

Student Handbook

Couple and Family Therapy Program

Master of Family Therapy

Academic Year
2023-2024

Notice of Equal Opportunity

Thomas Jefferson University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, national or ethnic origin, marital status, religion, sex, sexual orientation, gender identity, age, disability, veteran's status or any other protected characteristic. Any person having inquiries or complaints concerning Thomas Jefferson University's compliance with Title VI, Title IX, the Age Discrimination Act of 1975, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act is directed to contact their Student Affairs Dean, the Title IX Coordinator, or Human Resources – Employee Relations, who have been designated by Thomas Jefferson University to coordinate the institution's efforts to comply with these laws. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, Washington, D.C. 20202, or the Director, U.S. Department of Education, Office for Civil Rights, Region Three, Philadelphia, Pennsylvania, regarding the University's compliance with the equal opportunity laws.

Diversity Statement

Jefferson holds itself accountable, at every level of the organization, to nurture an environment of inclusion and respect, by valuing the uniqueness of every individual, celebrating and reflecting the rich diversity of its communities, and taking meaningful action to cultivate an environment of fairness, belonging, and opportunity.

Notice of Anti-Discrimination

The Couple and Family Therapy Program of the Department of Counseling and Behavioral Health prohibits discrimination on the basis of race, age, gender, ethnicity, sexual orientation, relationship status, gender identity, socioeconomic status, disability, health status, religious or spiritual beliefs, religious or spiritual affiliation, or national origin with regard to recruitment, and/or hiring, retention, or dismissal of students, faculty, supervisors and other relevant staff.

Disclaimer Statement

The Jefferson College of Health Professions reserves the right to amend, modify, rescind, or implement any policies, procedures, regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between or among the College, its students or its employees or agents.

Student Academic Handbook Receipt and Acknowledgement

I have access to a copy of the Thomas Jefferson University Master's of Couple and Family Therapy Student Academic Handbook for 2023-2024.

The handbook contains policies and rules that apply to me. I agree to read the handbook and follow it during my period of graduate study in the Couple and Family Therapy program.

I understand and agree that the minimum requirements for graduation from the Marriage and Family Therapy program include 400 client contact hours, 250 of which must be individual hours, 150 of which must be couple/family hours. Per COAMFTE Standards Version 12.5, a minimum of 100 hours of relational/systemic supervision must occur on a regular and consistent basis. Therefore, students must have a plan to receive supervision when they are seeing clients during academic breaks and when school is not in session. A minimum of 50 hours of observable data must be provided during supervision. I also understand that I am partially responsible for the management of my caseload; that is ensuring that I am successfully obtaining hours for graduation and that I am appropriately managing cases with clients that do not regularly appear for therapy.

Furthermore, I have received a copy of the AAMFT Code of Ethics in the Student Handbook, and I understand that it is my responsibility to read and be familiar with its principles.

Disclaimer Statement

The Couple and Family Therapy Program of the Counseling and Behavioral Health Department reserves the right to amend, modify, rescind, or implement any policies, procedures, regulations, fees, conditions and courses described herein as circumstances may require without prior notice to persons who might thereby be affected. The provisions of this handbook are not and may not be regarded as contractual between or among the College, its students or its employees or agents.

Student Signature

Date

Student Name (Printed)

*A copy of this letter will be stored in your personal student file.
The Handbook is also found on:

<https://www.jefferson.edu/academics/colleges-schools-institutes/health-professions/departments-programs/counseling-behavioral-health/student-resources.html>

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Welcome Letter

Welcome to the Thomas Jefferson University Couple and Family Therapy program. The CFT program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and Thomas Jefferson University is accredited by the Middle States Association of Colleges and Schools. COAMFTE is located at 112 South Alfred Street, Alexandria, VA, 22314 and can be contacted at (703) 838-9808. You are part of a select group who was chosen after careful consideration to be a participant in this program over the next two years. We believe that you can meet the academic, emotional, cultural, and professional challenges of this program. You will be exposed to new ideas about how to view your location within the intersection of power, privilege, and oppression. You will also consider these dynamics within the context of relationships and how to create change within relationships for the purpose of healing. In that process you will grow as a person and culturally humble therapist who will use yourself as an instrument of change. This process will not always be easy, but our faculty, supervisors, and staff members are committed to ensuring that you are supported throughout this process.

This Handbook is designed to help guide you on your path over the next two years. This Student Handbook serves to share certain resources, policies, and procedures that may be useful to you during your master's studies in the Couple and Family Therapy Program in the Jefferson College of Health Professions. It contains much of the information necessary to successfully complete your journey. While we have attempted to provide you with a comprehensive handbook, it does not stand alone. Students are responsible for understanding academic policies and procedures of Thomas Jefferson University and the Jefferson College of Health Professions (JCHP). Important University wide policies, including the Community Standards and Student Sexual Misconduct Policy, and information on University Services are found on the Thomas Jefferson University Center Student Handbook website at www.jefferson.edu/handbook. Students are also directed to the policies and procedures contained in the JCHP Student Handbook, which can be found at <https://www.jefferson.edu/academics/colleges-schools-institutes/health-professions/departments-programs/counseling-behavioral-health/student-resources.html>. This handbook should be used as a working document, and you should familiarize yourself with and abide by all relevant policies and procedures of the university, the college, and the program. The electronic form of the handbook will allow us to make changes whenever it is deemed necessary. Notice of these changes will be posted on the Program website. You will be expected to consult the Handbook throughout your time in the program to answer questions regarding policy and procedures. However, when situations arise that are not addressed in the handbook or are not clear please consult with a faculty member, staff member, or the Program Director.

The program is designed to train you to enter the profession of Marriage and Family Therapy and as such is also guided by the AAMFT Code of Ethics which will emphasize ethical behavior in your development as a therapist. As a Couple and Family Therapist, your training will focus on systemic/relational models of therapy. As part of your requirements for completing the program you will need to earn at least 400 hours of

direct client contact, 150 of which must be with couples and families; earn at least 100 hours of supervision, with a minimum of 50 hours of supervised raw data.

Welcome to the program, we are excited to have you with us as you journey towards successful completion of your Master's Degree of Family Therapy (MMFT).

Nicole S. McKinney, Ph.D., LMFT
Program Director
Couple and Family Therapy Program

I. Introduction

Welcome to the Couple and Family Therapy Program at Thomas Jefferson University. The purpose of this student handbook is to provide a convenient reference for important information about the program and its policies, including important academic and clinical procedures. Please note that the information contained within this handbook is intended to complement the Thomas Jefferson University College of Health Professions Student Handbook the Jefferson College of Health Professions Course Catalog, and the Thomas Jefferson University Student Handbook, and students in the Program are expected to familiarize themselves and comply with all policies. The faculty, supervisors, and staff of the master's program are committed to providing the best possible education in Couple and Family Therapy; please do not hesitate to ask if you have any questions concerning the content of this document.

II. Mission, Philosophy, and Assumptions

Counseling and Behavioral Health Department Mission

Consistent with the mission of Thomas Jefferson University, the Department of Counseling and Behavioral Health provides academic programs of excellence, exceptional training in clinical practice, and expanded opportunities for community engagement and scholarly inquiry. The Department is committed to providing relevant, cutting-edge training that prepares graduates to be excellent clinicians, advocates, educators, and leaders. Students emerge with a strong social justice lens, with a deep sense of cultural humility and racial literacy, with the skills and knowledge to serve vulnerable individuals, families, groups, and communities, and with the foundation to pursue doctoral training and advanced research competencies.

Couple and Family Therapy Program Mission, Philosophy, and Assumptions

The Couple and Family Therapy Program has as its mission preparing students to enter the profession of marriage and family therapy as highly qualified entry-level professionals, whose clinical work is well grounded in the theoretical models, the empirical findings, and the ethical guidelines of the field of Couple and Family Therapy. We aim to teach students the skills of becoming life-long learners, able to evaluate and incorporate new developments in the field; to prepare them to be able to practice competently with diverse clinical and cultural populations; to have them evolve strong professional identities; and to develop the self-awareness necessary to critically assess their relationships with clients throughout their careers. Graduates of the program will be prepared to provide state of the art treatment, to collaborate with other health care professionals and to assume leadership roles in the evolving health care environment.

The philosophy that governs the program's design is based on two major foci, the nature of couple and family relationships in all their diversity and the importance of the therapeutic relationship and its role in the change process. The goals and objectives of the Couple and Family Therapy Program are to prepare students using didactic, experiential,

and clinical learning modalities – to be able to understand, to describe and to integrate foundational and higher-level theoretical concepts, key empirical findings and therapeutic techniques into a working clinical model of couple and family therapy.

The program is designed to meet the standards of the Commission on Accreditation in Marriage and Family Therapy Education that states that, “that the training of marriage and family therapists “... [is] based on a relational view of life in which an understanding and respect for diversity and non-discrimination are fundamentally addressed, valued, and practiced. Based on this view, marriage and family therapy is a professional orientation toward life and is applicable to a wide variety of circumstances, including individual, couple, family, group, and community problems. It applies to all living systems; not only to persons who are married or who have a conventional family (COAMFTE Standards Version 11, Adopted 11/04/05).”

Seven Guiding Assumptions

1. Humans are social beings who seek relationships and that these relationships are constantly evolving in response to changes in the larger culture, as well as in response to internal changes in their structure, composition, and dynamics. This relational capacity, along with the ability to change and adapt to new circumstances, provides the framework for couple and family therapy.
2. Human behavior is best understood in the context in which it occurs and therefore is best assessed in that context. For most individuals the family is a primary context, but other contexts of significance—such as, school, workplace, medical setting and community must be considered.
3. Human diversity in all forms impacts family functioning and the therapeutic process and therapists must be sensitive to and aware of the implications of this in their clinical work.
4. Human behavior must also be understood within a biopsychosocial framework. The behavior of individuals, couples, families, and larger systems is viewed because of a complex interaction of biological, psychological and social factors linked by feedback loops. Family therapists must understand the relative contributions of each of these factors and how they influence each other in any given clinical situation and know how and when to address them.
5. Families and larger social systems develop and differentiate over time and family therapists must take account of these developmental issues in planning and executing effective clinical interventions.
6. Couples, families and individuals must be treated in a therapeutic environment, that not only seeks to address pathological factors that may be inhibiting their growth and development, but one that also seeks to identify and build on the inherent strengths and capacities already available to the clients. Therapists therefore must be equally as adept at finding client’s strengths as they are at identifying problems.

7. Family therapists must understand the use of self as the crucial element of change in the therapeutic relationship. Development of self-awareness and the ability to understand the role the therapeutic relationship plays in the change process is essential.

History and Structure of the Department and Program

The Master's program grew out of a relationship between Thomas Jefferson University and Council for Relationships dates to February 2, 2000, when an affiliation agreement was signed between Jefferson Medical College and Council for Relationships to establish a cooperative academic program of medical education and training at Jefferson in the Department of Psychiatry and Human Behavior. It was this relationship that became the springboard for the development of the master's program in couple and family therapy. The Master's program matriculated its first class in 2007, who then went on to become the first graduating class in 2009.

Upon the merger of Thomas Jefferson University and Philadelphia University (July 1, 2017), the Counseling and Behavioral Health Department (CBHD) was formed to increase collaboration among behavioral health programs across the East Falls (Philadelphia) and Center City (Philadelphia), and campuses, and to establish Jefferson as an important presence for behavioral health training, education, and community impact across the Greater Philadelphia Region.

- The Department currently houses *two distinctive graduate programs*:
1. The Community and Trauma Counseling Program (60-Credit, MS)
 2. The Marriage and Family Therapy Program (66-Credit, MFT)

III. Philosophy, Curriculum Design, and Identified Outcomes

To provide a more rigorous framework for understanding and measuring program goals, the following desired outcomes have been identified:

Student Learning Outcomes:

1. Students in the program will demonstrate mastery of the theoretical and clinical knowledge needed to practice as an entry level MFT as measured by achieving a score of at least 66% correct on the American Association of Marital and Family Therapy Regulatory Board Practice Examination in either their first or second attempt. The benchmark for this SLO is 75% will achieve a passing score as indicated above and 75% will achieve at least a meets expectation score on the rubric associated with academic course assignments linked with this SLO (see Course Syllabi). **Students must complete this SLO to graduate.**
2. Students will demonstrate mastery of key clinical skills required to practice as an entry level MFT, as reflected in the 5 domains of the Core Competencies of COAMFTE, as measured by an aggregate score of 3 (out of 4) or higher on the program Practicum Evaluation Form. The benchmark for this SLO is 75% will achieve at least a score 3 or higher on this instrument in their final evaluation.
3. Students will learn to work effectively with culturally diverse clinical populations as measured by an aggregate score of 3 (out of 4) on the diversity subscale of the Practicum Evaluation Form. The benchmark for this SLO is 75% will achieve at least a score 3 or higher on this instrument in their final evaluation.
4. Students will demonstrate competency in critically reviewing the scientific literature in the field of couple and family therapy as measured by a grade of Meets Expectations or better on the scientific literature review section of the Master's Project. The benchmark for this SLO is 75% will achieve at least a score Meets Expectations or higher on this rubric.
5. Students will demonstrate competency in practicing within the scope of the AAMFT code of Ethics as measured by: 1) receiving a P on their presentations of ethical principles during their Practicum Orientation; 2) receiving a grade of at least a B on the ethics assignment from the course Professional, Ethical and Legal Issues in Couple and Family Therapy and; 3) receiving an aggregate average score of least 3 (out of 4) on the ethics subscale of the Practicum Evaluation Form. The benchmark for this SLO is 75% of students will achieve the stated criteria for these measures in their final evaluation.
6. Students will demonstrate the ability to collaborate with other health care professionals as measured by their aggregate team member ratings of at least 5 out of 6 on the Team Performance Evaluation and at least 4 out of 5 on the

Peer/Self Evaluation in the Health Mentors Program. The benchmark for this SLO is that the mean score for students in the program on these assignments will meet the minimum requirements outlined above.

Program Outcomes:

- A. Eighty percent of the students admitted to the program will graduate within 2 years of matriculation.
- B. Seventy five percent of the students who respond to the Alumni Survey will report achieving licensure as an MFT within six years of graduation as measured by response to the Alumni Survey and state licensure data.
- C. Seventy five percent of the students who respond to the Alumni Survey will report they have attained employment in the field of MFT or they have been admitted to a doctoral program in MFT within one year of graduation.
- D. Sixty percent of the students responding to the Alumni Survey will report that they have made contribution to field in one or more of the following ways: 1) professional or lay presentation; 2) lay or professional publication; 3) achievement of AAMFT Approved Supervisor status; 4) advanced academic degree attainment in the field of MFT within six years of graduation.
- E. Seventy five percent of students who respond to the Alumni Survey will report working with culturally diverse clinical populations and will also report the program equipped them to work confidently with culturally diverse populations.

Faculty Outcomes:

- A. The faculty will demonstrate excellent teaching skills. The benchmark is faculty receiving an aggregate average score of 4 (out of 7) or higher each semester on the student course evaluations covering course quality, assignment quality, instructor quality, and diversity competency.
- B. The faculty will demonstrate excellence in teaching diversity related issues. The benchmark is faculty receiving an aggregate average score of 4 (out of 7) or higher on their student course evaluations in the area of diversity issues covered.
- C. The faculty/Supervisors will demonstrate excellence in supervisory skills. The benchmark is the program supervisors maintaining a 100% rate of being either an AAMFT Approved Supervisor or meeting the qualifications of being eligible to provide supervision for MFT licensure in Pennsylvania under the Pennsylvania Licensure law. The faculty will demonstrate a commitment to clinical practice as measured by an 80% rate of ongoing practice participation.

D. The faculty will contribute to the field of couple and family therapy through at least one of the following each academic year as measured by a score of one or more on the Faculty Contribution Rubric: 1) professional or lay presentation; 2) professional or lay publication; 3) participation in MFT based research; 4) community service.

VI. Curriculum

First Year Credits

Fall Semester

CFTP 501 Theory & Practice of Family Therapy I	3
CFTP 503 Foundations of Systemic Practice	3
CFTP 505 Life Span Development from a Systemic Perspective	3
CFTP 509 Professional, Ethical, and Legal Issues in Couple & Family Therapy	3
CFTP 506 Practicum I	<u>3</u>
	15

Spring Semester

CFTP 502 Theory & Practice of Family Therapy II	3
CFTP 513 Systemic/Relational Assessment & Mental Health Diagnosis & Treatment	3
CFTP 514 Theory & Practice of Couple Therapy	3
CFTP 511 Introduction to Sex Therapy: Concepts in Human Sexuality	3
CFTP 507 Practicum II	<u>3</u>
	15

Summer Semester

CFTP 512 Live Supervision I	3
CFTP 508 Practicum III	<u>3</u>
	6

Second Year

Fall Semester

CFTP 601 Implications for Diversity in Practice	3
CFTP 602 Research in Couple and Family Therapy	3
CFTP 603 Advanced Sex Therapy I*	3
or	
CFTP 605 Issues of Violence and Abuse in the Family **	3
CFTP 610 Trauma-Interventions from a Contemporary Context	3
CFTP 607 Practicum IV	<u>3</u>
	15

Spring Semester

CFTP 606 Addiction from a Multisystemic Context	3
CFTP 611 Medical Family Therapy**	3
or	
CFTP 604 Advanced Sex Therapy II *	
CFTP 612 Families in Transition	3
CFTP 613 Masters Project	3
CFTP 608 Practicum V	<u>3</u>
	15

Summer Session

CFTP 608 Practicum V (continued, if needed)***

*Sex Therapy Track Course

**Couple and Family Therapy Track Course

***Practicum V may continue from students' second Spring Semester through a second Summer semester, if they have not reached the requirement of 400 clinical hours.

Students who need to continue accruing clinical hours after their second Spring Semester will initially receive an “incomplete” grade for Practicum V in the Spring and will later have this changed to receive a satisfactory grade for Practicum V if the required clinical hours are completed by August.

Course Times and Scheduling

Most, but not all, classes will be held on Tuesdays and Wednesdays during the day. Students should expect that some variation to this schedule may occur, and they will be expected to attend meetings that are held outside of their class schedule.

Master's Project

The master's project is the culmination of the student's scholarly requirements. Students will develop a scholarly paper demonstrating a mastery of clinical theory in the field of couple and family therapy and the ability to apply that theory in a clinical situation under the direction of program faculty. The project must demonstrate the student's mastery of the academic area chosen and attempt to integrate his or her clinical interests within a scholarly framework. The students will be expected to produce a written work product that meets the academic requirements and to present his or her work to the program faculty and his or her peers in a supportive learning environment.

VII. Specialized Track Selection Process

During the second half of the first year, MFT students select a specialized track for their second-year concentration. The tracks available currently are the Couple and Family Therapy Track and the Sex Therapy Track. Faculty, supervisors, and the program director are available to present and discuss these options with students, and the advantages of each. This choice requires students to discern where their interests lie and to consider their aspirations for the initial stage of their professional careers as CFT graduates.

Couple and Family Therapy Track

This track was designed for students wishing to gain advanced training in the theory and practice of family/couple therapy during their second year of the program. Students who elect to take this track will participate in two specialized courses in the areas of medical family therapy and family violence in addition to the required courses. Students who know where they intend to practice after completion of the MFT degree are encouraged to investigate whether their state requires either of these courses as part of licensure preparation. Students in this track will also have opportunities to participate in related clinical experiences.

Students wishing to pursue this track will be asked to declare their intent towards the end of the second semester of the first year of the program by completing a statement of interest and submitting it to the Program Director. Should students change their mind about their track declaration they should let the Program Director know by June 1st.

Sex Therapy Track

The Sex Therapy Track was developed for students wishing to gain advanced training in the theory and practice of Sex Therapy during the second year of their Couple and Family Therapy program. Students who elect this track will participate in two specialized courses — Advanced Sex Therapy I & Advanced Sex Therapy II—in addition to the required courses. Students participate in an Advanced Sexual Attitude Reassessment (SAR) which is a full day, mandatory experiential workshop. They may also be offered additional training opportunities throughout the year, which may include lectures or other interdisciplinary events. During the second-year, sex therapy students will receive clinical supervision from an experienced sex therapist, an AASECT-Certified Sex Therapist or an AASECT-Certified Sex Therapy Supervisor. Special focus will be placed on integrating sex therapy with individual, couple and family therapy.

Students wishing to pursue this track will be asked to declare their intent by April 1st of their first year by completing a statement of interest and submitting it to the Program Director. Should students change their mind about their track declaration they should let the Program Director know by June 1st.

VIII. Faculty and Staff

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IX. Graduate Assistantship

Each year a number of Graduate Assistantships are made available to students in the Couple and Family Therapy Program. These positions are part of the Federal Work Study Program and are intended to provide students with work experience in the field beyond direct client care. Since some of the aid comes from the state of Pennsylvania, all applicants must be residents of the state at the time of application. The number of hours worked by each student in an academic year will depend on their Assistantship Award, although the hourly rate that each student works is the same.

If you wish to apply for a graduate assistantship, please contact the Program Director. You will receive further instructions on the application process. Graduate Assistants are expected to follow all policies and procedures mandated by the Program and by the Financial Aid Office.

X. Leadership Opportunities

Each year, during the Fall semester, each cohort selects cohort leaders during practicum orientation. Cohort Leaders serve as liaisons between the cohort and CFT faculty. Cohort Leaders are responsible for providing (1) students' thematic perspectives about strengths that they have found in the program and, (2) providing students' thematic perspectives about challenges that the cohort has encountered. Special care should be given to ensure that the perspectives of students who are outspoken are balanced with also privileging the needs of students who are less outspoken. It is important that Cohort Leaders do not feel pressured to represent the needs of each individual student in the cohort, and instead bring thematic concerns to the faculty. Additionally, Cohort Leaders are encouraged not to center their own voices when identifying programmatic strengths and challenges and should find instead privilege the voice of the collective. Cohort Leaders are expected to avoid participation in triangulation and instead encourage professional conduct, problem-solving, and conflict resolution skills. Cohort leaders present the trending needs of their cohort at a Fall and Spring faculty meeting and ask for additional meetings with the Program Director as needed.

Cohort leaders also assign second-year CFT student "partners" to incoming CFT students. Student partners assist incoming students with their transition into the CFT program.

XI. Student Services

Several services are available for students in the Couple and Family Therapy Program. A full listing of these services can be found on the Thomas Jefferson University student affairs website:

<https://www.jefferson.edu/university/academic-affairs/schools/student-affairs.html>

These services include but are not limited to the following:

Student Personal Counseling Center (SPCC)

<http://www.jefferson.edu/university/academic-affairs/counseling-center.html>

Career Development Services

<http://www.jefferson.edu/university/academic-affairs/schools/career-development-center.html>

<http://www.jefferson.edu/university/skmc/student-resources/student-affairs/career-counseling.html>

Writing Center

<https://www.jefferson.edu/life-at-jefferson/student-resources-services/academics-career-success/academic-success-center/student-writing-center.html>

XII. General Policies and Procedures

Liability Insurance and Professional Affiliation

Students are required to maintain professional organization student membership with the American Association for Marriage and Family Therapy (AAMFT). Students will be required to pay for their own membership, and must maintain active membership status throughout their enrollment in the graduate program (approximately \$99.00 per year + \$25.00 application fee). Students must also have malpractice liability insurance prior to starting clinical field placements and provide proof of coverage to the Program Coordinator. Liability insurance is complimentary to students who have an American Association for Marriage and Family Therapy (AAMFT) Student Membership. Membership and liability insurance can be obtained here:

<https://www.aamft.org/join>

https://www.aamft.org/Membership/Student_liability_FAOS.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01

Outside Work Policy for Students

While students are not prohibited from maintaining employment while in the program, work conflicts will not be accepted as an excuse for interfering with any program activity, whether that activity has been scheduled well in advance, or is scheduled on short notice. The master's program is a full-time program that requires students to be available to participate in a wide range of activities and opportunities as they come about. Therefore, students who choose to work must do so with the understanding that school is the priority and that work conflicts are not acceptable excuses for missing activities required by the program. In case of conflict, students will be expected to notify their employers that they must attend a school-based activity that is mandatory. Therefore, we strongly suggest that students choose work situations with maximum flexibility and that do not hinder their successful completion of the program.

Tuition Refund Policy

Please refer to the Thomas Jefferson University Graduate Student Handbook and following link: <https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies.html>

Academic Progression Policies

The CFT program abides by the University policy related to Good Academic Standing. The University policy on Good Academic Standing can be found here: [Graduate Policy on Academic Standing](#). In addition, the program sets additional academic standards as described below. Students must remain in compliance with all Program and University Requirements.

Progression and Continuous Enrollment Policy

The CFT curriculum is designed to be completed in a sequential fashion where concepts and skills are introduced, expanded upon, and mastered across the program and where competencies are enhanced at different points across the curriculum. To be most effective at delivering the requisite competencies in accordance with accreditation standards, students must be continuously enrolled from the point of matriculation until graduation, unless a leave of absence is approved. Please see below for more information on the leave of absence policies.

Time to Degree Completion Policy

The time to degree policy identifies a maximum time to degree of 4 years for full-time students. This time period includes any leave of absence and deceleration. Any full-time student not meeting graduation requirements for degree completion within 4 years of matriculation will be administratively withdrawn from the program.

Grading Scale

Consistent with all graduate programs in the Jefferson College of Health Professions, the CFT Program uses the following scale to determine grades (see below.) For courses offered on a credit/no credit basis, a minimum of 80 percent must be achieved to earn credit. The CFT program abides by the Thomas Jefferson University policy on grading, which can be found here:

Letter Grade	Numeric Value	Quality Points	Letter Grade	Numeric Value	Quality Points
A	93-100	4.0	C+	77-79.99	2.3
A-	90-92.99	3.7	C	73-76.99	2.0
B+	87-89.99	3.3	C-	70-72.99	1.7
B	83-86.99	3.0	D	60-69.99	1.0
B-	80-82.99	2.7	F	Below 60	0.0
			WF		0.0

<https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/grading.html>

CFT Policy for Incomplete Grades

The CFT program adheres to the University guidelines regarding Incomplete Grades. More information can be found in the University Handbook:

<https://www.jefferson.edu/life-at-jefferson/handbooks.html>

Academic Standing

In order to remain in good academic standing, students must meet the following standards. These academic and conduct standards are in addition to the university academic standards as described in the University Student Handbook and the JCHP Student Handbook. These can be found here: <https://www.jefferson.edu/life-at-jefferson/handbooks.html>

- Maintain a minimum cumulative grade point average of 3.0.
- Earn a minimum grade of B- in all coursework.
- Demonstrate appropriate professional behavior and conduct outlined in this handbook, the clinical handbook and the College and University Student Handbooks.
- Students must be in good academic standing to progress to maintain the clinical internship.

Please Note: While a grade of B- is considered a passing grade in the CFT curriculum, consistently earned grades of a B- will make it more difficult to remain in good academic standing and achieve the minimum required 3.0 cumulative GPA to progress in the curriculum and meet graduation eligibility requirements. Students should consult with the Program Director regarding academic progress.

Course Repeat Policy

The following parameters would allow a student to repeat a course:

- A student who earns a grade lower than a B- but above a D, must re-take the course. A course may only be repeated one time.
- A student can only repeat a total of two courses within their CFT program of study.
- Students must earn a minimum grade of a “B-” in a repeated course, or they will be dismissed from the program.
- The need to repeat a course will delay a student’s time to graduation.
- Students are financially responsible for all costs associated with a repeated course.

Academic Probation

Students whose academic records include one or more of the following will be placed on academic probation:

- Any student who has received a grade that requires a course repeat will be automatically placed on academic probation.
- Students who earn a grade of D or F will not be placed on probation but will be dismissed from the program.
- A cumulative GPA of lower than a 3.0 within the CFT program curriculum.

Probation Related to GPA

Students who receive the minimum passing grade in their coursework but are placed on academic probation due to a cumulative GPA below 3.0 must achieve a cumulative GPA of 3.0 or above in the subsequent semester to return to good academic standing. If the students do not take a full course load in the subsequent semester, the probationary period may be extended beyond one semester.

At the end of the probation period

The student achieves the minimum cumulative/semester grade point average and is reinstated in good standing, [OR] The student fails to achieve the minimum grade point average at the end of the probationary period and is dismissed from the program for academic underachievement.

Probation Related to Grade in Course

Students who are placed on academic probation due to a grade received in a course will remain on academic probation until the course can be repeated and the student earns a B- or better in the repeated course. Students must also meet minimum 3.0 cumulative GPA requirements at the end of the semester in which the course is repeated, or the student will be dismissed. Students who are placed on academic probation will receive formal notification from the program regarding their probation.

Program Dismissal

Conditions that result in dismissal, include, but are not limited to:

1. Failure to return to good academic standing as conclusion of probationary period.
2. Any earned grade of D or F in any course.
3. Violations of the program, college, clinical, or university policies.

The Program may recommend dismissal of any student at any time if circumstances of a legal, moral, behavioral, ethical, patient safety concerns, health or academic nature justify such an action. Students may be dismissed from the Program without first having been placed on probation. Disregard for professional conduct may constitute the sole reason for dismissal from the Program through the Community Standards procedure. Official notification of dismissal will be in writing and sent directly to the student.

Clinical Probation and Dismissal Policies

Students can be placed on clinical probation for failure to demonstrate sufficient progress in the technical competencies required by the program (as determined by their clinical supervisors), for reasons, including but not limited to: violations of the AAMFT ethical code, unethical or insubordinate behavior towards supervisors, fellow clinicians or clinical staff, failure to comply with practicum policies and procedures, (including record keeping policies such as: failure to keep accurate clinical records, failure to hand in

records for review in a timely manner, etc.) and/or jeopardizing client welfare in other ways. In addition, students may be placed on clinical probation at the discretion of the faculty or the Program Director for other violations of Program norms and standards. Ethical violations or jeopardizing client welfare deemed extremely dangerous by the Program faculty and Program Director may result in immediate dismissal. Students who are on the verge of being placed on clinical probation will first meet with their academic advisor and/or the Program Director, who will provide the intern with a verbal warning about specific deficiencies or violations. During this meeting the academic advisor and/or Program Director will caution the intern that, should deficiencies and violations continue, the verbal warning will be followed with clinical probation. The intern will then receive an email from the coordinator of clinical development reiterating the outcome of this meeting.

Should the specified deficiencies or violations continue, the intern will once again meet with their academic advisor and/or Program Director and will be notified that they are now on probation. Following this meeting, the academic advisor or Program Director will send an email to the intern and the Department Chair making them aware the student's inadequate performance and the steps that are needed to correct deficiencies and violations.

Clinical probation will last for one semester, and any student placed on clinical probation will be given a learning contract containing personalized objectives which they must fulfill to the satisfaction of the Program Director in consultation with the larger faculty, to be removed from probationary status. Failure to achieve these learning goals will result in dismissal for failure to meet the standards of the program. If a student is successfully removed from probationary status but is then later placed on clinical probation again, that student will be dismissed from the program.

As a part of this program and your clinical practicum, students are required to complete their clinical notes (PRNs) within the same day of meeting with their client. If your notes are not complete and available to be reviewed and signed by your supervisor by the end of the semester, this will result in a failure for your practicum course. Failure of your practicum course will lead to automatic dismissal from the program.

Leave of Absence

On occasion, life circumstances make it temporarily impossible for a student to meet program expectations. A leave of absence allows time away from the program to focus on resolution of the particular barrier to progress in the curriculum. A leave of absence may be granted by the Program Director for a specific period of time, not to exceed one academic year, if deemed necessary for medical or personal reasons. Requests for leaves of absence must be made to the Program Director. Please review the "Leave of Absence" policy below as well as in <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/undergraduate-policies/leave-of-absence.html>

Personal Leave of Absence

Students seeking a **personal leave of absence (personal LOA)** must meet with the Program Director, who will determine suitability/eligibility for a leave of absence and conditions for return. Return to the program will be determined individually. Students approved by the program for a personal leave of absence should contact the Office of the Registrar to complete necessary paperwork.

Medical Leave of Absence

After consultation with the Program Director, students seeking a **medical leave of absence (medical LOA)** must meet the criteria for the medical LOA established by the University. The student must contact the Associate Provost of Student Affairs to start this process, **after consultation with the Program Director**. Health clearance through Jefferson Occupational Health Network for Employees & Students (JOHN) is also required to initiate a medical leave and return from medical leave. Students should work with the Program Director to coordinate their return from a medical leave of absence. The process for returning includes an evaluation by JOHN and a separate meeting with the Program to determine requirements for the student's return. You can contact JOHN at 215.955.6835 to schedule your evaluation to take a medical leave of absence and to return from a medical leave of absence. When you call you will leave a message and someone will return your call. You can visit the JOHN website at <https://www.jeffersonhealth.org/clinical-specialties/occupational-health-network/current-students>.

Please refer to the **Leave of Absence-Medical Policy** in the University Handbook for additional information in <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/leave-absence-medical.html>

Readmission after Withdrawal or Readmission after Dismissal

Matriculated students who have withdrawn (administratively or self-initiated) or who have been dismissed from the Couple and Family Therapy Program must follow the procedures below for readmission. The primary contact person for re-admission after withdrawal or dismissal is the Program Director and the Chair of the Department.

1. Students who have not been enrolled in the CFT program for **more than a 1 year period** of time must re-apply for admission through the Office of Admissions.
2. Students who wish to apply for readmission **within 1 year** of withdrawal or dismissal should contact the Program Director to petition for readmission. The readmission procedures for the CFT program are detailed below:
 - Readmission requests must be submitted in writing to the Program Director and the Chair of the Department using the "Application for Readmission Form." (see Appendix). A completed copy of this form sent to the Program Director and the Department Chair. The title of the email shall read: "Application for Re-Admission to CFT Program – Student Initials"
 - Readmission requests must be made no less than 60 days prior to the start of the academic semester in which the student wishes to return.

- Application for readmission should include a minimum of two letters of recommendation **AND** a letter requesting consideration for readmission. This letter must answer the following three questions:
 - I. Please indicate why you feel you were not successful previously in the CFT Program. Provide enough detail to allow the Program to evaluate the circumstances that impacted your success in the Program.
 - II. Have you done anything since your dismissal that will help contribute to your success if you were readmitted into the Program? (Has a personal circumstance been resolved, have you put resources in place to address areas for improvement, how has your support plan improved etc.?) Please describe in detail.
 - III. It is your responsibility to demonstrate that you have the skills to improve performance and achieve the required academic and professionalism standards of the CFT Program. What strategies will you continue to utilize to improve your academic performance and succeed in the Program should you be re-admitted?
3. The Program Director and the Department Chair (and relevant program leadership /faculty as needed) will review each student's request. This review may include review of the students' academic record, meetings with the student, and any additional information that will assist the program in reaching an informed recommendation.
 4. Recommendations for readmission are reviewed by the Program Director and the Department Chair (and relevant program leadership / faculty as needed). The Program Director and Department Chair will make the final decision regarding readmission.
 5. Students readmitted to the CFT program may be required to repeat specified courses and/or demonstrate academic preparedness to progress to subsequent academic and clinical experiences. Readmission requirements are not limited to but may include: repeating courses; completing an independent study; and/or passing a comprehensive practical exam.
 6. Recommendations will be made on a case-by-case basis in the best interest of achieving student learning and performance needs.
 7. Students are responsible for all costs associated with readmission requirements.
 8. The Program Director (and relevant program leadership / faculty as needed) will continue to monitor the progress of readmitted students until all requirements are met.
 9. Readmitted students are subjected to the academic and curricular requirements in place at the time of readmission. Additionally, start terms for the readmitted students will be determined by CFT Program, based on the student's plan of study. Readmitted students cannot assume that they will start in the next immediate term after readmission has been granted.

10. All requests for readmission will be considered on an individual basis by the Program Director and the Department Chair. Decisions will be based on factors such as current academic status, clinical readiness, dispositional and ethical assessment, availability of space, and the student's written justification for readmission-entry. Students *dismissed* from the CFT Program for violation of program professional behavior policies or University community standards are not eligible for re-admission to the program.

Standards of Student Conduct

The Couple and Family Therapy Program adheres to the standards of conduct for students as described in the JCHP Student Handbook, and the Thomas Jefferson University Student Handbook. Students should pay specific attention to the Community Standards of the University:

<https://www.jefferson.edu/academics/colleges-schools-institutes/health-professions/student-resources.html>

<https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies.html>

In addition, the program reserves the right to reprimand, suspend, place on disciplinary probation or dismiss those students whose behavior is insubordinate toward faculty, supervisors, or administrative staff, or whose behavior violates professional codes of conduct in a manner deemed to be detrimental to the program, including other students, staff members of Jefferson and/or a student's clinical site.

Standards of Professional Behavior and Personal Conduct

Policy on Student Safety (Safe Climate in the Classroom)

The CFT program's definition of safety and policy on creating a safe climate in the classroom is:

Safety is the ability to express oneself in a professional manner without fear of reprisal. Within the classroom and at the internship site, faculty and students will not act in a discriminatory manner in regards to race, ethnicity, class, gender, sexuality, religion, or cultural background. Safety does not include freedom from discomfort, as students grow through challenging experiences, which may cause discomfort. The creation and maintenance of a safe environment is a mutual responsibility of students and faculty.

This program policy aligns with and is complemented by the community standards policy of the university:

<https://www.jefferson.edu/life-at-jefferson/handbooks.html>.

<https://www.jefferson.edu/academics/colleges-schools-institutes/health-professions/student-resources.html>

This university policy establishes certain guidelines to create a safe environment that promotes the free and open exchange of ideas for all community members. Students are responsible for knowing their rights and responsibilities stated within the Community Standards.

Grievance Process

All students in the community have the right to express a grievance when they allege that they have been treated in a manner not consistent with the community standards at the university. A grievance may involve a violation of university policy or procedure or improper, unfair, or arbitrary treatment. The process linked below makes you aware of Grievance Officers at the institution and describes the proper steps to submit a grievance.

[https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies/Thomas Jefferson University-grievance-process.html](https://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies/Thomas%20Jefferson%20University-grievance-process.html)

University Social Media Policy and Digital Presence Policy

Students must abide by the social media policy of the university, in addition to the CFT program. The University's social media policy can be found the Thomas Jefferson University Student Handbook here: <https://www.jefferson.edu/life-at-jefferson/handbooks/rights-responsibilities/social-media-policy.html>.

Social media includes but is not limited to the following: personal blogs and cell phones, Facebook, Twitter, LinkedIn, MySpace, YouTube, Instagram, Yelp, Pinterest, Tumblr, SnapChat, multimedia sites and others. These guidelines apply whether a student is posting on their own sites, commenting on other sites, or sharing the material of others

(“liking” content or re- posting); this includes items others have posted to any of your feeds. It is your responsibility to monitor your sites, or to set privacy settings so comments of others must be approved.

Violation of this policy may result in disciplinary action or dismissal from the program pending review of the incident by the program and/or referral to the University’s Community Standards process.

1. Students must not share confidential or disparaging information about Jefferson, the CFT Program faculty or staff, clinical sites, supervisors or clinical staff.
2. Students must always maintain client privacy, consistent with HIPAA Privacy Rules. They must never share confidential client information including health information, images, financial information or other identifying information.
3. Students should not post photos or recording audio or video at a clinical site without written authorization from the clinical site and client.
4. Students are prohibited from taking photos, or recording audio or video of any lecture, demonstration, or other learning activity without authorization from the professor and all parties involved.
5. Students must not “friend” clients, families, supervisors, or staff on social media websites, nor can they accept friend requests from clients, families, supervisors, faculty or staff.
6. Use of social media must not interfere with clinical requirements or client care and must be reserved for use during personal time.
7. Your social name, handle or URL should not include Jefferson’s or a clinical internship site’s name or logo. Your social media activities should be consistent with the university’s standards of professional conduct. It should be clear that any commentary reflects the student’s personal views and not the views of Jefferson, the CFT program or the student’s clinical internship site.
8. Students are prohibited from dispensing medical advice or making medical referrals.
9. Students are prohibited from defaming CFT students and faculty, clinical supervisors or other fieldwork staff, and clients.

Cell Phone Policy

No cell phones are allowed to be used during class, *unless required by the course instructor for engagement in the learning activity*, or on-site at clinical placements. In special instances where a student requires access to a cell phone for potential family emergency situations, the cell phone must be used on vibrate mode and the instructor must be informed of the situation *prior* to class. **If interruptions become too numerous, the student will be required to make other communication arrangements.**

Personal Electronic Devices in the Classroom

Having laptops, cell phones, and other technology in the class can be both a barrier and a support to learning. Students’ laptop use is for taking notes while in class, or for in-class collaborative activities. Using the computer to email, go on social media, shop, or any

other activity that is unrelated to the course at hand will result in the student's loss of all laptop privileges for the semester. Faculty will move around the classroom to create a climate of accountability.

Program Faculty

Clinical supervisors should not be involved in assisting students with issues pertinent to their academic progress in the program.

Students should keep program faculty aware of any problems or stresses that may affect their academic and/or professional responsibilities in the Program. Program faculty and staff will try to be attuned to signs of psychosocial challenges or needs in students. If necessary, they will then refer the student to the Program Director for assistance. The program faculty and/or Program Director may advise a student to seek further help from the University Counseling Center, Student Health Center, or outside resources. The Counseling Center can provide counseling and referral to students for psychological problems.

Faculty, staff, and clinical supervisors work as a team. When appropriate they will consult with each other about factors that may be impacting students' successful matriculation in the program. This is done with the intention of ensuring students' success. Students should never assume that any conversation, classroom, or supervisory discussions that they have had with faculty, staff, or supervisors will be confidential. Anything that is disclosed to faculty, staff, supervisors may be discussed among the team should there be a need to determine ways to assist in a student's success.

Eligibility for Licensure

When students receive instructions for registering for their first semester classes, they are also sent a form delineating the licensure requirements for all 50-states and U.S. territories. This information is sent the summer before students begin their Fall courses. Students sign acknowledgement of receipt of these forms and send this acknowledgement back to the Program Coordinator for filing. A link to every state's licensing requirements can be found here https://www.aamft.org/Directories/MFT_Licensing_Boards.aspx.

States may update their licensing requirements and students are expected to remain knowledgeable of any updates that may occur subsequent to the aforementioned list. Additional post-graduate clinical and supervision hours are usually required for licensing. The Pennsylvania State Board of Social Workers, Marriage and Family Students and Professional Counselors can be contacted at P. O. Box 2469, Harrisburg, PA 17105-2649 or on-line at

<https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/SocialWorkersMarriageFamilyTherapistsandProfessionalCounselors/Pages/default.aspx>. (see Appendix F)

Transfer of Graduate Credits and Course Waiver Policy

The CFT Program is designed to be completed in its entirety. The CFT Program will award transfer credit for up to one graduate course (3-credits maximum) taken for credit at another accredited CFT (or MFT) program on a limited basis and after a thorough review process.

Graduate coursework may be approved for transfer if it meets all of the following criteria:

- It was taken at an accredited CFT or MFT program.
- It has been approved as part of the student's program of study (by the program director to ensure course alignment).
- It was completed within **five** years of the date of first enrollment as an admitted Master's student.
- It was completed with a grade of "B" or better.
- It has not and will not be used to replace any clinically oriented classes (practicum or internship).

If all of the above parameters are true, the student will submit a petition that will be evaluated by the program director and faculty. This petition will be submitted at the time of enrollment in the program, (or, at a minimum of one semester prior to the semester that the course would fall in the student's CFT curriculum.) The petition will be completed using the "Transfer Credit and Course Waiver Form, which can be obtained from the Program Director."

The student will complete a deliverable, as determined by the CFT course faculty, which allows them to "demonstrate competency" and confirm their mastery of the content in the course that they are planning on waiving /transferring. The student will be given one opportunity to submit this deliverable, and up to one opportunity to revise this submission. If the student's deliverable does not demonstrate course competencies, the

student's request for waiver and transfer will be denied, and the student will be required to take the course the next time it is offered in the course progression.

Two-Step Process:

1. Petition for a course to be waived/transferred.
 - The Program Director will issue a letter indicating this decision.
2. Submission of deliverable demonstrating competency
 - The Program Director will issue a letter indicating a decision.

Criminal Background Check, Including Fingerprints and Child Abuse Check

Clinical rotation and fieldwork sites may require a criminal background check and/or child abuse check in order to permit participation in the clinical experience, rotation or fieldwork. This Jefferson College of Health Professions policy can be found at the following link: <https://www.jefferson.edu/content/dam/academic/health-professions/jchp-student-resources/JCHP-Student-Handbook-2022-23.pdf>. Participation in clinical experiences, rotations or fieldwork is a required part of the curriculum and a requirement for graduation. Clinical rotation and fieldwork sites may deny a student's participation in the clinical experience, rotation or fieldwork because of a felony or misdemeanor conviction, failure of a required drug test, or inability to produce an appropriate health clearance, which would result in delayed graduation or in the inability to graduate from the program.

Individuals who have been convicted of a felony or misdemeanor may be denied certification or licensure as a health professional. Information regarding individual eligibility may be obtained from the appropriate credentialing bodies.

Technical and Dispositional Standards

Classroom Technical Standards

The CFT program is not a hybrid (virtual and in-person) program, therefore absences cannot be avoided through virtual class attendance. Courses are traditional, on-ground courses. Per COAMFTE Standards Version 12.5, clinical supervision may be delivered virtually or in-person. Students **may not participate in class virtually to avoid absences**, and instead should adhere to the attendance policy of each class as delineated in each, individual syllabus.

Canvas is where courses are organized, content is curated, and grades will be recorded. Individual instructors will decide if they want assignments submitted through Canvas or a different modality. Student's syllabus, schedule, description of assignments and learning objectives will all be housed in Canvas.

Technical Standards for Couple and Family Therapy Student Performance in Classroom Settings

Individuals participating in the Couple and Family Therapy Program at Jefferson University must have essential skills to perform successfully as a student. These requirements apply to classroom, supervision and clinical environments. A student must be able to perform the following cognitive/intellectual tasks with or without reasonable accommodation:

1. Acquire, process retain and apply knowledge through a variety of instructional methods such as written materials, lecture, video, clinical experience, supervision and independent learning.
2. Complete reading and written assignments in standard and organized English, search and analyze professional literature, apply information gained to guide clinical practice.
3. Process large amounts of complex information, apply theoretical concepts to clinical practice and perform clinical problem solving in a logical and timely manner.
4. Apply basic statistical skills to evaluate research findings.
5. Participate positively in cooperative group learning activities; actively participate in class discussions and as a member of team.
6. Orally present information in class and in professional and clinical situations in an organized and coherent fashion.
7. Take and pass tests/quizzes in a variety of formats.
8. Apply knowledge and judgment required to demonstrate ethical reasoning and behavior.
9. Apply safety and judgment to a variety of situations.
10. Comply with practica site rules and regulations.
11. Demonstrate mastery of core foundational, advanced theoretical and empirical information in the areas of human development, systems theory, family development, models of family and couple therapy, couple and family therapeutic process, human sexuality, gender, diversity, psychopathology, couple and family therapy research, ethics and other areas deemed relevant by the faculty to the field of couple and family therapy.
12. Apply clinical reasoning and judgment necessary for development of appropriate clinical assessments and development of appropriate treatment plans.
13. Demonstrate judgment necessary to establish clinical priorities and develop and use effective clinical strategies.

Writing Style: The Program follows the most recent APA Publication Manual for all written papers. The student is responsible for utilizing an APA Manual and learning the necessary sections.

Dispositional Standards

Individuals participating in the Couple and Family Therapy Program at Thomas Jefferson University must have essential skills to perform successfully as a student. These requirements apply to classroom, supervision, and clinical environments. A student must be able to perform the following cognitive/intellectual tasks with or without reasonable accommodation:

Functional Systemic Ethics

Students are expected to practice healthy, functional systemic ethics when engaging with classmates, instructors, supervisors, staff, and administrators. They are expected to engage in direct one-on-one communication and to avoid participation in triangulation. When relational, academic, or supervisory challenges occur students must first go directly to the person with whom they experience said challenge. Should students not be able to achieve resolution by engaging in direct, one-on-one communication, they should then ask the Program Director for assistance. If challenges occur with the Program Director, and students are unable to obtain resolution through direct on-on-one communication, students should contact the Department Chair.

In the rare occasion that a challenge is extremely egregious, thus rendering one-on-one communication inappropriate, students should contact the Program Director. If an egregious challenge occurs with the Program Director, students should contact the Department Chair.

Cultural Humility

The CFT program seeks to create a learning environment that is comprised of diverse individuals. Students should anticipate that they will interact with and dialogue with people who have different experiences, perspectives and are in different developmental stages regarding culture, power, privilege, and oppression. Students should also anticipate that classroom materials will range on a spectrum from traditional/conservative to radical and are expected to critically think and engage with this material in a way that reflects cultural humility and the patience that students will provide to clients when they express values that differ from that of the therapist's. Simplistic labeling, condemning, or dismissing course material that reflects values that are different from a student's is prohibited.

The CFT program embraces the idea that we are all fluid, and that we have a responsibility to be able to dialogue about and respect different values and perspectives. Students, faculty, staff, and supervisors are expected to demonstrate a willingness to affirm varied identity and values.

Cultural Respect

Students should be aware of and respectful of differences in cultures, beliefs, and values among each other and with clients. The diversity within each cohort and among faculty, staff and supervisors, are prime opportunities for all of us to practice the ability to be aware of the myriad differences among us. These situations must be approached with respect for the privacy, confidentiality, and feelings of fellow students.

Students should adjust their communication style and demonstrate appropriate body language based on the audience, as well as refrain from using demeaning, offensive, and insensitive language. Additionally, students are expected to honor the distinction between willfully demeaning, offensive, and insensitive language versus developmental differences in understanding diversity. Students should be attentive to how others may perceive actions and behave accordingly. Behavior that demonstrates discrimination or flagrant disregard for diversity will not be tolerated.

Confidentiality

Students must respect the confidentiality of institutions, faculty, clients, and fellow students and are not permitted to discuss any clients by name outside of the clinical placement or university supervision class. Students may not videotape or audiotape in the classroom or fieldwork, without the express permission of faculty, peers and clinical site staff. Students may not videotape, audiotape or take photographs of clients at any time, unless done so with written permission and as required based on supervision needs. In order to protect institutional confidentiality, students should **not** share on social media any videos, photos, or other media taken during class or fieldwork, regardless of expressed permission by subjects. **For academic presentations, please use clients' initials or first name only.**

Flexibility and Resourcefulness

There may be times when lectures, clinical sessions, or fieldwork schedules may need to be adjusted, and sometimes this will happen with short notice. Deviations from the syllabus may occur. Faculty asks students to be flexible and tolerant of changes in the interest of gaining the most from the educational experience.

Time Management

Students often have various non-school related obligations. It is understood that many students enter our program with multiple obligations, including balancing personal, family, and professional responsibilities. These, combined with course deadlines, may cause extra stress. Students' success in the program will require engagement in self-discipline and responsibility. It is not the obligation of the program to accommodate students' personal lives by adjusting clinical or academic responsibilities. Instead, students are expected to plan effectively, manage their time, and stay focused and educational and academic responsibilities.

Integrity

Students are expected to follow all policies in AAMFT Code of Ethics, as well as University Community Standards and Academic Integrity Policy, which can be found here: <https://www.jefferson.edu/life-at-jefferson/handbooks/rights-responsibilities/community-standards.html>

Breaches in ethical behavior will not be tolerated. Students shall report any illegal or unethical activity to the appropriate faculty, program director and/or clinical supervisor. Students must be appropriately responsive to lawful requests from faculty or university representatives, fieldwork supervisors, and clinical sites.

Professional Dependability and Accountability

Students are expected to report to all classes, labs, seminars, and clinical sites at the scheduled time, and delivering assignments, notes and other required materials when due. They are also expected to take accountability and communicate with classmates, instructors, supervisors and staff when deadlines are missed.

Conflict Resolution

Conflicts should be resolved in a diplomatic, reasoned manner. If you experience disagreement, you must follow established protocols to reach a resolution. Talking behind people's backs or failing to address issues with a faculty directly, reflects poorly on the student.

Personal/ Professional Boundaries

Students should be aware of boundaries when communicating personal or academic information to peers, faculty, or clients. Over-disclosing personal information in class, through email, texting or other communication is in direct conflict with respecting boundaries. Insensitive or unfiltered comments on any topic is unprofessional.

Giving/Receiving Feedback

Throughout your academic career, you will receive feedback from peers, faculty, fieldwork supervisors, and clients. Good feedback highlights areas of strength as well as opportunities for growth, and students should view both as necessary components of their development of becoming a CFT. Students should view this as an opportunity for personal growth and incorporate feedback accordingly. Being open and receptive to feedback plays an important role in professional development. At times, students will be asked to provide feedback to others, including peers and faculty. Students should offer feedback in a thoughtful and reasoned manner that fosters respect and trust.

Openness to Learning

Successful students demonstrate a positive attitude toward learning and trying new experiences. There will be opportunities throughout your academic career that may be

personally and professionally challenging; those who welcome challenges learn more. Students are expected not to be dismissive of challenges, including those that do not align with their personal values and beliefs, but should self-reflect about the learning opportunity that is presented with each challenge. Students should be aware of how they are contributing to an open, positive classroom environment, and should make efforts to ensure that they are participating in encouraging, yet sometimes challenging, open dialogue. Every student has the right to participate, consequently no one student should dominate a class discussion.

Self-Assessment

The process of training to become a therapist sometimes pushes students outside of their comfort zone, which can result in unanticipated behavioral responses. Engaging in accurate self-appraisal through an analysis of individual strengths and challenges can assist you to identify behaviors that may be at odds with your academic or clinical success. Successful students are receptive to feedback from peers, faculty, and supervisors and can implement strategies to change their behaviors in order to improve academic or clinical performance. It is not uncommon for feedback from peers, faculty, and supervisors to consist of encouraging students' to engage in personal therapy. While the program does not mandate that students participate in therapy, the program upholds the belief that good therapists engage in their own therapy. This value is commonly expressed among students, faculty, staff and supervisors.

Identification

CFT students must always identify themselves as “CFT Interns” to clients and clinical staff. *While engaging in clinical internships, students may not use previously earned titles (i.e. RN, MD, MSW, etc.) for identification purposes.*

Misuse of Substances

Students shall not appear at the University or clinical sites under the influence of alcohol or drugs. CFT students have the responsibility of patient/client care in addition to the usual academic responsibilities of a student. The University has a responsibility to ensure that students are functionally capable of handling these duties in a competent, appropriate manner. Policies related to misuse of substances can be found here:

<https://www.jefferson.edu/life-at-jefferson/handbooks/rights-responsibilities/alcohol-drugs-prohibited-substances.html>.

Program Guideline in Regard to Missed Examinations/Quizzes

Students should closely examine the guidelines that are delineated in each instructor's syllabus regarding missed examinations/quizzes. These policies may vary per course.

Class Participation Rubric

Found in your course syllabi on Canvas.

XIII. University Resources and Systems

Electronic Communication System

All students will be issued a Jefferson University email address. **It is REQUIRED that CFT students utilize this email address for all communication related to the program and check it daily.** Additionally, students must become familiar with Canvas and Banner, a web-based information management tools that allows Thomas Jefferson University students, faculty and staff to access numerous online resources, including courses, syllabi, course registration, schedules, student information, and transcripts. The CFT Program abides by the Thomas Jefferson University Student Email Policy which can be found here: <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/student-email-policy.html>

You will be issued a campus identification card, which also serves as your University photo I.D., library card and campus activity card. You must come to campus during regular business hours to receive your ID from the Bookstore. Your identification card has a magnetic strip on the back, which is needed to open doors on campus during the weekend.

Financial Aid Resources and Financial Obligations

The CFT Program abides by all Thomas Jefferson University policies related to financial aid resources, tuition and financial obligations.

For more information about the student financial obligation policy, visit this webpage: <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/student-financial-obligation.html>

For more information about the tuition charges policy, visit this webpage: <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/tuition-charges-across-tju-programs.html>

For more information about the tuition refund policy, visit this webpage: <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/tuition-and-university-fees-refund.html>

The direct link to the Graduate Financial Aid page is: [Tuition & Financial Aid \(jefferson.edu\)](#)

The Graduate Financial Aid Office can be reached at Financial.Aid@jefferson.edu or 215-955-2867.

Accommodations and Student Support

Thomas Jefferson University is committed to providing equal education opportunities to all students, including students with disabilities, in accordance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. Thomas Jefferson University will provide reasonable accommodations to all qualified individuals with disabilities to allow equal access and full participation to all University sponsored activities and programs. For more information on disability accommodations or request an accommodation visit <https://www.jefferson.edu/life-at-jefferson/handbooks/rights-responsibilities/disability-accommodations.html>

Library Support Services

Jefferson University Libraries support the institution's mission to improve lives by providing resources that strengthen the education, research, and clinical training of our academic partners. We provide consultation, instruction, as well as access to, and preservation of, knowledge-based resources. Space and computers for study, learning, and collection access are available at all of our libraries. Our libraries share a common catalog and discovery interface so faculty, staff, and students can easily search all of our holdings. Some library resources are tailored to the campus they primarily serve and each homepage highlight's resources and activities happening at that location. The Scott Memorial Library <https://www.jefferson.edu/university/campus-life/campus-library.html>

Student Safety

The CFT program adheres to the University's policy of Health and Safety, which can be found here: <https://www.jefferson.edu/life-at-jefferson/handbooks/health-safety.html>

The Department of Safety and Security is responsible for the safety of the University community and security of all buildings and property belonging to Jefferson. The Department of Safety and Security is the first contact and first responder in all campus emergency-response situations (215-955-8888). Your safety and security are extremely important to us at Thomas Jefferson University. You are encouraged to report any crime, no matter how small, immediately to the Department of Safety and Security.

A copy of the most recent of the University Safety and Security Report may be found on the University website here: <https://www.jefferson.edu/life-at-jefferson/student-resources-services/safety-on-campus/public-safety-center-city/crime-reporting.html>

Illness Policies and Procedures

Students who have any symptoms that are associated with infectious diseases (e.g., cold, flu or viral infection) are encouraged not to attend in-person classes, clinical experiences or other activities that put them in close contact with other students, faculty, staff, or clients. These symptoms can include but are not limited to sneezing, coughing, fever,

gastrointestinal pain, and diarrhea.

Personal Counseling

The CFT program cannot mandate that students receive their own therapy while in the program, but it is highly recommended. Please see below for the Thomas Jefferson University Counseling Center's information:

Jefferson-Center City: **Student Counseling Center**

<https://www.jefferson.edu/life-at-jefferson/health-wellness/counseling-center.html>

33 S. Ninth Street, Suite 230, Philadelphia, PA 19107

Contact Number(s): [215-503-2817](tel:215-503-2817)

HELP HOTLINE: [215-955-HELP \(4357\)](tel:215-955-HELP)

Other Counseling Resources in the Philadelphia Community:

**The resources listed below are not endorsed by Thomas Jefferson University, Jefferson College of Health Profession, or the CFT program and are in no way tied to or connected to the University, JCHP, or the CFT Program. However, they are provided as additional options or resources that students may research and explore on their own if the student desires or feels it is necessary.*

Drexel University Individual, Couple, and Family Therapy Services

[Individual, Couple and Family Therapy Services | College of Nursing and Health Professions | Drexel University](#)

(215) 571-3409

Philadelphia Society of Clinical Psychologists

601 Summit Avenue, 3rd Floor Jenkintown, PA 19046 Phone: 215-885-2562

Fax: 215-885-1797

Email: info@philadelphiapsychology.org

Psychological Services Clinic of Chestnut Hill College 1107 Bethlehem Pike, Ste. 212

Flourtown, PA 19031

215.233.1914

Website: www.chc.edu/psc Email: clinic@chc.edu

Therapy Center of Philadelphia

The Philadelphia Building 1315 Walnut Street, Suite 1004 Philadelphia, PA 19017

215.567.1111 phone

215.567.0179 fax

**Policy Regarding Data Collection from
Students, Alumni, Stakeholders and Other Communities of Interest
Couple and Family Therapy Program
Jefferson College of Health Professions
Thomas Jefferson University**

The Program will collect data on a regular basis from students, alumni, stakeholders and other communities on interest in the program in order to evaluate program effectiveness in meeting its Educational Outcomes and to ensure that these Outcomes are aligned with Professional MFT Principles and are meeting the needs of the program's stakeholders and communities of interest. This data will be analyzed and used to institute changes in the program as necessary to ensure and improve alignment with the above-mentioned Educational Outcomes, Professional MFT Principles, and the needs of stakeholders. Information will be collected both formally through surveys and informally through ongoing dialogue with stakeholders. The data will be published only in aggregate form, with respondents' identities being protected, unless written permission is given to use individual responses. Responses to these surveys are voluntary. The program will develop its own surveys in some areas and work with the Office Institutional Research in other areas.

At present, ongoing assessment activities will include the following:

- An annual survey of program alumni
- Evaluations of each course by students
- Evaluations of supervisors by students each semester
- Annual survey of stakeholders including employers, representatives of community partnerships, and referral sources/feeder schools
- Annual matriculant survey of entering students
- Annual exit survey of graduating students
- Annual evaluation of clinical sites by students
- Monthly student meetings in which informal feedback will be gathered

Types of Information Collected About Your Experience in the Program.

Pre-Graduation:

At the end of each semester students are expected to complete course evaluations and supervision evaluations by the last week of each semester. Data will also be collected during the Monthly Student Meetings which are held once a month, on a Tuesday or Wednesday from 12pm-1pm. Students are also expected to complete their evaluation of clinical sites.

Post-Graduation:

It is important for the program to know about your experiences after graduation. This allows us to better assess how well the program equips students to work in the field. There will be an alumni survey administered each year and we will also ask your

permission to speak with your employer/supervisor for feedback about the program's strengths and weaknesses in preparing people for the workplace. Other surveys include matriculant survey, and the exit survey.

XIV. Practicum Policies and Procedures

Practicum Requirements for the Couple and Family Therapy Program

Couple and family therapy is an applied clinical science which is learned through a combination of didactic, experiential and clinical methods. Practicum experiences, during which students provide direct clinical services to clients and receive clinical supervision is an integral part of professional education. Practicum are divided into two levels: beginning and advanced. Beginning practicum occur in the first year of training and focus on helping students develop basic assessment and individual, couple, family and sex therapy skills. Advanced practicum occur in the second year of training and are geared to help students develop more sophisticated assessment and therapy skills as well as expertise with specific clinical populations. Students will participate in practicum throughout their graduate training but must first show that they are prepared for this experience by demonstrating intellectual competence, sufficient personal maturity, and possession of basic therapeutic skills. To be considered ready to participate in the practicum students must successfully complete the following requirements:

1. Students must be enrolled as full-time students in good standing in the Jefferson Couple and Family Therapy Program and participating in on-going clinical supervision as assigned.
2. Students must be screened/observed by a supervisor and the Practicum I instructor during the first semester with the aim of assessing their readiness for clinical work, which includes personal maturity, self- awareness, interpersonal comfort, problem-solving ability and communication skills.
3. Students are required to complete a set of basic readings in couple and family therapy to acquaint them with basic concepts.
4. Students must complete the practicum orientation program which provides didactic information, role plays, readings, and experiential learning on the initial stages of couple and family therapy.
5. Students must meet with their assigned supervisors during Practicum I to process their experience and review administrative procedures before cases are assigned.
6. Students will be expected to follow the rules and procedures of the clinical sites where they are assigned.
7. Students will be expected to be familiar with and adhere to the Ethical Code of the American Association of Marriage and Family Therapy (AAMFT), failure to so may result in probation or dismissal from the program.

8. During the first year of the program, all students will be assigned practicum placements at the Council for Relationships University City Office. As the program progresses students also apply for practicum placements with community partnerships or other Council for Relationships offices. Students are expected to follow all policies and procedures mandated by the office in which they are working. If you have any questions about policies and procedures of Council for Relationships, please see the Council for Relationships'.

Basic Learning Objectives

Students must possess sufficient interpersonal, communication and professional behaviors to adequately perform the following clinical skills and competencies:

1. Engagement Competencies

- a) Engage the client(s) in treatment in a systemic way.
- b) Foster a feeling of trust and hope in the therapeutic process.
- c) Maintain a balanced therapist-client(s) alliance.

2. Problem Identification/Assessment Competencies

- a) Obtain all the necessary information about the present problem or problems.
- b) Observe and become aware of the emotional process(es) currently at work in the client(s).
- c) Identify and explore relationship problems, including maladaptive interactional patterns such as triangulation, collapsed hierarchies, boundary issues, intergenerational legacies, attachment styles, destructive entitlement, etc.
- d) Identify individual psychopathology, its role in the system, and implications for treatment.
- e) Use both formal and informal assessment tools to identify individual and relational problems.
- f) Integrate assessment with treatment.

3. Case Formulation and Goal Setting Competencies

- a) Describe the case within a systems perspective (individual, interactional, intergenerational).
- b) Formulate and test hypotheses about the system.
- c) Describe orally and in written format the functioning of the system from several theoretical perspectives.
- d) Establish realistic and workable goals in collaboration with the client(s).
- e) Change goals as a function of stage of therapy and needs of the client(s).

4. Change/ Facilitation Competencies

- a) Modify maladaptive interaction patterns using appropriate therapeutic techniques including-pacing, boundary modification, reframing, clarifying cognitive distortions, unbalancing, structuring, creating therapeutic focus and themes, creating enactments, affect regulation, assigning tasks and therapeutic homework, confront or work with resistance, etc.
- b) Clarify how actions may lead to consequences which constitute problems for the

client(s).

- c) Help the client(s) to identify alter emotional factors that may block attempts to achieve better functioning.
- d) Alter cognitive factors that may block the client(s) attempts to achieve better functioning.
- e) Help the client(s) implement new, adaptive patterns of interaction.
- f) Helping the client(s) mobilize outside resources.
- g) Identify and build on client strengths in the service of change

5. Termination Competencies

- a) Assess the situation when a client(s) initiates the termination process.
- b) Assess the need for termination and initiating termination when this is appropriate.
- c) Concluding treatment constructively.

6. Behave in ways that conform to the AAMFT Code of Ethics.

Teletherapy and Virtual Supervision

The use of teletherapy and virtual supervision is growing among CFTs and within training programs. As such, this program teaches students about the ethics and use of teletherapy and virtual supervision within the curriculum. AAMFT Code of Ethics requires training before doing teletherapy, therefore students will learn about ethical use of telehealth prior to their work with clients. Students must familiarize themselves with review the report published by AAMFT entitled Best Practices in the Online Practice of Couple and Family Therapy prior to engaging in teletherapy:

https://www.aamft.org/online_education/online_therapy_guidelines_2.aspx

Students must be mindful to comply with security guidelines that comply with state, federal and provincial requirements to ensure HIPAA privacy is protected. The CFT program requires that all faculty, students, supervisors, and clinical sites comply with current regulatory requirements and practices regarding teletherapy and virtual supervision. Students must sign program documentation to affirm that they will be participating in teletherapy and virtual supervision and their commitment to comply with security guidelines.

Broadband, high speed Internet connection, sufficient light, noise-canceling headsets, and a webcam that has a broad focus are required for participation in virtual supervision and teletherapy. Students should think about what is in their background before enabling their camera. No one should enter the background of a session during a teletherapy or virtual supervision session. Should this occur, students must ensure that they are unable to hear or see the session.

Teletherapy

Per COAMFTE Standards Version 12.5, teletherapy is defined as, “*the process of delivering synchronous therapeutic services using a secure video platform according to relevant state, federal, and provincial regulatory requirements or guidelines. The online*

therapeutic interaction is consistent with state or provincial regulations for the location in which the clinical student therapist and participant(s) are physically located.”

Students and supervisors must be physically located in the state where the client also resides. Students may not provide therapy across state lines, which means that students can only provide teletherapy to clients who reside in the state where students’ supervisors are licensed and approved. Students must be familiar with and comply with state requirements regarding teletherapy. Failure to adhere to state and federal guidelines will result in disciplinary action and potential removal from the clinical site.

Participation in online therapy will require that students use a laptop that is owned by their clinical site, encrypt a personal computer, or ensure that a personal device does not contain client’s personal clinical information.

Student interns must **NOT** maintain psychotherapy notes. This prevents the potential for inappropriate storage of psychotherapy notes while conducting virtual therapy sessions off-site which would lead to a breach in HIPAA guidelines and confidentiality. Failure to maintain appropriate HIPAA guidelines and confidentiality standards will result in disciplinary action and potential removal from the internship placement.

Teletherapy must only occur when students are in an environment that is private and where clients’ absolute confidentiality can be maintained. Students must be mindful of the potential for sessions to be overheard by people who reside in their home and must take measures to ensure that this does not occur. Sessions cannot be held in public locations. Students should consider the purchase of sound machines to ensure confidentiality, as needed. Every teletherapy session must be treated with the same degree of professionalism, discretion and confidentiality that would be provided if they were meeting with clients in-person.

Virtual Supervision

COAMFTE Standards Version 12.5 defines virtual supervision as, “...*the process of delivering synchronous MFT relational/systemic supervision using a secure video platform. The online supervisory interaction is compliant with relevant state, federal, and provincial regulations for the location in which the clinical student therapist and supervisor are physically located.*”

Supervisors must be licensed and approved to provide virtual supervision in the state where therapy is being provided and received.

Students are expected to record (video or audio) client sessions to review during dyadic and group supervision. COAMFTE Standards Version 12.5 defines observable data as, “*audio and video recordings, as well as live (behind the mirror, in the room co-therapy, reflecting teams, etc.).*” It is important for students to collect and review observable data as it is the only way for students and their supervisors to see the therapeutic relationship as it may be viewed by clients.

Students must be mindful of the potential for sessions to be overheard by people who are around them. Measures must be taken to ensure that this does not occur. Students should

consider the purchase of sound machines to ensure confidentiality, as needed. must only occur when students are in an environment that is private and where clients' absolute confidentiality can be maintained. Every teletherapy session must be treated with the same degree of professionalism, discretion and confidentiality that would be provided if they were meeting with clients in-person. Supervision cannot be attended in public locations. Students should consider the purchase of sound machines to ensure confidentiality, as needed. Every virtual supervision session must be treated with the same degree of professionalism, discretion and confidentiality that would be provided if they were meeting with clients in-person.

Clinical Supervision: General Policies and Procedures

Supervision

Students' clinical cases will be reviewed by clinical supervisor. A clinical supervisor is a highly qualified professional who reviews cases and takes responsibility for the diagnosis and treatment of supervisees' cases. Students will receive dyadic, group and live supervision while in the program.

Students must receive a *minimum* of 100 hours of clinical supervision on a regular and consistent basis. Students must have access to supervisory support if they see clients during breaks and at times when school is not in session. 50 hours of supervision must use observable data.

Supervision Format

All students will be assigned a new dyadic supervisor prior to beginning clinical work and at the beginning of each new academic year. Dyadic supervision will count as individual supervision. Students will be assigned to either dyadic supervision or single supervision. Students will be assigned a group supervisor during Practicum II and a new group supervisor (based on track selection) during Practicum IV. Group supervision will consist of no more than 8 students and will require students to review raw data and to complete case conceptualizations. Live Supervision and dyadic supervision will be provided during Practicum III.

Timeline of Supervision

Practicum I: Dyadic Supervision

Practicum II: Dyadic and Group Supervision

Practicum III: Live Supervision

Practicum IV: Dyadic and Group Supervision

Practicum V: Dyadic and Group Supervision

**should students need to continue seeing clients after Practicum V, they will continue to participate in either dyadic or individual supervision.*

COAMFTE Standards Version 12.5 states that clinical supervisors must hold the following qualifications:

- a) demonstration of professional identity as a marriage and family therapist, and
- b) demonstration of training in MFT relational/systemic supervision by one of the following:

- A graduate course in MFT relational/systemic supervision equivalent to three

semester-credit hours

- Postgraduate professional education in MFT relational/systemic supervision of at least 30 clock hours
- A state established MFT supervisor designation that includes relational/systemic supervision training
- Designation as an AAMFT Approved Supervisor or AAMFT Approved Supervisor Candidate

Supervision Attendance Policy:

Attendance of supervision is mandatory. Students are allowed two excused supervisee absences per academic year. More than two absences will result in the student failing the practicum unless a plan to make up these missed supervisions is approved and carried out with the supervisor. When a supervisor misses more than two supervisions, the supervisor and student should make up the missed sessions at a time that is mutually agreeable. Using Skype and other forms of virtual/video platforms that have not been approved and cleared by the program are strictly forbidden for supervision purposes. This is a state regulation and not just a Program regulation. These platforms do not conform to HIPPA standards. Students in violation of this regulation will be placed on probation and if there is a second occurrence, they will be dismissed from the Program.

Student Evaluation Policy:

Students will be formally evaluated by their supervisors once each semester, and these evaluations will be used to determine if a student has passed their Practicum course that semester in addition to measuring the achievement of various Educational Outcomes of the program. The formal evaluation will occur at the end of the semester. However, students should be receiving informal evaluations throughout the semester from their supervisors.

Summer Supervision:

The program operates on a 12-month basis, therefore students must continue to carry clinical cases during the summer semesters, as part of Practicum III and Practicum VI (if needed). Supervision during the summer will be provided in a dyadic format usually with the same supervisors from the first-year practicum, unless otherwise specified by the Director of Supervision. There are no written evaluations for the summer semesters.

Clinical Supervision Process:

1. Recording Sessions and Confidentiality

Supervisors and students must review recorded sessions during supervision (see requirements specified above). Students are encouraged to record clinical sessions using their own audio/video equipment. However, before recording any session students must first obtain informed consent from their clients using the Council's **Audio-Visual Consent** form. Consent must be obtained from all participants in the session. **Recordings are to be used for personal review and supervision purposes only and should be maintained with the same security precautions as client files.** In addition, the following guidelines must be followed:

- a. All recordings must be maintained according to the same security regulations as recordings produced on Council for Relationships equipment.
- b. Recordings should not be stored indefinitely on personal computers. Recordings should be erased following review in supervision, unless specifically requested to be held by the supervisor or student with the supervisor's approval. If this is the case, direct written permission must be obtained from the client.
- c. Transportation of videotapes, audiotapes and any other raw data and files from one site to another is to be done only for supervision purposes and must be done in accordance with the following guidelines:
 - i. No identifying information of the clients should appear on raw data.
 - ii. The data must be transported in a locked non-transparent security pouch provided to each student.
 - iii. Students are responsible for assuring the confidentiality of the material.

Students found not to be in compliance with this policy will be subject to disciplinary review by the Program Director.

2. Session Review

While the exact process of supervision will vary from supervisor to supervisor, students will be expected to present cases and discuss their clinical work and record-keeping practices in this setting. Basic requirements for all students include the following:

Students are expected to come prepared. Students choose a case or several cases and share their clinical observations, conceptualizations and their questions regarding the case. **Video presented is expected to have been reviewed** prior to supervision and to possibly be cued up to a specific moment of the session that the students finds relevant to the case and his/her issue to be clarified in supervision.

The supervisor is expected to help the student **conceptualize** the case, possible through different lenses of systemic theories, and help the student **to develop a treatment plan and explore interventions** for the next sessions until the case will be reviewed again.

In addition to reviewing the student's CFR clients, student and supervisor are expected **to review the student's CPI cases** at least once a month.

The supervisors is also expected to understand the **student's learning process** and encourage the student to build on his or her strength and support the awareness for areas that need improvement.

The supervisor is encouraged to use the student evaluation form as a guideline for the student's learning process.

3. Student Monthly Supervision Report

Each month, students must fill out the 3-page Monthly Hours Report indicating on-site clients, off-site clients and supervision hours. These forms are available on the Program website through Black Board Learn in a writable PDF format.

After completing the forms students must send them via email to their supervisor for electronic signature at the end of the month. Supervisors then email the completed form to the Program administrator by the 3rd day of the following month. Please note: only the client's first name and last initial should be written on this document.

Before turning in your report to your supervisor be sure the form has been completely filled out.

Important Reminders:

- a. Indicate if your supervision was individual (i.e., 1 or 2 supervisees) or with a group (3-6 supervisees).
- b. Confirm accuracy of the total number of on-site and off-site sessions at the bottom of each page.
- c. On the supervision page, each supervision session is considered 2 hours in length, and students must track how many hours were based on case review only, raw data, or live supervision. In any given hour that a video or audiotape is shown, that hour is tracked as a raw data hour and counts for both supervisees, regardless of what else is covered during that time. Be sure that the total case review hours, raw data hours, and live supervision hours add up and match "Total Hours" at the bottom of the last page.
- d. On-time submission of this form on a monthly basis to the Program administrator is mandatory. Failure to submit this form on time will result in a one-month suspension of a student's ability to receive new clinical cases. Failure to submit this form on time twice during the same practicum will result in clinical probation. Note that even if you think you are on track to finish your hours on time you must still submit this form every month.
- e. Failure to comply with these directives on an ongoing bases, as determined by the students' supervisors and program director, will result in student being placed in clinical probation.

4. Recording Clinical Hours

Regardless of required graduation hours, students have a responsibility to their clinical site to provide therapeutic care until the last day of their internship. Students who do not provide therapeutic care until the last day of their internship may not receive a satisfactory grade for Practicum and could ultimately jeopardize graduating on time.

- Couple and family sessions are counted as systemic or relational. You need **400** clinical hours to finish the program, **150** of which must be systemic.
- **Direct Client Contact Hours:** A therapy session where the supervisee is the therapist. Observation, shadowing, consultation with other professionals do not qualify as direct client contact hours. If two supervisees partner to conduct co-therapy, each supervisee gains direct client contact hours for this session. Per COAMFTE Standards 12.5, “...activities such as telephone contact, case planning, observation of therapy, record keeping, trainings, role-playing, travel, administrative activities, consultation with community members or professionals, and/or MFT relational/systemic supervision are not considered direct client contact.”
- **Individual Hour:** A therapy session with one client present, or group therapy with individuals who do not have a relationship with each other, and the work is not focused on interpersonal relationships between members of that group.
- **Systemic Hour:** A therapy session with two or more clients who have a relationship with each other (e.g., partners, spouses, family members), or group therapy with members who have a relationship with each other or is directly focused on interpersonal relationships between members of the therapy group. Sessions without two or more clients who are not in relationship with each other will not count as a systemic hour. *Sessions that occur with only one client present, cannot count as systemic hours.*
- **Alternative Hours are not accepted as part of COAMFTE Standards Version 12.5. In the past these hours were defined as** a clinical activity, which demonstrates competency level related to the program’s mission, outcomes, and goals. The Alternative Hour must be evaluated to provide evidence of program effectiveness. Students were allowed a maximum of 100 alternative hours towards their overall total hours.
- Group therapy hours count as individual hours if the group members are unrelated. Record the length of a group by how long it lasts, not by how many people are in attendance.
- Group therapy hours count as systemic if the members of the group are related to one another. Examples are a multi-family, couples group or groups with siblings.

5. Evaluation of Supervisors

Students are required to fill out an evaluation of their supervisor at the end of each semester and send to the Director of Supervision. The fall semester evaluation is due **January 10** and the spring semester evaluation is due **June 10**. This form is available on the Program website through Canvas in a writable PDF format. These ratings are used to ensure ongoing supervision quality and sufficiency. If a supervisor receives an overall evaluation score of **less than 2.5** in a year, then that supervisor will be required to meet with the Director of Supervision and develop a written plan to address areas of concern. The Director of Supervision will be responsible for reviewing and approving this plan. The supervisor will then conduct a mid-year review with the Director of Supervision during the following year to evaluate the implementation of the plan and make further changes as necessary.

If the supervisor then receives unsatisfactory reviews again at the end of this year, they will be required to attend and successfully complete a remedial supervisor training program and develop a further action plan subject to the approval of the Director of Supervision. The supervisor will then conduct a mid-year review with the Director of Supervision during the following year to evaluate the implementation of the plan and make further changes as necessary.

If the supervisor then continues to receive further unsatisfactory evaluations, or if the supervisor fails to complete any of the abovementioned requirements, then they will be subject to termination of supervisory duties. Note that the Program reserves the right to terminate supervisory duties for reasons outside of the abovementioned mechanism.

Clinical policies and procedures are detailed in the section of the manual under Council for Relationships Policies and Procedures.

6. Process for Evaluating Ongoing Supervisor Sufficiency

The Program Director will meet with the Director of Supervision over the course of the academic year and prior to the start of the new academic year to review supervisory resources in order to ensure that they are sufficient to meet the needs of the Program. This includes the review of student and supervisor evaluations to ensure that supervisors are meeting their benchmarks of competency, the number of supervisors available to ensure that the supervisor to student ratio is maintained, and a review of the clinical space requirements available. This review of sufficiency of supervision includes the clinical space available for students to see client, for supervisors to meet with students, live supervision rooms, and the recording equipment in each room. Part of the evaluation process includes student evaluating supervisors and supervisors evaluating students.

XIV. Community Partnerships Initiative at Council for Relationships

A. Student Community Partnerships Practicum

All students are assigned a community partnership placement as part of the clinical practicum requirement for completion of the program. The placement begins in the spring semester of year 1 and runs through the end of the spring semester of year 2. Students commit 4-6 hours per week to their community placement. It is possible to extend this commitment to as many as 8 hours per week at some locations. Student preferences are considered when making assignments. All placements are appropriate for students in both the Family Therapy and the Sex Therapy tracks.

Structure of Supervision

All clinical cases seen through CPI are supervised by your dyadic and group supervisors. Please regularly discuss these cases with your supervisors. In addition, an on-

site supervisor at each location offers support for working with the specific population at that site and connects you with opportunities to run groups, see clients and collaborate with agency staff. They are your point of contact for any emergencies, questions or concerns. The CPI Team member providing oversight to our work with each partner organization is available for questions about policies and procedures and to help connect you with the agency.

All cases seen through your CPI are considered clients of CFR and are therefore subject to the documentation requirements set forth in the “Council for Relationships Clinical Policies and Procedures Manual.”

Professional Behavior

The Couple and Family Therapy Program has as one of its core values the importance of professional behavior on the part of students, faculty, and staff members. In our view that means that students/trainees must interact with members of Jefferson University and their clinical sites in as respectful a way as possible. Becoming a professional couple and family therapist means more than just learning to be an excellent clinician, it means developing a code of conduct that recognizes the importance of respectful collaboration with all members of your professional environment. All members of the staff are to be accorded equal respect and treated with dignity. Disagreements are to be worked out in a civil way that accords everyone a right to be heard and understood. If agreement cannot be reached it is your responsibility to bring the issues to the appropriate supervisory person and ask for help. Students are expected to adhere to the standards of student conduct.

XVI. Program Governance

The Program Director in conjunction with the Program Faculty retain responsibility for developing Program policies and procedures. These policies and procedures are discussed and ratified at monthly Faculty Meetings and at the annual Faculty Retreat. In general, these decisions are put to a vote of the faculty except in those instances where responsibility clearly resides with the Program Director.

Student Participation in Governance

Students will have two primary ways to participate in the development and governance of the program. The first method is committee membership. Thomas Jefferson University and the Jefferson College of Health Professions organize and support regular committees on a wide variety of topics relevant to students, for example Community Standards Board. The Couple and Family Therapy Program encourages students to volunteer to sit on these committees and will facilitate this process. Specific committee participation varies from year to year. If you are interested in opportunities to participate in Program, school or university committees, please contact the Program Director for further information.

The second method is through the student representative system. At the beginning of each academic year, each class of students will elect one representative and one alternate. These

representatives will be invited to participate in one to two faculty meetings per semester in a non-voting capacity to both represent the interests of their class and to formally present student concerns to the faculty.

Additionally, one day each month will be reserved for program student meetings. During some of these meetings, the students may have opportunities to add agenda items or raise topics for discussion. If you are interested in discussing a specific topic at a student meeting, please contact Dr. McKinney at nicole.mckinney@jefferson.edu and send copies to Florida Priftanji at florda.priftanji@jefferson.edu respectively.

XVII. Graduation Requirements

The CFT program abides by all University policy related to graduation requirements and process. Please visit the University handbook for more information about Graduation Requirement Policy: <https://www.jefferson.edu/life-at-jefferson/handbooks/policies/graduate-policies/graduation-requirements.html>

In addition to university requirements, students are also required to fulfill the following:

- Students must fulfill the required credit hour and course requirements for the CFT graduate program, as indicated by their program of study.
- Student must be in good academic standing as demonstrated by earning at least a 3.0 cumulative grade point average and completing all required coursework with a minimum grade if a B-.
- Students must adhere to all University graduation application procedures.
- Students must fulfill all clinical obligations to their clinical site.
- Students must fulfill all financial obligations to the University.
- Students must complete a practice licensure exam that will be sent out to students before the Spring semester of their second year and it will be due on the last day of finals week.

Appendix A. Academic Calendar: Couple & Family Therapy Program

FALL 2023	
April 3, Monday	Online Registration Begins (anticipated)
August 28, Monday	Classes Begin
September 3, Sunday	Last Day to Add Online
September 4, Monday	Labor Day (University Holiday - No Class)
September 6, Wednesday	Last Day to Drop Without "W" Grade - Online Registration Ends
TBD	Online Graduate Application Opens (Fall '22, Spring-Summer '23 graduates)
October 18, Wednesday	Last Day for Course Withdrawal
November 6, Monday	Online Registration for Spring 2023 Begins (anticipated)
November 22, Wednesday	Thanksgiving Break Begins (after classes end)
November 23, Thursday	Thanksgiving (University Holiday - No Class)
November 26, Sunday	Thanksgiving Break Ends
November 27, Monday	Classes Resume
December 8, Friday	Classes End
December 22, Friday	Grades Due and Made Available to Students
December 30, Saturday	Online Graduation Application Closes
SPRING 2024	
November 6, Monday	Online Registration Begins (anticipated)
January 8, Monday	Classes Begin
January 14, Sunday	Last Day to Add Online
January 15, Monday	Martin Luther King, Jr. Day (University Holiday - No Class; Day of Service)
January 17, Wednesday	Last Day to Drop Without "W" Grade - Online Registration Ends
February 28, Wednesday	Last Day for Course Withdrawal
April 1, Monday	Online Registration for Summer 2023, Fall 2023 Begins
April 19, Friday	Classes End
May 3, Friday	Grades Due and Made Available to Students
TBD	Commencement
SUMMER 2024	
April 1, Monday	Online Registration Begins (anticipated)
May 13, Monday	Classes Begin
May 19, Sunday	Last Day to Add Online
May 22, Wednesday	Last Day to Drop Without "W" Grade - Online Registration Ends
May 27, Monday	Memorial Day (University Holiday - No Class)
June 7, Friday	Last Day for Course Withdrawal
July 4, Thursday	Independence Day (University Holiday - No Class)
August 2, Friday	Classes End
August 16, Friday	Grades Due and Made Available to Students

Appendix B. AAMFT Code of Ethics

PREAMBLE

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

Honoring Public Trust

The AAMFT strives to honor the public trust in marriage and family therapists by setting standards for ethical practice as described in this Code. The ethical standards define professional expectations and are enforced by the AAMFT Ethics Committee.

Commitment to Service, Advocacy and Public Participation

Marriage and family therapists are defined by an enduring dedication to professional and ethical excellence, as well as the commitment to service, advocacy, and public participation. The areas of service, advocacy, and public participation are recognized as responsibilities to the profession equal in importance to all other aspects. Marriage and family therapists embody these aspirations by participating in activities that contribute to a better community and society, including devoting a portion of their professional activity to services for which there is little or no financial return. Additionally, marriage and family therapists are concerned with developing laws and regulations pertaining to marriage and family therapy that serve the public interest, and with altering such laws and regulations that are not in the public interest. Marriage and family therapists also encourage public participation in the design and delivery of professional services and in the regulation of practitioners. Professional competence in these areas is essential to the character of the field, and to the well-being of clients and their communities.

Seeking Consultation

The absence of an explicit reference to a specific behavior or situation in the Code does not mean that the behavior is ethical or unethical. The standards are not exhaustive. Marriage and family therapists who are uncertain about the ethics of a particular course of action are encouraged to seek counsel from consultants, attorneys, supervisors, colleagues, or other appropriate authorities.

Ethical Decision-Making

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

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

Binding Expectations

The AAMFT Code of Ethics is binding on members of AAMFT in all membership categories, all AAMFT Approved Supervisors and all applicants for membership or the Approved Supervisor designation. AAMFT members have an obligation to be familiar with the AAMFT Code of Ethics and its

application to their professional services. Lack of awareness or misunderstanding of an ethical standard is not a defense to a charge of unethical conduct.

Resolving Complaints

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

Aspirational Core Values

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

The core values of AAMFT embody:

1. Acceptance, appreciation, and inclusion of a diverse membership.
2. Distinctiveness and excellence in training of marriage and family therapists and those desiring to advance their skills, knowledge and expertise in systemic and relational therapies.
3. Responsiveness and excellence in service to members.
4. Diversity, equity and excellence in clinical practice, research, education and administration.
5. Integrity evidenced by a high threshold of ethical and honest behavior within Association governance and by members.
6. Innovation and the advancement of knowledge of systemic and relational therapies.

Ethical Standards

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

STANDARD I RESPONSIBILITY TO CLIENTS

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

1.1 Non-Discrimination.

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

1.2 Informed Consent.

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

1.3 Multiple Relationships.

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

1.4 Sexual Intimacy with Current Clients and Others.

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

1.5 Sexual Intimacy with Former Clients and Others.

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

1.6 Reports of Unethical Conduct.

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

1.7 Abuse of the Therapeutic Relationship.

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

1.8 Client Autonomy in Decision Making.

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

1.9 Relationship Beneficial to Client.

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

1.10 Referrals.

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

1.11 Non-Abandonment.

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

1.12 Written Consent to Record.

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

1.13 Relationships with Third Parties.

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

STANDARD II CONFIDENTIALITY

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

2.1 Disclosing Limits of Confidentiality.

Marriage and family therapists disclose to clients and other interested parties at the outset of services the nature of confidentiality and possible limitations of the clients' right to confidentiality. Therapists review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. Circumstances may necessitate repeated disclosures.

2.2 Written Authorization to Release Client Information.

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

2.3 Client Access to Records.

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

2.4 Confidentiality in Non-Clinical Activities.

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

2.5 Protection of Records.

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

2.6 Preparation for Practice Changes.

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

2.7 Confidentiality in Consultations.

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

STANDARD III

PROFESSIONAL COMPETENCE AND INTEGRITY

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

3.1 Maintenance of Competency.

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

3.2 Knowledge of Regulatory Standards.

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

3.3 Seek Assistance.

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

3.4 Conflicts of Interest.

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

3.5 Maintenance of Records.

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

3.6 Development of New Skills.

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

3.7 Harassment.

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

3.8 Exploitation.

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

3.9 Gifts.

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

3.10 Scope of Competence.

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

3.11 Public Statements.

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

3.12 Professional Misconduct.

Marriage and family therapists may be in violation of this Code and subject to termination of membership or other appropriate action if they: (a) are convicted of any felony; (b) are convicted of a misdemeanor related to their qualifications or functions; (c) engage in conduct which could lead to conviction of a felony, or a misdemeanor related to their qualifications or functions; (d) are expelled from or disciplined by other professional organizations; (e) have their licenses or certificates suspended or revoked or are otherwise disciplined by regulatory bodies; (f) continue to practice marriage and family therapy while no longer competent to do so because they are impaired by physical or mental causes or the abuse of alcohol or other substances; or (g) fail to cooperate with the Association at any point from the inception of an ethical complaint through the completion of all proceedings regarding that complaint.

STANDARD IV RESPONSIBILITY TO STUDENTS AND SUPERVISEES

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

4.1 Exploitation.

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

4.2 Therapy with Students or Supervisees.

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

4.3 Sexual Intimacy with Students or Supervisees.

Marriage and family therapists do not engage in sexual intimacy with students or supervisees during the evaluative or training relationship between the therapist and student or supervisee.

4.4 Oversight of Supervisee Competence.

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

4.5 Oversight of Supervisee Professionalism.

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

4.6 Existing Relationship with Students or Supervisees

Marriage and family therapists are aware of their influential positions with respect to supervisees, and they avoid exploiting the trust and dependency of such persons. Supervisors, therefore, make every effort to avoid conditions and multiple relationships with supervisees that could impair professional judgment or increase the risk of exploitation. Examples of such relationships include, but are not limited to, business or close personal relationships with supervisees or the supervisee's immediate family. When the risk of impairment or exploitation exists due to conditions or multiple roles, supervisors document the appropriate precautions taken.

4.7 Confidentiality with Supervisees.

Marriage and family therapists do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law.

4.8 Payment for Supervision.

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

STANDARD V RESEARCH AND PUBLICATION

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

5.1 Institutional Approval.

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

5.2 Protection of Research Participants.

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

5.3 Informed Consent to Research.

Marriage and family therapists inform participants about the purpose of the research, expected length, and research procedures. They also inform participants of the aspects of the research that might reasonably be expected to influence willingness to participate such as potential risks, discomforts, or adverse effects. Marriage and family therapists are especially sensitive to the possibility of diminished consent when participants are also receiving clinical services, or have impairments which limit understanding and/or communication, or when participants are children. Marriage and family therapists inform participants about any potential research benefits, the limits of confidentiality, and whom to contact concerning questions about the research and their rights as research participants.

5.4 Right to Decline or Withdraw Participation.

Marriage and family therapists respect each participant's freedom to decline participation in or to withdraw from a research study at any time. This obligation requires special thought and consideration when investigators or other members of the research team are in positions of authority or influence over participants. Marriage and family therapists, therefore, make every effort to avoid multiple relationships with research participants that could impair professional judgment or increase the risk of exploitation. When offering inducements for research participation, marriage and family therapists make reasonable efforts to avoid offering inappropriate or excessive inducements when such inducements are likely to coerce participation.

5.5 Confidentiality of Research Data.

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

5.6 Publication.

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

5.7 Authorship of Student Work.

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

5.8 Plagiarism.

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

5.9 Accuracy in Publication.

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

STANDARD VI

TECHNOLOGY-ASSISTED PROFESSIONAL SERVICES

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

6.1 Technology Assisted Services.

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

6.2 Consent to Treat or Supervise.

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

6.3 Confidentiality and Professional Responsibilities.

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

6.4 Technology and Documentation.

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

6.5 Location of Services and Practice.

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

6.6 Training and Use of Current Technology.

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

STANDARD VII PROFESSIONAL EVALUATIONS

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

7.1 Performance of Forensic Services.

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

7.2 Testimony in Legal Proceedings

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

7.3 Competence.

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

7.4 Informed Consent.

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

7.5 Avoiding Conflicts.

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

7.6 Avoiding Dual Roles.

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

7.7 Separation of Custody Evaluation from Therapy.

Marriage and family therapists avoid conflicts of interest in treating minors or adults involved in custody or visitation actions by not performing evaluations for custody, residence, or visitation of the minor. Marriage

and family therapists who treat minors may provide the court or mental health professional performing the evaluation with information about the minor from the marriage and family therapist's perspective as a treating marriage and family therapist, so long as the marriage and family therapist obtains appropriate consents to release information.

7.8 Professional Opinions.

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

7.9 Changes in Service.

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

7.10 Familiarity with Rules.

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

STANDARD VIII FINANCIAL ARRANGEMENTS

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

8.1 Financial Integrity.

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

8.2 Disclosure of Financial Policies.

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

8.3 Notice of Payment Recovery Procedures.

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

8.4 Truthful Representation of Services.

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

8.5 Bartering.

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

8.6 Withholding Records for Non-Payment.

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

STANDARD IX ADVERTISING

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

9.1 Accurate Professional Representation.

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

9.2 Promotional Materials.

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

9.3 Professional Affiliations.

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

9.4 Professional Identification.

Marriage and family therapists do not use any professional identification (such as a business card, office sign, letterhead, Internet, or telephone or association directory listing) if it includes a statement or claim that is false, fraudulent, misleading, or deceptive.

9.5 Educational Credentials.

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

9.6 Employee or Supervisee Qualifications.

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

9.7 Specialization.

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

9.8 Correction of Misinformation.

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

https://www.aamft.org/imis15/content/legal_ethics/code_of_ethics.aspx

Appendix C. COAMFTE Student Achievement Criteria Data for the Master's in Couple & Family Therapy

Accredited: 5/1/2014

Minimum Program Length*: [2 Years]

Advertised Program Length*: [2 Years]

Maximum Time To Complete Program*: [2.4 Years]

YEAR STUDENTS ENTERED PROGRAM**	# OF STUDENTS IN PROGRAM (OPTIONAL)	GRADUATION RATE (ADVERTISED TIME)	JOB PLACEMENT RATE***	NATIONAL EXAM PASS RATE ****(*)
2007-2008	10	80.00%	100.00%	100.00%
2008-2009	11	100.00%	70.00%	100.00%
2009-2010	13	92.31%	76.00%	100.00%
2010-2011	17	88.24%	78.00%	100.00%
2011-2012	10	100%	66.00%	100.00%
2012-2013	18	94.44%	78.00%	100.00%
2013-2014	20	100%	100.00%	100.00%
2014-2015	18	100%	100%	100.00%
2015-2016	22	100%	80%	68.2%
2016-2017	21	95.24%	100.00%	85%
2017-2018	20	95%	95%	57.89%
2018-2019	22	91%	75%	35%
2019-2020	19	89.47%	85.71%	In Process
2020-2021	26	73.08%	In Process	In Process
2021-2022	24	In Process	In Process	In Process
2022-2023	20	In Process	In Process	In Process

FT=Full-time

PT=Part-time

IP=In Process: Students from the cohort listed have yet to graduate from the cohort year listed or the minimum duration of clinical work has not been met (Data is still being collected or not yet available).

* Graduation Rate is the program's Advertised Length of Completion which is how long the program is designed to complete as written.

** Job Placement Rate is the percentage of graduates from the cohort year that are employed utilizing skills learned in the COAMFTE accredited program.

*** Licensure rate is the percentage of graduates from the cohort year that have achieved ANY level of MFT licensure.

For Master's programs only, COAMFTE has established a benchmark of 70% licensure rate for each cohort. Programs are only required to provide data on the past 7 years/cohort or since the program was initially accredited, whichever is shorter.

Appendix D. Program Composition

ITEM	CURRENT STUDENTS	GRADUATES	FACULTY	SUPERVISORS
CLASS				
Class of 2024 (currently 2nd-Year students)	23	N/A	9	18
Class of 2025 (currently 1st-Year students)	25	N/A	9	18
GENDER				
Female	37 (20:17)	194	7	16
Male	6 (4:2)	20	2	2
Other	5 (1:4)	1		
ETHNICITY				
Nonresident	1(0:1)	4	0	0
Black, Non-Hispanic	5 (3: 1 st years; 2: 2 nd years)	24	3	3
American Indian/Alaskan Native	1 (1:0)	0	0	0
Asian/Pacific Islander	2 (0: 1 st years; 2: 2 nd years)	9	2	1
Hispanic	2 (0: 1 st years; 2: 2 nd years)	9	1	0
White, Non-Hispanic	36 (21: 1 st years; 15: 2 nd years)	173	2	14
Biracial	1 (0:1)		1	
Other	1 (0:1)			

Appendix E. PA State Licensing Board Regulations

Relevant State Licensing Regulations:

<https://www.pacode.com/secure/data/049/chapter48/chap48toc.html>

(1) <i>Human development</i> (3 courses minimum-9 semester or 12 quarter or 135 didactic contact hours). s, w, m
(i) Courses in this area shall provide knowledge of individual personality development and its normal and abnormal manifestations.
(ii) Coursework shall cover human development across the life span, including special issues that affect an individual's development (that is, culture, gender and human sexuality).
(2) <i>Marriage and family studies</i> (3 courses minimum-9 semester or 12 quarter or 135 didactic contact hours). Courses in this area shall be a fundamental introduction to family systems theory. P, D, B,
(3) <i>Marriage and family therapy</i> (3 courses minimum-9 semester or 12 quarter or 135 didactic contact hours). G, P(tr), C
(i) Courses in this area shall have a major focus on family systems theory and systemic therapeutic interventions.
(ii) This area shall provide a substantive understanding of the major theories of systems change and the applied practice evolving from each theoretical orientation.
4) <i>Professional studies</i> (1 course minimum-3 semester or 4 quarter or 45 didactic contact hours). W (eth)
(i) Courses in this area shall contribute to the professional development of the therapist.
(ii) Areas of study shall include the therapist's legal responsibilities and liabilities, professional ethics as a marriage and family therapist, professional socialization, and the role of the professional organization, licensure or certification legislation, independent practice and interprofessional cooperation.
(5) <i>Research</i> (1 course minimum-3 semester or 4 quarter or 45 didactic contact hours). Courses in this area shall assist students
(6) <i>Practicum</i> (minimum 1 year, 300 hours of supervised direct client contact with individuals, couples and families).

48.12. General qualifications for licensure
(1) The applicant is of good moral character.
(2) The applicant has not been convicted of a felony, which shall include a judgment, an admission of guilt or a plea of nolo contendere, under The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § § 780- 101—780-144), or of an offense under the laws of another jurisdiction, which, if committed in this Commonwealth, would be a felony under The Controlled Substance, Drug, Device and Cosmetic Act, unless the following apply:
(i) At least 10 years have elapsed from the date of conviction.
(ii) The applicant satisfactorily demonstrates to the Board that the applicant has made significant progress in personal rehabilitation since the conviction, so that licensure of the applicant would not be expected to create a substantial risk of harm to the health and safety of the applicant's clients or the public or a substantial
48.21. Prohibited conduct. Sexual intimacies between a licensed marriage and family therapist and a current client/patient, or an immediate family member of a current client/patient, are prohibited.
48.22. Former sexual partners as clients/patients. Licensed marriage and family therapists may not accept as client/patients individuals with whom they have engaged in sexual intimacies.
48.23. Sexual intimacies with a former client/patient or an immediate family member of a former client/patient.
(a) Sexual intimacies between a licensed marriage and family therapist and a former client/patient, or an immediate family member of a former client/patient are prohibited for 7 years following the termination of the professional relationship.

(b) Following the passage of the 7-year period, licensed marriage and family therapists may engage in sexual conduct with a former client/patient, or an immediate family member of a former client/patient which is not exploitive. In determining whether the conduct is exploitive, the licensed marriage and family therapist shall consider all of the following:
(1) The amount of time that has passed since the professional relationship terminated.
(2) The nature and duration of the therapy.
(3) The circumstances of termination.
(4) The client/patient's personal history, for exam
(5) The client/patient's current mental status.
(6) Statements or actions made by the licensed marriage and family therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the client/patient.

Appendix F. State Licensing Requirements for Each State

<https://drive.google.com/file/d/1-UdnjBwFPPFXHwiTNsMqrukDNrAWvaiF0/view?usp=sharing>



Acknowledgment Instructions:

Please sign, and date this form and email it to florda.priftanji@jefferson.edu.

I hereby acknowledge that I have received and reviewed the licensing regulation of each US state and province in the US from the Couple & Family Therapy Program at Thomas Jefferson University. I understand that if I have any questions about licensure or if I encounter any problems, it is my responsibility to seek clarification from the State Board of the state or province where I decide to pursue licensure.

I also acknowledge that

- the Thomas Jefferson University CFT program meets the minimum educational and clinical requirements for licensure in the Commonwealth of Pennsylvania.
- state and provincial licensure board clinical requirements may exclude including teletherapy/telemedicine and tele-supervision hours towards an applicant's licensure application.
- I have reviewed the licensure board regulations in the state I anticipate sitting for licensure.
- the program cannot guarantee that the degree requirements, in part or full, satisfy the licensure regulations for any other state or provincial licensing board.

Student Name (print)

Student Signature

Date