutual respect. We embrace and encourage our community differences in Age, Disability (physical and mental), Gender (or sex), Gender Identity (including transgender), Gender Expression, Genetic Information, Marital Status, Medical Condition, Nationality, Race or Ethnicity (including color or ancestry), Religion (or Religious Creed), Sexual Orientation, and Veteran or Military Status, and other characteristics that make our community unique. All individuals have the right to participate fully in the Counseling Psychology program and free from Discrimination, Harassment, and Retaliation. The Counseling Psychology program prohibits Harassment of any kind, including Sexual Harassment, as well as Sexual Misconduct, Dating and Domestic Violence, and Stalking.

All sexual activity between members of our community must be based on Affirmative Consent. Engaging in any sexual activity without first obtaining Affirmative Consent to the specific sexual activity is Sexual Misconduct and constitutes a violation of this policy, whether or not the sexual activity violates any civil or criminal law.

Harassment is prohibited whether it takes place within Cal Poly premises or outside, including at social events, business trips, training sessions or conferences sponsored by Cal Poly.

Prohibited Conduct. The Counseling Psychology Program prohibits:

1. Discrimination, including Harassment, because of any Protected Status: i.e., Age, Disability (physical or mental), Gender (or sex), Gender Identity (including transgender), Gender Expression, Genetic Information, Marital Status, Medical Condition, Nationality, Race or Ethnicity (including color or ancestry), Religion (or Religious Creed), Sexual Orientation, sex stereotype, and Veteran or Military Status.
 - a) Harassment is offensive conduct of an unwelcome nature on the basis of any of the protected identities, that is persistent or pervasive and interferes with the ability of a student, staff or faculty member to learn or perform the duties of their job.
 - b) Sexual harassment is unwelcome conduct of a sexual nature which is distinguished from consensual or welcome sexual relationships by the introduction of the elements of coercion, threat, or are unwelcome by nature. It makes a person feel offended, humiliated and/or intimidated. It is a form of discrimination that is specifically prohibited by law and the courts. There may be sexual harassment by those of the same sex as well as those of the opposite sex.
 - c) Sexual harassment may be *quid pro quo*, which occurs when someone exerts their authority over the victim explicitly or implicitly that connects a favorable action for compliance.
 - d) Harassment can include:
 1. Physical Conduct (unwelcome touch, physical violence).
 2. Verbal Conduct (Sexual comments, stories and jokes; sexual advances; repeated unwanted social invitations for dates or physical intimacy; insults based on gender; Comments on another's appearance, age, private life, etc.)
 3. Nonverbal Conduct (Display of sexually explicit or suggestive material, gestures)
2. Retaliation for exercising rights under this policy, opposing Discrimination or Harassment because of a Protected Status, or for participating in any manner in any related investigation or proceeding;
3. Dating and Domestic Violence, and Stalking;
4. Sexual Misconduct of any kind, which includes sexual activity engaged in without Affirmative Consent; and,

5. Employees from entering into a consensual relationship with any Student or Employee over whom they exercise direct or otherwise significant academic, administrative, supervisory, evaluative, counseling, or extracurricular authority.

Complaints Procedures.

Persons who have experienced Discrimination, Harassment, and Retaliation may report the incident to the police, the Counseling Program Coordinators, or University Officials through the Dean of Students Office (707)626-3504, SH 211. They may also receive support through Counseling and Psychological Services (CAPS).

Duty to Report. Except as provided below, **any** Community Members who know or have reason to know of allegations or acts that violate this policy shall promptly inform the DHR Administrator or Title IX Coordinator. These Employees are required to disclose all information, including the names of the Parties, **even where the person has requested anonymity**. The DHR Administrator or Title IX Coordinator will determine whether such confidentiality is appropriate given the circumstances of each such incident.

Employees Who Do Not Have A Duty to Report:

1. The following Employees are **not** required to report **any** information about an incident of Discrimination, Harassment, Retaliation, Sexual Misconduct, Dating or Domestic Violence, or Stalking to the DHR Administrator or Title IX Coordinator:
 - a. Physicians; psychotherapists; professional licensed counselors; licensed clinical social workers, and clergy who work on or off Campus, acting solely in those roles or capacities as part of their employment, in the provision of medical or mental health treatment or counseling (*and those who act under their supervision, including all individuals who work or volunteer in these centers and offices*); and
 - b. Sexual assault and domestic violence counselors and advocates who work or volunteer on or off Campus in sexual assault centers, victim advocacy offices, women's centers, gender equity centers, and health centers and who are acting solely in that role (*including those who act in that role under their supervision, along with non-professional counselors or advocates who work or volunteer in sexual assault centers, victim advocacy offices, women's centers or health centers*).
 - c. A CSU employee/union representative is not required to report a possible violation of this Executive Order if the information is provided to the union representative, acting in that role, in a confidential setting by a union member seeking advice about a possible violation or representation in a matter within the scope of representation. However, CSU employee/union representatives are **strongly encouraged** to report the information to the DHR Administrator or Title IX Coordinator.

Students who are found to have violated this policy shall be subject to discipline commensurate with the violation. Student discipline shall be administered in accordance with 5 Cal. Code Regs. § 41301 and Executive Order 1098, or any superseding executive order, if applicable; and may result in recommendation for dismissal from the Counseling Psychology Program.

APPENDIX B California Marriage and Family Therapy Association (CAMFT) Ethical Standards

Source: www.camft.org

INTRODUCTION

The Board of Directors of CAMFT hereby publishes pursuant to the Association Bylaws, a revised CAMFT Code of Ethics. The CAMFT Code of Ethics is binding on all Members, Membership classes and Membership categories. Members of CAMFT are expected to abide by these standards and by applicable California laws and regulations governing the conduct of licensed marriage and family therapists, supervisors, educators, registered associate marriage and family therapists, applicants, students, and trainees. Members are expected to be familiar with the Code of Ethics. A lack of understanding or knowledge of the Code of Ethics does not justify or excuse a violation. The effective date of these revised standards is December 7, 2019.

The practice of marriage and family therapy is varied in its approach, technique, modality, and method of service delivery. These standards are to be read, understood, and utilized as a guide for ethical behavior. The general principles contained in this code of conduct are also used as a basis for the adjudication of ethical issues and/or complaints (both within and outside of CAMFT) that may arise. Ethical behavior must satisfy not only the judgment of the individual marriage and family therapist, but also the judgment of one's peers, based upon a set of recognized norms.

We recognize that the development of standards is an ongoing process, and that every conceivable situation that may occur cannot be expressly covered by any set of standards. The absence of a specific prohibition against a particular kind of conduct does not mean that such conduct is either ethical or unethical. While the specific wording of these standards is important, the spirit and intent of the principles should be taken into consideration by those utilizing or interpreting this code. The titles to the various sections of these standards are not considered a part of the actual standard. Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, at CAMFT's administrative office, 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

ETHICAL DECISION-MAKING

Marriage and family therapists recognize that ethical decision-making principles may be based on higher standards for their conduct than legal requirements and that they must comply with the higher standard. Marriage and family therapists act with integrity and truthfulness, ensure fairness and non-discrimination, and promote the well-being of their clients/patients within the larger society. Marriage and family therapists avoid actions that cause harm and recognize that their clients/patients control their own life choices. Marriage and family therapists should be familiar with models of ethical decision-making and continuously develop their skills to recognize when an ethical conflict exists. Marriage and family therapists utilize consultation and stay current with the relevant research and literature about these processes. Marriage and family therapists reflect on ethical issues that arise within their practice and within the context of their legal responsibilities, ethical standards, and personal values, and develop congruent plans for action and resolution.

1. RESPONSIBILITY TO CLIENTS/PATIENTS

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

1.1 **NON-DISCRIMINATION:** Marriage and family therapists do not condone or engage in discrimination, or refuse professional service to anyone on the basis of race, ethnicity, national origin, indigenous heritage, immigration status, gender, gender identity, gender expression, sexual orientation, religion, age, disability, socioeconomic status, or marital/relationship status. Marriage and family therapists make reasonable efforts to accommodate clients/patients who have physical disabilities. (See also sections 3.2 Therapist Disclosures, 3.7 Therapist Professional Background, and 5.11 Scope of Competence.)

1.2 **HISTORICAL AND SOCIAL PREJUDICE:** Marriage and family therapists are aware of and do not perpetuate historical and/or social prejudices when diagnosing and treating clients/patients because such conduct may lead to misdiagnosing and pathologizing clients/patients.

1.3 **TREATMENT DISRUPTION:** Marriage and family therapists are aware of their professional and clinical responsibilities to provide consistent care to clients/patients and to maintain practices and procedures that are intended to provide undisturbed care. Such practices and procedures may include, but are not limited to, providing contact information and specified procedures in case of emergency or therapist absence, conducting appropriate terminations, and providing for a professional will.

- 1.4 **TERMINATION:** Marriage and family therapists use sound clinical judgment when terminating therapeutic relationships. Reasons for termination may include, but are not limited to, the client/patient is not benefiting from treatment, continuing treatment is not clinically appropriate, the therapist is unable to provide treatment due to the therapist's incapacity or extended absence, or due to an otherwise unresolvable ethical conflict or issue. (See also sections 3.8 Client/Patient Benefit and 5.11 Scope of Competence.)
- 1.5 **NON-PAYMENT OF FEES:** When terminating client/patient relationships due to non-payment of fees, marriage and family therapists do so in a clinically appropriate manner.
- 1.6 **EMPLOYMENT AND CONTRACTUAL TERMINATIONS:** When terminating employment or contractual relationships, marriage and family therapists primarily consider the best interests of the client/patient when resolving issues of continued responsibility for client/patient care.
- 1.7 **ABANDONMENT:** Marriage and family therapists do not abandon or neglect clients/patients in treatment. If a therapist is unable or unwilling to continue to provide professional services, the therapist will assist the client/patient in making clinically appropriate arrangements for continuation of treatment.
- 1.8 **FINANCIAL GAIN:** Marriage and family therapists do not maintain therapeutic relationships solely for financial gain.
- 1.9 **CLIENT/PATIENT AUTONOMY:** Marriage and family therapists respect client/patient choices, the right of the client/patient to make decisions, and help them to understand the consequences of their decisions. When clinically appropriate, marriage and family therapists advise their client/patient that decisions on the status of their personal relationships, including separation and/or divorce, are the responsibilities of the client/patient.
- 1.10 **TREATMENT PLANNING:** Marriage and family therapists work with clients/patients to develop and review treatment plans that are consistent with client/patient goals and that offer a reasonable likelihood of client/patient benefit.

2. CONFIDENTIALITY

Marriage and family therapists respect the confidences of their client(s)/patient(s). Marriage and family therapists have unique confidentiality responsibilities because the client/patient in a therapeutic relationship may include more than one person.

- 2.1 **DISCLOSURES OF CONFIDENTIAL INFORMATION:** Marriage and family therapists do not disclose client/patient confidences, (including the names or identities of their clients/patients), to anyone except as mandated by law, as permitted by law, when the marriage and family therapist is a defendant in a civil, criminal, or disciplinary action arising from the therapy (in which case client/patient confidences may only be disclosed in the course of that action), or if there is an authorization previously obtained in writing. Such information may only then be revealed in accordance with the terms of the authorization.
- 2.2 **SIGNED AUTHORIZATIONS—RELEASE OF INFORMATION:** When there is a request for information related to any aspect of psychotherapy or treatment, each member of the unit receiving such therapeutic treatment must sign an authorization before a marriage and family therapist will disclose information received from any member of the treatment unit.
- 2.3 **MAINTENANCE OF CLIENT/PATIENT RECORDS—CONFIDENTIALITY:** Marriage and family therapists store, transfer, transmit, and/or dispose of client/patient records in ways that protect confidentiality.
- 2.4 **EMPLOYEES—CONFIDENTIALITY:** Marriage and family therapists take appropriate steps to ensure, insofar as possible, that the confidentiality of clients/patients is maintained by their employees, supervisees⁴, assistants, volunteers, and business associates.
- 2.5 **USE OF CLINICAL MATERIALS—CONFIDENTIALITY:** Marriage and family therapists use clinical materials in teaching, writing, and public presentations only if a written authorization has been previously obtained in accordance with 2.1, or when appropriate steps have been taken to protect patient identity.
- 2.6 **GROUPS—CONFIDENTIALITY:** Marriage and family therapists, when working with a group, educate the group regarding the importance of maintaining confidentiality, and are encouraged to obtain written agreement from group participants to respect the confidentiality of other members of the group.
- 2.7 **THIRD-PARTY PAYER DISCLOSURES:** Marriage and family therapists advise clients/patients of the information that will likely be disclosed (such as dates of treatment, diagnosis, prognosis, progress, and treatment plans) when submitting claims to managed care companies, insurers, or other third-party payers.

3. INFORMED CONSENT AND DISCLOSURE

Marriage and family therapists respect the fundamental autonomy of clients/patients and support their informed decision-making. Marriage and family therapists assess their client's/patient's competence, make appropriate disclosures, and provide comprehensive information so that their clients/patients understand treatment decisions.

- 3.1 **INFORMED DECISION-MAKING:** Marriage and family therapists respect the rights of clients/patients to choose whether to enter into, to remain in, or to leave the therapeutic relationship. When significant decisions need to be made, marriage and family therapists provide adequate information to clients/patients in clear and understandable language so that clients/patients can make meaningful decisions about their therapy.

- 3.2 **THERAPIST DISCLOSURE:** When a marriage and family therapist's personal values, attitudes, and/or beliefs are a prejudicial factor in diagnosing or limiting treatment provided to a client/patient, the marriage and family therapist shall disclose such information to the client/patient or facilitate an appropriate referral in order to ensure continuity of care.
- 3.3 **RISKS AND BENEFITS:** Marriage and family therapists inform clients/patients of the potential risks and benefits of therapy when utilizing novel or experimental techniques or when there is a risk of harm that could result from the utilization of any technique.
- 3.4 **EMERGENCIES/CONTACT BETWEEN SESSIONS:** Marriage and family therapists inform clients/patients of the extent of their availability for emergency care between sessions.
- 3.5 **CONSENT FOR RECORDING/OBSERVATION:** Marriage and family therapists obtain written informed consent from clients/patients before recording, or permitting third party observation of treatment.
- 3.6 **LIMITS OF CONFIDENTIALITY:** Marriage and family therapists are encouraged to inform clients/patients of significant exceptions to confidentiality such as child abuse reporting, elder and dependent adult abuse reporting, and clients/patients dangerous to themselves or others.
- 3.7 **THERAPIST PROFESSIONAL BACKGROUND:** Marriage and family therapists are encouraged to disclose to clients/patients, at an appropriate time and within the context of the psychotherapeutic relationship, their experience, education, specialties, and theoretical orientation.
- 3.8 **CLIENT/PATIENT BENEFIT:** Marriage and family therapists continually monitor their effectiveness when working with clients/patients and continue therapeutic relationships only so long as it is reasonably clear that clients/patients are benefiting from treatment.
- 3.9 **FAMILY UNIT/CONFLICTS:** When treating a family unit(s), marriage and family therapists carefully consider the potential conflict that may arise between the family unit and each individual member. At the commencement of treatment and throughout treatment, marriage and family therapists clarify, which person or persons are clients/patients and the nature of the relationship(s) the therapist will have with each person participating in the treatment.
- 3.10 **POTENTIAL CONFLICTS:** Marriage and family therapists carefully consider potential conflicts when providing concurrent or sequential individual, couple, family, and group treatment, and take reasonable care to avoid or minimize such conflicts.
- 3.11 **TREATMENT ALTERNATIVES:** Marriage and family therapists discuss appropriate treatment alternatives with clients/patients. When appropriate, marriage and family therapists advocate for the mental health care they believe will benefit their clients/patients. Marriage and family therapists do not limit their discussions of treatment alternatives to what is covered by third-party payers.
- 3.12 **DOCUMENTING TREATMENT RATIONALE/CHANGES:** Marriage and family therapists document treatment in their client/patient records, such as major changes to a treatment plan, changes in the unit being treated and/ or other significant decisions affecting treatment.

4. DUAL/MULTIPLE RELATIONSHIPS

Marriage and family therapists establish and maintain professional relationship boundaries that prioritize therapeutic benefit and safeguard the best interest of their clients/patients against exploitation. Marriage and family therapists engage in ethical multiple relationships with caution and in a manner that is congruent with their therapeutic role.

4.1 **DUAL/MULTIPLE RELATIONSHIPS:** Dual /multiple relationships occur when a therapist and his/her client/patient concurrently engage in one or more separate and distinct relationships. Not all dual/multiple relationships are unethical, and some need not be avoided, including those that are due to geographic proximity, diverse communities, recognized marriage and family therapy treatment models, community activities, or that fall within the context of culturally congruent relationships. Marriage and family therapists are aware of their influential position with respect to clients/patients, and avoid relationships that are reasonably likely to exploit the trust and/or dependence of clients/patients, or which may impair the therapist's professional judgment.

4.2 **ASSESSMENT REGARDING DUAL/MULTIPLE RELATIONSHIPS:** Prior to engaging in a dual/multiple relationship, marriage and family therapists take appropriate professional precautions which may include, but are not limited to the following: obtaining the informed consent of the client/patient, consultation or supervision, documentation of relevant factors, appraisal of the benefits and risks involved in the context of the specific situation, determination of the feasibility of alternatives, and the setting of clear and appropriate therapeutic boundaries to avoid exploitation or harm.

4.3 **UNETHICAL DUAL/MULTIPLE RELATIONSHIPS:** Acts that could result in unethical dual relationships include, but are not limited to, borrowing money from a client/patient, hiring a client/patient, or engaging in a business venture with a patient, or engaging in a close personal relationship with a client/patient. Such acts with a client's/patient's spouse, partner or immediate family member are likely to be considered unethical dual relationships.

4.4 **NON-PROFESSIONAL RELATIONSHIPS WITH FORMER CLIENTS/PATIENTS:** Prior to engaging in a non-sexual relationship with former clients/patients, marriage and family therapists take care to avoid engaging in interactions which may be

exploitive or harmful to the former client/patient. Marriage and family therapists consider factors which include, but are not limited to, the potential continued emotional vulnerability of the former client/patient, the anticipated consequences of involvement with that person, and the elimination of the possibility that the former client/patient resumes therapy in the future with that therapist.

4.5 **SEXUAL CONTACT:** Sexual contact includes, but is not limited to sexual intercourse, sexual intimacy, and sexually explicit communications without a sound clinical basis and rationale for treatment. Sexual contact with a client/patient, or a client's/patient's spouse or partner, or a client's/patient's immediate family member, during the therapeutic relationship, or during the two years following the termination of the therapeutic relationship, is unethical. Prior to engaging in sexual contact with a former client/patient or a client's/

patient's spouse or partner, or a client's/patient's immediate family member, following the two years after termination or last professional contact, the therapist shall consider factors which include, but are not limited to, the potential harm to or exploitation of the former client/patient or to the client's/patient's family, the potential continued emotional vulnerability of the former client/patient, and the anticipated consequences of involvement with that person. (See also section 7.2 Sexual Contact with Supervisees and Students.)

4.6 **PRIOR SEXUAL RELATIONSHIP:** A marriage and family therapist does not enter into a therapeutic relationship with a person with whom the therapist has had a sexual relationship or knowingly enter into a therapeutic relationship with a partner or immediate family member of a person with whom the therapist has had a sexual relationship.

4.7 **EXPLOITATION:** Marriage and family therapists do not use their professional relationships with clients/patients to further their own interests and do not exert undue influence on patients.

4.8 **NON-THERAPIST ROLES:** Marriage and family therapists when engaged in professional roles other than treatment or supervision (including, but not limited to, managed care utilization review, consultation, coaching, adoption service, child custody evaluation, or behavior analysis), act solely within that role and clarify as necessary, in order to avoid confusion with consumers and employers, how that role is distinguished from the practice of marriage and family therapy.

5. PROFESSIONAL COMPETENCE AND INTEGRITY

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

5.1 **CONVICTION OF CRIME:** Marriage and family therapists are in violation of this Code and subject to termination of membership, or other appropriate action, if they: are convicted of a crime substantially related to their professional qualifications or functions, are expelled from or disciplined by other professional organizations, or have licenses or certificates that are lapsed, suspended, or revoked or are otherwise disciplined by regulatory bodies.

5.2 **FINANCIAL INCENTIVES:** Marriage and family therapists avoid contractual arrangements that provide financial incentives to withhold or limit medically/psychologically necessary care.

5.3 **CLIENT/PATIENT RECORDS:** Marriage and family therapists create and maintain client/patient records consistent with sound clinical judgment, standards of the profession, and the nature of the services being rendered.

5.4 **PROFESSIONAL ASSISTANCE:** Marriage and family therapists seek appropriate professional assistance for their personal problems or conflicts that impair work performance or clinical judgment.

5.5 **PRACTICING WHILE IMPAIRED:** Marriage and family therapists do not practice when their competence is impaired due to physical or psychological causes or to the use of alcohol or other substances.

5.6 **STAYING CURRENT:** Marriage and family therapists remain current with developments in their field through educational activities or clinical experiences. Marriage and family therapists, when acting as teachers, supervisors, and researchers, stay informed about changes in the field, maintain relevant standards of scholarship, and present accurate information.

5.7 **SENSITIVITY TO DIVERSITY:** Marriage and family therapists actively strive to identify and understand the diverse backgrounds of their clients/patients by obtaining knowledge, gaining personal awareness, and developing sensitivity and skills pertinent to working with a diverse client/patient population.

5.8 **GIFTS:** Marriage and family therapists carefully consider the clinical and cultural implications of giving and receiving gifts or tokens of appreciation. Marriage and family therapists take into account the value of the gift, the effect on the therapeutic relationship, and the client/patient and the psychotherapist's motivation for giving, receiving, or declining, the gift.

5.9 **IMPACT OF THERAPIST VALUES ON TREATMENT:** Marriage and family therapists make continuous efforts to be aware of how their cultural/racial/ethnic identities, values, and beliefs affect the process of therapy. Marriage and family therapists do not exert undue influence on the choice of treatment or outcomes based on such identities, values, and beliefs.

5.10 **HARASSMENT OR EXPLOITATION:** Marriage and family therapists do not engage in sexual harassment or other forms of harassment or exploitation of clients/patients, students, supervisees, employees, or colleagues.

5.11 **SCOPE OF COMPETENCE:** Marriage and family therapists take care to provide proper diagnoses of psychological disorders or conditions and do not assess, test, diagnose, treat, or advise on issues beyond the level of their competence as determined by their education, training, and experience. While developing new areas of practice, marriage and family therapists take steps to

ensure the competence of their work through education, training, consultation, and/or supervision.

5.12 **DUPLICATION OF THERAPY:** Marriage and family therapists do not generally duplicate professional services to a prospective client/patient receiving treatment from another psychotherapist. When making a determination to provide services, marriage and family therapists carefully consider the client's/patient's needs, presenting treatment issues, and the welfare of the client/patient to minimize potential confusion and/or conflict. Prior to rendering services, marriage and family therapists discuss these issues with the prospective client/patient, including the nature of the client's/patient's current relationship with the other treating psychotherapist and whether consultation with the other psychotherapist is appropriate.

5.13 **PUBLIC STATEMENTS:** Marriage and family therapists, because of their ability to influence and alter the lives of others, exercise caution when making public their professional recommendations or their professional opinions through testimony, social media and Internet content, or other public statements.

5.14 **LIMITS OF PROFESSIONAL OPINIONS:** Marriage and family therapists do not express professional opinions about an individual's psychological condition unless they have treated or conducted an examination and assessment of the individual, or unless they reveal the limits of the information upon which their professional opinions are based, with appropriate cautions as to the effects of such limited information upon their opinions. (See also section 10.7 Professional Opinions in Court-Involved Cases.)

5.15 **CONSULTATION:** When appropriate, marriage and family therapists consult, collaborate with, and refer to physicians, other health care professionals, and community resources in order to improve and protect the health and welfare of the client/patient.

6. TELEHEALTH

Marriage and family therapists recognize that ongoing technological developments promote availability and access to healthcare and expand opportunities to provide their services outside of the therapy office. When utilizing Telehealth to provide services to clients/patients, marriage and family therapists consider the welfare of the client/patient, the appropriateness and suitability of the modality in meeting the client's/patient's needs, make appropriate disclosures to the client/patient regarding its use, exercise reasonable care when utilizing technology, and remain current with the relevant laws and regulations.

6.1 **TELEHEALTH:** Marriage and family therapists take precautions to meet their responsibilities to clients/patients who are not physically present during the provision of therapy. Prior to utilizing Telehealth, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality in meeting the client's/patient's needs and do so competently. The suitability and appropriateness of Telehealth includes consideration of multiple factors such as the client's/patient's familiarity with the modality, the issues to be addressed, the therapeutic orientation, and other pertinent factors.

6.2 **COMPLIANCE WITH TELEHEALTH LAWS:** Marriage and family therapists, prior to engaging in Telehealth, are familiar with the state and federal laws governing Telehealth and ensure compliance with all relevant laws.

6.3 **DISCLOSURES:** Marriage and family therapists inform clients/patients of the potential risks, consequences, and benefits of the Telehealth modality, including but not limited to issues of confidentiality, clinical limitations, and transmission/technical difficulties.

6.4 **ELECTRONIC MEDIA:** Marriage and family therapists are aware of the possible adverse effects of technological changes with respect to the dissemination of client/patient information, and take care when disclosing such information. Marriage and family therapists are also aware of the limitations regarding confidential transmission by Internet or electronic media and take care when transmitting or receiving such information via these mediums.

7. SUPERVISOR, SUPERVISEE, EDUCATOR, AND STUDENT RESPONSIBILITIES

Marriage and family therapists, supervisees and students employ effective and respectful communication when fulfilling their professional responsibilities. Marriage and family therapists, when acting as supervisors and educators, are cognizant of their impact on the professional development of supervisees and students; they do not exploit the trust and dependence of students and supervisees and whenever possible they appropriately safeguard the best interests of the clients/patients of supervisees.

7.1 **MAINTAINING PROFESSIONAL BOUNDARIES WITH SUPERVISEES AND STUDENTS:** Marriage and family therapists are aware of their influential position with respect to their students and supervisees, and they avoid exploiting the trust and dependency of such persons. Marriage and family therapists therefore avoid engaging in relationships with supervisees and students (over whom they exercise professional authority) that are reasonably likely to impair professional judgment or lead to exploitation. Provision of therapy to students or supervisees over whom the supervisor or educator exercise professional authority is unethical and provision of marriage and family therapy supervision to clients/patients is also unethical. Other acts which are likely to be unethical include, but are not limited to, borrowing money from a supervisee, engaging in a business venture with a supervisee, or engaging in a close personal relationship with a supervisee or student. Such acts with a supervisee's spouse, partner or immediate family member may also be considered unethical dual relationships.

7.2 **SEXUAL CONTACT WITH SUPERVISEES AND STUDENTS:** Marriage and family therapists do not engage in sexual contact with supervisees or students with whom they exercise professional authority. Sexual contact includes, but is not limited to,

sexual intercourse, sexual intimacy, and sexually explicit communications without a sound clinical, supervisory, or educational basis. Such acts with the spouse, partner, or immediate family member of a supervisee or student are likely to be unethical and exploitive. (See also section 4.5 Sexual Contact.)

7.3 **SEXUAL HARASSMENT OF SUPERVISEES OR STUDENTS:** Marriage and family therapists do not engage in sexual harassment of supervisees or students.

7.4 **COMPETENCE OF SUPERVISEES:** Marriage and family therapists assure that the extent, quality and kind of supervision provided is consistent with the education, training, and experience level of the supervisee.

Marriage and family therapists do not permit their students, employees, or supervisees to perform or to hold themselves out beyond their pre-licensed status or to perform professional services beyond their scope of competence.

7.5 **MAINTAINING SUPERVISION SKILLS:** Marriage and family therapists who act as supervisors are responsible for maintaining the quality of their supervision skills and for obtaining consultation or supervision for their work as supervisors whenever appropriate.

7.6 **KNOWLEDGE OF LAWS AND REGULATIONS:** Supervisors and supervisees have a responsibility to be knowledgeable about relevant laws and regulations pertaining to the practice of marriage and family therapy.

7.7 **CHANGES IN LEGAL REQUIREMENTS AND ETHICAL STANDARDS:** Supervisors maintain awareness of and stay current with changes in professional and ethical standards and legal requirements. Supervisors ensure that their supervisees are aware of professional and ethical standards and legal responsibilities.

7.8 **CULTURE AND DIVERSITY:** Supervisors and educators are aware of and address the role that culture and diversity issues play in their supervisory and educational relationships, including, but not limited to, evaluating, terminating, disciplining, or making decisions regarding supervisees or students.

7.9 **POLICIES AND PROCEDURES:** Supervisors and educators create and implement policies and procedures that are clear and that are disclosed to supervisees and students at the commencement of and throughout supervision or education.

7.10 **PERFORMANCE APPRAISALS:** Supervisors provide supervisees with periodic performance appraisals and evaluative feedback throughout the supervisory relationship and identify and address the limitations of supervisees that might impede performance.

7.11 **BUSINESS PRACTICES:** When acting as employers and/or supervisors, marriage and family therapists follow lawful business practices.

7.12 **BARTERING WITH SUPERVISEES:** Marriage and family therapists ordinarily refrain from accepting goods or services from supervisees in return for services rendered due to the potential for conflicts, exploitation, and/ or distortion of the professional relationship. Bartering should only be considered and conducted if the supervisee requests it, the bartering is not otherwise exploitive or detrimental to the supervisory relationship, and it is negotiated without coercion. Marriage and family therapists are responsible to ensure that such arrangements are not exploitive and that a clear written agreement is created. Marriage and family therapists are encouraged to consider relevant social and/or cultural implications of bartering including whether it is an accepted practice among professionals within the community. (For bartering with clients/patients, see also section 12.5 Bartering.)

7.13 **PERFORMANCE ASSISTANCE:** Supervisors guide supervisees in securing assistance when needed for the supervisee to maintain or improve performance, such as personal psychotherapy, additional education, training, or consultation. Supervisees have the responsibility to seek information and to ask for supervisory guidance when necessary.

7.14 **DISMISSAL:** Supervisors shall document their decisions to dismiss supervisees.

7.15 **REVIEW OF TRAINEE AGREEMENTS:** Supervisors are aware of and review any trainee agreements with qualified educational institutions.

7.16 **CLIENTS/PATIENTS ARE PATIENTS OF EMPLOYER:** Supervisees understand that the clients/patients seen by them are the clients/patients of their employers.

7.17 **SUPERVISOR QUALIFICATIONS:** Supervisors maintain licensure and meet/satisfy the qualifications, laws and regulations pertaining to supervision.

7.18 **SUPERVISEE REGISTRATION AND LIMITED ROLE:** Supervisees maintain registrations when required by law and/ or regulation and function within this limited role as permitted by the licensing law and/or regulations.

8. RESPONSIBILITY TO COLLEAGUES

To promote the welfare and best interest of clients/patients, marriage and family therapists collaborate with other professionals, communicate with and about colleagues in a respectful manner, and strive to maintain constructive working relationships with colleagues.

8.1 **RESPECT CONFIDENCE OF COLLEAGUES:** Marriage and family therapists respect the confidences of colleagues that are shared in the course of their professional relationships.

8.2 **IMPAIRED COLLEAGUES:** Marriage and family therapists are encouraged to provide consultation or assistance to

colleagues who are impaired due to substance use or mental disorders.

8.3 **ETHICAL COMPLAINTS AGAINST COLLEAGUES:** Marriage and family therapists are encouraged to take reasonable actions to resolve disputes with colleagues before filing an ethics complaint against a colleague. Reasonable measures may include, addressing the matter with the colleague, consultation, and/or mediation. Marriage and family therapists do not file or encourage the filing of ethics or other complaints that they know, or reasonably should know, are frivolous.

8.4 **SOLICITING OTHER CLIENTS/PATIENTS:** Marriage and family therapists do not solicit or encourage clients/ patients to leave other therapists, where the client/patient, because of their circumstances, may be vulnerable due to undue influence.

9. RESPONSIBILITY TO THE PROFESSION

Marriage and family therapists respect the rights and responsibilities of colleagues. Marriage and family therapists cooperate with colleagues to act in the best interest of the profession. Marriage and family therapists participate in activities that advance the goals of the profession.

9.1 **ACCOUNTABILITY TO THE STANDARDS OF THE PROFESSION:** Marriage and family therapists remain accountable to the standards of the profession when acting as members or employees of organizations. If an organization with whom a marriage and family therapist is employed or affiliated has policies, procedures, or demands that conflict with the CAMFT Code of Ethics, the marriage and family therapist shall make known their ethical obligations as set forth in the Code of Ethics and take reasonable steps to resolve such conflicts.

9.2 **PUBLICATION CREDIT:** Marriage and family therapists assign publication credit to those who have contributed to a publication in proportion to their contributions and in accordance with the customary standards of professional publication.

9.3 **AUTHORS—CITING OTHERS:** Marriage and family therapists who are the authors of books or other materials that are published or distributed appropriately cite persons to whom credit for any original ideas are due.

9.4 **AUTHORS—ADVERTISING BY OTHERS:** Marriage and family therapists who are the authors of books or other materials published or distributed by an organization take reasonable steps to ensure that the organization promotes and advertises the materials accurately.

9.5 **PRO BONO SERVICES:** Marriage and family therapists are encouraged to participate in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return.

9.6 **EMERGING PUBLIC POLICY:** Marriage and family therapists are encouraged to be aware of current and emerging laws and regulations pertaining to marriage and family therapy that serve the public interest, and with the revisions of such laws and regulations that are not in the public interest.

9.7 **FAILURE TO COOPERATE WITH THE ETHICS COMMITTEE:** Marriage and family therapists cooperate with the Ethics Committee or its designee and truthfully represent facts to the Ethics Committee or its designee at any point from the inception of an ethical complaint through the completion of proceedings regarding a complaint. Failure to cooperate with the Ethics Committee is itself a violation of these standards.

10. RESPONSIBILITY TO THE LEGAL SYSTEM

Marriage and family therapists recognize their duty to remain objective and truthful. Marriage and family therapists recognize that court cases involving therapeutic services introduce factors and dynamics into the delivery of treatment services that are likely to impact their working alliance with the clients/patients; they are cognizant of the tendency of clients/patients to equate their own best interests with prevailing in a legal dispute. Marriage and family therapists understand that their role is not to produce a pre-determined outcome in the legal process; they should not align with the client's/patient's legal position as this might distort information received, or impair their ability to support the client/patient in dealing with the stresses of the process and potential outcomes.

10.1 **TESTIMONY:** Marriage and family therapists who give testimony in legal proceedings testify truthfully and avoid making misleading statements. Marriage and family therapists inform the court of any conflicts between the expectations of the court and their ethical obligations or role limitations. Marriage and family therapists should anticipate that clients, attorneys, or the court, might ask them to offer opinions or information beyond the limits of their knowledge base or expert role. In such circumstances, marriage and family therapists safeguard their professional objectivity by clarifying these issues with the court and respectfully declining to offer such testimony.

10.2 **EXPERT WITNESSES:** Marriage and family therapists who act as expert or who provide expert opinions in any context, orally or in writing, clarify their expert role to their clients/patients, fellow professionals, attorneys, and the court as necessary. Marriage and family therapists base their opinions and conclusions on appropriate data and are careful to acknowledge the limits of their training, data, recommendations or conclusions, in order to avoid providing unsubstantiated, misleading, distorted, or biased testimony or reports. Marriage and family therapists carefully distinguish between the roles of "treating therapist" and "forensic expert." Treating therapists primarily provide opinions on the assessment, diagnosis, treatment progress and recommendations, and

prognosis of their clients/patients. A treating expert's testimony should be limited to the therapist's particular area of expertise and issues directly relevant to the treatment role. They understand that their role is to facilitate successful psychological functioning, and not to promote a predetermined legal outcome. Forensic experts are retained to offer opinions and make recommendations in a variety of legal contexts, including specific parenting and custody plans or decision-making authority in legal proceedings.

10.3 CONFLICTING ROLES: Whenever possible, marriage and family therapists avoid performing conflicting roles in legal proceedings and disclose any potential conflicts to prospective clients/patients, to the courts, or to others as appropriate. At the outset of the service to be provided and as changes occur, marriage and family therapists clarify role expectations, limitations, conflicts, and the extent of confidentiality to pre-existing or prospective clients, to the courts, or to others as appropriate.

10.4 DUAL ROLES: Marriage and family therapists avoid providing both court evaluations and treatment concurrently or sequentially for the same clients/patients or treatment units in legal proceedings such as child custody, visitation, dependency, or guardianship proceedings, unless otherwise required by law or initially appointed pursuant to court order. When pre-existing clients/patients become involved in a legal proceeding and the marriage and family therapist continues to provide treatment, they should discuss the potential effects of legal involvement with their clients/patients, including clarifying the potential role conflicts, clients'/patients' expectations, and possible requests to release treatment information.

10.5 IMPARTIALITY: Marriage and family therapists, regardless of their role in a legal proceeding, remain impartial and do not compromise their professional judgment or integrity. Marriage and family therapists understand that their testimony and opinions are impactful on legal outcomes. Marriage and family therapists use particular caution when drawing conclusions or forming or expressing opinions from limited observations or sources of information.

10.6 MINORS AND PRIVILEGE: Marriage and family therapists determine who holds the psychotherapist-patient privilege on behalf of minor clients/patients prior to releasing information or testifying. Marriage and family therapists determine who are the legal recipients of privileged information and the extent of the information to be released. When legally permitted, Marriage and family therapists are encouraged to inform parents/legal guardians about whether, how, and what they will communicate to the court.

10.7 PROFESSIONAL OPINIONS IN COURT-INVOLVED CASES: Marriage and family therapists shall only express professional opinions about clients/patients they have treated or examined. Marriage and family therapists, when expressing professional opinions, specify the limits of the information upon which their professional opinions are based. Such professional opinions include, but are not limited to, mental conditions, emotional conditions, or parenting abilities. (See also section 5.14 Limits of Professional Opinions.)

10.8 CUSTODY EVALUATORS: Marriage and family therapists who are custody evaluators (private or court-based) or special masters provide such services only if they meet the requirements established by relevant ethical standards, guidelines, laws, regulations, and rules of court.

10.9 CONSEQUENCES OF CHANGES IN THERAPIST ROLES: Marriage and family therapists inform the client/patient or the treatment unit of any potential consequences of therapist-client/patient role changes. Such role changes include, but are not limited to: child's therapist, family's therapist, couple's therapist, individual's therapist, mediator, and special master. Marriage and family therapists are encouraged to obtain consultation before changing roles to consider how the role change might create a conflict of interest or affect the therapeutic alliance, and to explore whether appropriate alternatives exist that would reduce such risks.

10.10 FAMILIARITY WITH JUDICIAL AND ADMINISTRATIVE RULES: Marriage and family therapists, when assuming treatment or forensic expert roles, are or become familiar with the judicial, jurisdictional, and administrative rules governing their roles.

10.11 CUSTODY DISPUTES: When treating families and minors who are involved in a custody determination or dispute, marriage and family therapists obtain information about how the decision to enter therapy was made, who was involved in the decision, and the outcomes expected by the parents, other parties, or the court. Marriage and family therapists take care to clarify and determine who has the legal authority to provide consent and treatment for the minor and avoid initiating treatment of the minor until such determination is made. Marriage and family therapists are encouraged to request copies of any court judgements or orders and determine who has the legal authority to make decisions about entering or continuing treatment, or access to or release of confidential information.

When providing legally permitted disclosures of confidential information or professional opinions about minor clients/patients in court-involved cases, marriage and family therapists generally limit the scope of such information to issues which concern the minor's psychotherapeutic treatment. In order to avoid an inaccurate or incomplete assessment of the minor's needs, marriage and family therapists use caution in the interpretation of a minor's pictures, writings, or other materials produced in the course of treatment as well as behaviors or statements when the minor expresses a position on disputed adult issues.

10.12 PROFESSIONAL COMMUNICATIONS: Marriage and family therapists are aware of the potential impact of the adversarial

nature of legal disputes on their actions, observations, and opinions. When communicating with clients/patients, parents, counsel, the court, or other parties, marriage and family therapists ensure that their communications are properly authorized, unbiased, and accurate. Marriage and family therapists decline to communicate when there is insufficient data to form a reliable opinion or where the opinion is inconsistent with their role.

11. RESPONSIBILITY TO RESEARCH PARTICIPANTS

Researchers respect the dignity and welfare of participants in research and are aware of federal and state laws and regulations and professional standards governing the conduct of research.

11.1 SAFEGUARDS: Researchers are responsible for making careful examinations of ethical acceptability in planning studies. To the extent that services to research participants may be compromised by participation in research, researchers seek the ethical advice of qualified professionals not directly involved in the research and observe safeguards to protect the rights of research participants.

11.2 CLIENT/PATIENT PARTICIPATION IN RESEARCH: Researchers requesting participants' involvement in research inform them of all aspects of the research that might reasonably be expected to influence willingness to participate. Researchers are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, have impairments which limit understanding and/or communication, or when participants are children.

11.3 RESEARCH PARTICIPANTS: Researchers respect participants' freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when researchers 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 dual/multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation.

11.4 CONFIDENTIALITY: Information obtained about a research participant during the course of a research project is confidential unless there is an authorization 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.

11.5 RESEARCH FINDINGS: Marriage and family therapists take reasonable steps to prevent the distortion or misuse of their clinical and research findings.

12. FINANCIAL ARRANGEMENTS

Marriage and family therapists make financial arrangements with clients/patients and supervisees that are understandable, and conform to accepted professional practices and legal requirements.

12.1 PAYMENT FOR REFERRALS: Marriage and family therapists do not offer or accept payment for referrals, whether in the form of money or otherwise.

12.2 FINANCIAL EXPLOITATION: Marriage and family therapists do not financially exploit their clients/patients.

12.3 DISCLOSURE OF FEES: Prior to the commencement of treatment, marriage and family therapists disclose their fees and the basis upon which they are computed, including, but not limited to, charges for canceled or missed appointments and any interest to be charged on unpaid balances, and give reasonable notice of any changes in fees or other charges.

12.4 COLLECTING ON UNPAID BALANCES: Marriage and family therapists give reasonable notice to patients with unpaid balances of their intent to sue or to refer for collection. Whenever legal action is taken, marriage and family therapists will avoid disclosure of clinical information. Whenever unpaid balances are referred to collection agencies, marriage and family therapists will exercise care in selecting collection agencies and will avoid disclosure of clinical information.

12.5 BARTERING: Marriage and family therapists ordinarily refrain from accepting goods or services from clients/ patients in return for services rendered due to the potential for conflicts, exploitation, and/or distortion of the professional relationship. Bartering should only be considered and conducted if the client/patient requests

it, the bartering is not otherwise exploitive or detrimental to the therapeutic relationship, and it is negotiated without coercion.

Marriage and family therapists are responsible to ensure that such arrangements are not exploitive and that a clear written agreement is created. Marriage and family therapists are encouraged to consider relevant social and/or cultural implications of bartering including whether it is an accepted practice among professionals within the community. (For bartering with supervisees, see also section 7.12 Bartering with Supervisees.)

12.6 THIRD-PARTY PAYERS: Marriage and family therapists represent facts regarding services rendered and payment for services fully and truthfully to third-party payers and/or guarantors of payment. When appropriate, marriage and family therapists make reasonable efforts to assist their clients/patients in obtaining reimbursement for services rendered.

12.7 WITHHOLDING RECORDS FOR NON-PAYMENT: Marriage and family therapists do not withhold patient records or information solely because the therapist has not been paid for prior professional services.

13. ADVERTISING

Marriage and family therapists who advertise do so appropriately and recognize that advertising in all of its forms, enables consumers to choose professional services based upon accurate information.

13.1 ACCURACY REGARDING QUALIFICATIONS: Marriage and family therapists accurately represent their education, training, and experience relevant to their professional practice to clients/patients and others.

13.2 ASSURING ACCURACY: Marriage and family therapists take reasonable steps to assure that advertisements and publications, whether in directories, business cards, newspapers, radio, television, websites, email, social media, or any other media, are formulated to convey accurate information to the public.

13.3 FICTITIOUS/OTHER NAMES: Marriage and family therapists do not use a name that could mislead the public concerning the identity, responsibility, source, and status of those practicing under that name, and do not hold themselves out as being partners or associates of a firm if they are not.

13.4 FALSE, MISLEADING, OR DECEPTIVE ADVERTISING: Marriage and family therapists do not use any means of professional identification, including but not limited to: a business card, office sign, letterhead, telephone, email address, association directory listing, Internet, social media or any other media, if it includes a statement or claim that is false, fraudulent, misleading, or deceptive. A statement is false, fraudulent, misleading, or deceptive if it contains a material misrepresentation of fact, omits any material fact necessary to make the statement, in light of all circumstances, not misleading, or is intended to or is likely to create an unjustified expectation.

13.5 CORRECTIONS: 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.

13.6 SOLICITATION OF TESTIMONIALS: Marriage and family therapists do not solicit testimonials from those clients/patients who, due to their particular circumstances, are vulnerable to undue influence.

13.7 EMPLOYEE—ACCURACY: Marriage and family therapists make certain that the qualifications of persons in their employ are represented in a manner that is not false, misleading, or deceptive.

13.8 SPECIALIZATIONS: Marriage and family therapists may represent themselves as either specializing in or having expertise within a limited area of marriage and family therapy, but only if they have the education, training, and experience that meets recognized professional standards to practice in that specialty area.

13.9 ADVERTISING OF CAMFT MEMBERSHIP: CAMFT members may identify their membership in CAMFT in public information or advertising materials, but they must clearly and accurately represent their membership status. Marriage and family therapists may use the CAMFT logo only after receiving written permission from the Association.

Violations of these standards may be brought to the attention of the CAMFT Ethics Committee, in writing, mailed to CAMFT's administrative office at 7901 Raytheon Road, San Diego, CA 92111-1606, or at such other address as may be necessary because of a change in location of the administrative office.

Endnotes

1 The terms "psychotherapy," "therapy" and "counseling" are used interchangeably throughout the Code of Ethics.

2 The term "marriage and family therapist," as used herein, is synonymous with the term "licensed marriage, family and child counselor," and is intended to cover registered associate marriage and family therapists and trainees performing marriage and family therapy services under supervision and is meant to apply to all other mental health providers in all membership categories of the Association

3 The term "client/patient," as used herein, is synonymous with such words as "consumer," and "counselee."

4 The term "supervisee," as used herein, includes registrants, trainees, and applicants for the license.

All known dates of ethical standards revisions: 12/19, 6/11, 1/11, 9/09, 7/08, 5/02, 4/97, 4/92, 10/87, 9/78, and 3/66.

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