Couple and Family Therapy Program
Student Handbook

Jefferson College of Health Professions
Jefferson University
2018-2019
Student Academic Handbook Receipt and Acknowledgement

I have access to a copy of the Jefferson University Master’s of Couple and Family Therapy Student Academic Handbook for 2018-2019.

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 Marriage and Family Therapy program. I further understand it may be amended at any time. In that case, changes will be communicated to me in writing.

I understand and agree that the minimum requirements for graduation from the Marriage and Family Therapy program include 500 client contact hours, 200 of which must be couple/family hours, and 100 hours of supervision, including 50 hours of individual supervision and 50 hours of raw data (live or video) supervision. I understand that this will be accomplished within the context of the 24 months of the program. In accordance with COAMFTE standards, the weekly ratio of client contact hours to supervision must be 5:1 (10 hours of client contact to 2 hours of supervision each week). I also understand that I will be provided with the opportunity to be a part of the development of my caseload.

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.

___________________________________                __________________________
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://jefferson.blackboard.com -> Community -> Couple and Family Therapy Program -> Information -> Handbooks & Guidelines
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Welcome
Welcome to the Jefferson University/Council for Relationships Couple and Family Therapy program. The CFT program is accredited by the Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) and the University is accredited by the Middle States Association of Colleges and Schools. 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 think you will find the program challenging at many levels-academically, emotionally, and professionally. You will be exposed to new ideas about how to view relationships and how to create change within relationships for the purpose of healing. In that process you will grow as a person and therapist and learn to use yourself as the instrument of change. This process will not always be easy, but we hope that in the end you will feel it was well worth the effort.

The Handbook is designed to help guide you on your path over the next two years. It contains much of the information necessary to complete your journey successfully. It was designed to work in conjunction with other official University documents and policies. It is your responsibility to be familiar with 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 (https://jefferson.blackboard.com/webapps/blackboard/execute/modulepage/view?course_id=_1328_1&cm_p_tab_id=_2062_1&editMode=true&mode=cpview).

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, a supervisor, the program director 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 and will emphasize ethical behavior in your development as a therapist. As a couple and family therapist the focus of your training will be on systemic/relational models of psychotherapy. As part of your requirements for completing the program you will need to earn at least 500 hours of direct client contact, 200 of which must be with couples and families; earn at least 100 hours of supervision, 50% of which must be using raw data.

Welcome to the program, we are glad to have you with us and we wish you the best of luck in successfully completing the program.

Kenneth W. Covelman, Ph.D.
Program Director
Couple and Family Therapy Program

I. Introduction

Welcome to the Couple and Family Therapy Program at 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 Jefferson University College of Health Professions Student Handbook and the Jefferson College of Health Professions Course Catalog, and students in the Program are expected to familiarize themselves and comply with both documents. The faculty and staff of the Couple and Family Therapy Program along with the staff of the Council for Relationships 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 of Jefferson University

Our Mission: We Improve Lives.

Our Vision: Reimagining health, education and discovery to create unparalleled value.

Our Values: The behaviors our employees demonstrate daily to patients and their fellow staff enable Jefferson to continue achieve its mission. Jefferson's values define who we are as an organization, what we stand for, and how we continue the work of helping others that began here nearly two centuries ago. These values are:

- **Put People First**
  Service-Minded, Respectful & Embraces Diversity
- **Be Bold & Think Differently**
  Innovative, Courageous & Solution-Oriented
- **Do the Right Thing**
  Safety-Focused, Integrity & Accountability

For information about the mission of Jefferson University please refer to the following: [https://issuu.com/jeffersonedu/docs/jefferson-code-of-conduct?e=14423217/36862241](https://issuu.com/jeffersonedu/docs/jefferson-code-of-conduct?e=14423217/36862241)

Notice of Equal Opportunity

The Couple and Family Therapy Program of the College of Health Professions 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, socioeconomic status or any other protected characteristic. The consideration of factors unrelated to a person's ability, qualifications and performance is inconsistent with this policy. Any person having inquiries or complaints concerning 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 or Human Resources – Employee Relations, who have been designated by Jefferson University to coordinate the institution's efforts to comply with the these laws. Any person may also contact the Assistant Secretary for Civil Rights,
III. Mission of Jefferson College of Health Professions

For information about the mission of Jefferson College of Health Professions please refer to the following:

IV. Program Mission Statement, Philosophy, Curriculum Design, and Identified Outcomes

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. The goals of the faculty are to teach students the skills to be 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 curriculum is designed around two major foci, the nature of couple and family relationships in all of 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 through the use of 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).”

The program subscribes to the Standard Occupational classification of the Bureau of Labor and Statistics which states that marriage and family therapists are qualified to “diagnose and treat mental and emotional disorders, whether cognitive, affective and behavioral, within the context of marriage and family systems. [They] Apply psychotherapeutic and family systems theories and techniques in the delivery of
professional services to individuals, couples and families for the purpose of treating such diagnosed nervous and mental disorders.”

Key to the philosophy and curriculum design of the Couple and Family Therapy Program are 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 of 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 as a result 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.

In an effort to provide a more rigorous framework for understanding and measuring Program goals, the following desired outcomes have been identified:

**Student Learning Outcomes:**

A. 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 in order to graduate.**

B. 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.

C. 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.

D. 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.

E. 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.

F. 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 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.

D. The faculty will demonstrate a commitment to clinical practice as measured by an 80% rate of ongoing practice participation.

E. 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.
V. Council for Relationships: History, Mission, and Affiliation with Jefferson University

The Council for Relationships is an outgrowth of the pioneering work of Emily Mudd, Ph.D., in the field of sexual and marital counseling. In 1932, she helped found the Marriage Council of Philadelphia, which initially focused on providing women with information on birth-control. Under her direction the Marriage Council, now the Council for Relationships, became the first center in the country to establish a program to evaluate the effectiveness of counseling. In the mid-1950’s, it was one of three centers in the nation with an accredited training program for marriage counselors. Dr. Mudd was a founding member of the American Association of Marriage Counselors and presided over the organization in 1954-55.

The Council for Relationships is now one the largest outpatient treatment centers in the country—with fourteen offices throughout the region-specializing in couple and family therapy. It is a private, not for profit center with a large multi-disciplinary staff including psychologists, social workers, couple and family therapists and psychiatrists who provide clinical services to over three thousand clients per year. In addition to individual, couple and family therapy, Council for Relationships offers a variety of psycho-educational programs for clients, offers psychiatric services, conducts on-going research into relationship issues and is committed to training mental health professionals in couple and family therapy.

The history of the 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. During this time Council for Relationships faculty have held clinical appointment to the Department of Psychiatry and have participated in teaching and training psychiatry residents in couple and family therapy. 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.

The core faculty for the Couple and Family Therapy Program of Jefferson University are all active members of the Council for Relationships and the Couple and Family Therapy Program is a joint endeavor of Council for Relationships and Thomas Jefferson University.

VI. Curriculum

<table>
<thead>
<tr>
<th>First Year</th>
<th>Credits</th>
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<tbody>
<tr>
<td><strong>Fall Semester</strong></td>
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<tr>
<td>CFTP 501 Theory &amp; Practice of Family Therapy I</td>
<td>3</td>
</tr>
<tr>
<td>CFTP 503 Foundations of Systemic Practice</td>
<td>3</td>
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<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CFTP 509</td>
<td>Theory and Practice of Couple Therapy</td>
</tr>
<tr>
<td>CFTP 505</td>
<td>Life Span Development from a Systemic Perspective</td>
</tr>
<tr>
<td>CFTP 506</td>
<td>Practicum I</td>
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**Spring Semester**

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<tr>
<td>CFTP 502</td>
<td>Theory &amp; Practice of Family Therapy II</td>
<td>3</td>
</tr>
<tr>
<td>CFTP 513</td>
<td>Systemic/Relational Assessment &amp; Mental Health Diagnosis &amp; Treatment</td>
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</tr>
<tr>
<td>CFTP 514</td>
<td>Group &amp; Community Based Interventions</td>
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<tr>
<td>CFTP 511</td>
<td>Introduction to Sex Therapy: Concepts in Human Sexuality</td>
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<td>CFTP 507</td>
<td>Practicum II</td>
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<td>CFTP 512</td>
<td>Live Supervision I</td>
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<tr>
<td>CFTP 508</td>
<td>Practicum III</td>
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**Second Year**

**Fall Semester**

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<td>CFTP 601</td>
<td>Implications for Diversity in Practice</td>
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<tr>
<td>CFTP 602</td>
<td>Research in Couple and Family Therapy</td>
<td>3</td>
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<tr>
<td>CFTP 603</td>
<td>Advanced Sex Therapy I*</td>
<td>3</td>
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<tr>
<td>or</td>
<td>CFTP 605 Issues of Violence and Abuse in the Family **</td>
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<tr>
<td>CFTP 606</td>
<td>Live Supervision II</td>
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<td>CFTP 607</td>
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<td>Professional, Ethical, and Legal Issues in Couple and Family Therapy</td>
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<tr>
<td>CFTP 611</td>
<td>Medical Family Therapy**</td>
<td>3</td>
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<tr>
<td>or</td>
<td>CFTP 604 Advanced Sex Therapy II *</td>
<td>3</td>
</tr>
<tr>
<td>CFTP 612</td>
<td>Families in Transition</td>
<td>3</td>
</tr>
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<td>CFTP 613</td>
<td>Masters Project</td>
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<td>CFTP 608</td>
<td>Practicum V</td>
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**Summer Session**

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<tr>
<td>CFTP 608</td>
<td>Practicum V (continued, if needed)**</td>
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*Sex Therapy Track Course

**Couple and Family Therapy Track Course

***As it is possible may be required to complete Practicum V through the summer (June through August) of their second year. Until students complete the requisite 500 clinical hours, students will receive an I/P in Practicum V.

**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 a faculty advisor. The project must demonstrate the
student’s mastery of the academic area chosen and attempt to integrate his or her clinical interests within a scientific framework. The students will be expected to produce a written work product that meets the academic requirements described below and to present his or her work to the program faculty and his or her peers in a supportive learning environment.

Materials for the Master’s Project are found on Blackboard under the following: Blackboard Learn -> Community -> Couple and Family Therapy -> Content -> Master's Project Master's Project 2019

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 student advisor 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 MFT 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. For example students may participate in Behavioral Rounds in the Department of Community and Family Medicine as well as provide couple and family therapy at placements in community partnership agencies.

**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.**

**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 additional courses — Advanced Sex Therapy I & Advanced Sex Therapy II — in addition to the required courses. These specialized courses include the study of specific sexual dysfunctions, the sexual needs and experiences of various special populations, the nature
of sexual satisfaction, and the specialized skills necessary to facilitate a therapeutic experience integrating individual, couple and sex therapy for their clients. They will 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. In addition, students will be placed at a community placement site where they will provide therapy to some clients with sexuality-related issues as well as to clients with a wide variety of other presenting problems. **Students will be offered an opportunity to elect placement in the Sex Therapy Track during their second semester of their first year by completing a statement of interest and submitting it to the Director of the Sex Therapy track. Admission into this track requires successful completion of the Introduction to Sex Therapy course and agreement of the sex therapy professors.** During the second year sex therapy students will receive clinical supervision from one of the following, an experienced sex therapist, an AASECT-Certified Sex Therapist or an AASECT-Certified Sex Therapy Supervisor.

**VIII. 2018-2019 Faculty**

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**IX. List of Offices and Directors**

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790 Penllyn Blue Bell Pike
Blue Bell, PA 19422

Bryn Mawr – Laurel Roe, MS CHR, MFT
Middleton Center, 625 Montgomery AvenueBryn Mawr, PA 19010

Exton – Kerstin Miller, MDiv
317 Exton Commons
Exton, PA 19341
Oxford Valley – Elyse Batoff, MA, LMFT
1 Oxford Valley Mall, Suite 310
Oxford Valley, PA 19047
X. 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 of the Graduate Assistantship Program (William Coffey, MSS, LCSW, William.Coffey@jefferson.edu). You will receive further instructions on the application process.

Graduate Assistants are expected to follow all policies and procedures mandated by the Department and by the Financial Aid Office, which will be detailed during the Graduate Assistant Orientation.

XI. Student Services

A number of services are available for students in the Couple and Family Therapy Program. A full listing of these services can be found in the Jefferson College of Health Professions Catalog (http://www.jefferson.edu/university/campus-life/student-affairs.html)
These services include but are not limited to the following:

**Student Personal Counseling Center (SPCC)**

Department of Psychiatry and Human Behavior  
833 Chestnut Street, Suite 230  
Philadelphia, PA  19107  
(215) 503-2817

HOURS  
Monday–Friday  
9:00 am–5:00 pm

“Our SPCC counselors are available to provide assistance and guidance students need to achieve personal and academic success. There are many benefits to counseling including improved relationships with friends and family, better stress management and increased health and well-being. All concerns are taken seriously — no problem is “too small” to talk about.”

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**

http://www.jefferson.edu/university/teaching-learning/writing-center.html

**XII. General Policies and Procedures**

**Outside Work Policy for Students**

The official policy of the Couple and Family Therapy Program regarding students working while they are enrolled in the master’s program is that while students are allowed to work, 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 comes up on short notice. The master’s program is a fulltime 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 JCHP Handbook and following link:
https://w3.jefferson.edu/registrar/tuition/

Academic Performance Policies
Students are expected to meet all minimum academic performance requirements listed in the Jefferson College of Health Professions Student Handbook and the Couple and Family Therapy Program Student Handbook. A student who fails to maintain a cumulative grade point average (GPA) of at least 3.0 will be placed on academic probation for one semester. At the end of the probationary period the student will be reinstated in good standing if he or she increases his or her GPA to at or above the minimum threshold of 3.0. If the student fails to increase his or her GPA to at least this level at the end of the semester, he or she will be dismissed from the program for academic underachievement. In extraordinary cases, the Program Director may recommend granting an additional probationary semester to a student who has made significant progress toward achieving the minimum GPA.

Additionally, a student may earn only one C+ or C in his or her graduate curriculum. A student who earns a C or C+ will be placed on academic probation for one semester and must receive no less than a B in all courses to be restored to full academic standing. A student who receives a second grade of C+ or C, at any point in future will be dismissed from the program for academic underachievement regardless of the student’s overall grade point average.

A student who earns a grade less than C (C- or lower) in any course will be dismissed from the program for academic underachievement regardless of the student’s overall grade point average.

Extra Credit Policy: Faculty may, at their discretion, provide extra credit assignments to students who are receiving a grade of C+ or below in a course. Extra credit assignments may enable such students to raise their course grades to a passing level, however extra credit assignments may never allow a student’s course grade to rise above a grade of B. If an extra credit assignment were to cause a student’s course grade to rise above a grade of B, the grade rises to a B instead. Faculty may not assign extra credit to students who are already receiving a passing grade in a course.

Incomplete Policy:
The program policy regarding the awarding of an Incomplete aligns with the College of Health Professions Policy which is cited below.
Questions about policies can be discussed with the student’s faculty advisor or the Program Director. Specific course requirements as described in course syllabi take precedence over general policies.

ACADEMIC PROBATION AND DISMISSAL
To be considered in good academic standing, the student must maintain a minimum cumulative grade point average of 2.0 in undergraduate programs and 3.0 in
graduate programs, and satisfy the academic performance requirements/special program requirements of not only the College, but his/her respective program. Students enrolled in the health professions programs who do not maintain a minimum 2.00 cumulative grade point average in undergraduate programs or a 3.00 cumulative grade point average in graduate programs will be placed on academic probation for one semester. If a student is enrolled in courses totaling fewer than 12 undergraduate credits or nine graduate credits during the subsequent semester, the probationary period will be extended to two semesters. At the end of the probationary period: 1. The student achieves the minimum cumulative grade point average and is reinstated in good standing, or 2. The student fails to achieve the minimum grade point average at the end of the probationary period and is dismissed from the College for academic underachievement, or 3. In extraordinary cases, where the student has made significant progress toward achieving the minimum grade point average, the Program Director may recommend granting one additional probationary semester.

If, at the conclusion of the extended probationary semester, the cumulative grade point average is still below the minimum (2.00 in undergraduate programs, 3.00 in graduate programs), the student is dismissed for academic underachievement. Students who fail to meet College and/or program regulations pertaining to academic standing will be placed on College/program academic probation or be dismissed and are subject to the policies regarding progression within their respective colleges/program to regain or retain student status. Actions related to academic probation and dismissal must be reviewed by both the College/program Committee on Student Affairs and the Office of the Dean before action can be taken.

Any student dismissed from or required to withdraw from a College or a program because of academic underachievement, and subsequently readmitted to a College or program, must achieve a semester grade point average of 2.00 in undergraduate programs or 3.00 in graduate programs for the semester in which he or she was readmitted. If the student fails to do so, he or she will be dismissed. Furthermore, if such a student has a cumulative grade point average of less than the minimum stipulated at the end of the semester in which he or she was readmitted, he or she must raise the cumulative grade point average to the minimum by the end of the following semester or be dismissed. The student’s respective Program Director will indicate any requirements that the student must meet upon readmission. Any student who is readmitted with identified Program requirements may be exempted from the guidelines in this paragraph; that student will be held responsible for meeting the criteria of academic performance established with the program.

**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 violations of the AAMFT ethical code, for 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.

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 their clinical supervisor, 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 technical 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) in a timely manner (see pgs. 33-36). 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.

**Standards of Student Conduct**

The Couple and Family Therapy Program adheres to the standards of conduct for students as described in the Student Handbook of the College of Health Professions, but is not limited by those standards. The program in addition 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 Council for Relationships.

**Policy on Student Safety (Safe Climate in the Classroom)**

The MFT 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 clinic, faculty and students will not act in a discriminatory manner in regards to students’ 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 complimented by the community standards policy of the university [www.jefferson.edu/handbook](http://www.jefferson.edu/handbook). This is a university policy that establishes certain guidelines to create a safe environment which 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 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 above makes you aware of Grievance Officers at the institution and describes the proper steps to take with a grievance.


**College of Health Professions Medical Leave of Absence Policy**

Please refer to the JCHP Handbook:

**University Social Media Policy**

Please refer to the Jefferson University Handbook:

**Advisers**

Every student will be assigned to an adviser who will assist the student with academic issues, program issues, and other issues pertinent to their progress through the program. Students can initiate meetings with their adviser as needed and will also be expected to meet with their adviser on a schedule determined by the adviser.

**Eligibility for Licensure**

Eligibility for licensure is determined on a state by state basis and students are encouraged to communicate with the state licensing board in the state in which they intend to practice to determine eligibility requirements. The curriculum of The Couple and Family Therapy Program at Jefferson University was designed to meet the academic requirements of all state licensing boards at the time of its design. 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 www.ST-SOCIALWORK@state.pa.us. Information on other state’s requirements can be found at the American Marriage and Family Therapy Regulatory Board’s website www.amftrb.org.

**Professional Organizations**

Student Membership in AAMFT Students are required to join AAMFT as student members in the Fall semester. See www.aamft.org for on-line application procedures. Then, inform the Administrative Coordinator of the program that you have joined.

**Transfer of Graduate Credits**
A student wishing to transfer credits for a graduate course with a grade of B or higher, earned at another institution, must submit a written request to the Program Director of the Couple and Family Therapy Program at Jefferson. The request must include a course description, a syllabus and an official transcript from the outside institution if not already included in the student’s academic file. The Program Director will submit the request to the appropriate committee for review and communicate the transfer of credit decision to the student.

**Criminal Background Check, Including Fingerprint and Child Abuse Check**

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. 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. 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.

**Technical Standards for Couple and Family Therapy Student Performance in Classroom and Practicum 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.


**Program Guideline in Regard to Missed Examinations/Quizzes**
If a student misses an examination due to an unexcused absence, the student will lose one full grade from their examination score and the student will need to make up the examination at the discretion of the faculty member teaching the course. This will apply to the time at which the make-up is given and due and the form of the make-up examination. This same policy will apply to unexcused absences that cause a student to miss a quiz.

**Class Participation Rubric**
Found on your course syllabi as well as under the following:
Blackboard Learn -> Community -> Couple and Family Therapy -> Information ->
Handbooks and Guidelines -> Class Participation Rubric

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

Students will be informed of significant changes to this policy should they occur.

Kenneth W. Covelman, Ph.D.
Program Director, of Couple and Family Therapy Program

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.

XIII. 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. Practica are divided into two levels: beginning and advanced. Beginning practica occur in the first year of training and focus on helping students develop basic assessment and couple, family, sex and individual therapy skills. Advanced practica 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 practica 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. In order 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 two faculty members in a practicum orientation 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. Topics covered will include how to structure initial sessions, how to begin couple and family assessments, and how to contract with clients. In addition, the orientation may include presentations on clinical issues such as suicide, affairs, addictions, diversity and person of the therapist issues. Students are observed during the orientation to identify anyone who displays signs they may need more preparation before beginning to see cases. Excessive anxiety, poor affect regulation or extreme cognitive or behavioral rigidity are some indicators that may suggest that a student needs further preparation before beginning a practicum. A decision to slow or postpone assignment of cases can be made by the Program Director or the therapist’s supervisor based on these observations.
5. Subsequent to the orientation, students must meet with their assigned supervisors to process their experience and review administrative procedures before cases are assigned. The ability to function effectively as a clinician requires both skill and personal functioning which is relatively free from anxieties and psychopathology. The clinical student is expected to obtain personal therapy outside of the Council for individual problems which would adversely affect the ability to function well with clients.

6. Students will be expected to follow the rules and procedures of the practicum placements to which they are assigned, including clinical procedures, dress codes, codes of professional behavior and participation in staff meetings as necessary.

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 for a non-University City placement, please see the Director of the relevant placement.

9. As a part of this program and your clinical practicum students are required to complete their clinical notes (PRNs) in a timely manner (see pgs. 33-36). 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.

**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.

Health Mentors Program Policy

Participation in the Health Mentors program is mandatory and is part of the clinical practicum. Failure to successfully complete the program will result in a failure for the practicum. **Students will receive direct clinical individual hours for each face to face hour they meet with their health mentor. They will receive supervisory hours for the scheduled meetings with the Health Mentor faculty.** It is the students’ responsibility to make sure they arrange their schedules such that they are able to attend Health Mentors activities on a regular basis.

Clinical Supervision: General Policies and Procedures

1. The Supervision Format

All students will be assigned a supervisor prior to beginning clinical work and a new supervisor 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. In addition, if students are not being supervised by an AAMFT Approved Supervisor as part of their individual supervision they will also be required to meet during the time they are seeing cases with an AAMFT Approved Supervisor. This supervision will take place in a group format.

1a. Students are required to attend supervision as assigned by the program. For the first year students supervision meetings will begin prior to the assignment of clinical cases.

1b. Students will be required to maintain a ratio of not less than **one supervision hour per five clinical hours** in order to graduate from the program. If at any time a student is seeing more than twelve clinical hours per week, the student must first clear this with his or her supervisor.

1c.
At least 50% of all supervision hours must be conducted using raw clinical data (audio, video, or live supervision).

1d. Supervisors are responsible for monitoring student caseloads and approving client transfers.

1e. Supervisors are responsible for the clinical work of their supervisees. Therefore, it is mandatory that interns confer with their supervisors regarding clinical emergencies, releases of information, ethical dilemmas, and at all times that they have clinical or procedural questions.

1f. Students and supervisors will develop and sign a supervision contract at the beginning of the semester which includes the student’s supervision goals and responsibilities and the supervisor’s expectations for the student and the supervisor’s responsibilities.

**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.

**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.

2. Clinical Supervision Process

2.1 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.

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

2.3 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.

### 2.4 Supervision of First Year Students.
Supervision for first year students will start before students will have assigned clients.

The supervisor will invest in getting to know the student and introduce the student to the process of supervision. The supervisor will emphasize the importance of student’s ownership of his or her learning process and encourage clinical and administrative responsibility.

The supervisor will focus on preparing the 1st year student for the client intake and first assessment sessions for individuals and possibly couples.

The supervisor is encouraged to use role-play for the student to gain practice and confidence.

The supervisor will preview safety precautions and suicide assessments.

The supervisor will introduce the student to office procedures and administrative requirements which include PRNs, Clinical Hours Report, Monthly Supervision Report and Schedule Postings for the Client Care Department.

### 3. PRNs
Students are responsible to document for all clients: an intake assessment, progress notes, a discharge summery and record all documents in the PRN system. Students are responsible not to fall behind. Progress notes are to be entered within one week of a client’s session. It is the supervisor’s responsibility to monitor the timely entry of progress notes.

The supervisor will edit or will ask the student to edit the documentation if necessary. The supervisor will sign the PRN documents after a thorough review.
It is the supervisor’s responsibility to coach the student on how to write a progress note that accurately reflects content and process of a session using the DAP format.

If the student does not follow the procedure on pg. 28 of the handbook in a timely manner, the supervisor will inform the Director of Supervision and the student will not be assigned new cases until their record keeping is up to date.

**PRNs are due on the following dates,**

**Fall semester 2018:** December 17th by 9:00am  
**Spring semester 2019:** April 29th by 9:00am  
**Summer semester 2019:** August 21st by 9:00am

Inform your supervisor as soon as you have completed all of you PRNs for the semester.

4. **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.

5. **Recording Clinical Hours**
   - Individual clients seen are counted as individual hours on the Monthly Hours Report.
   - Couple and family sessions are counted as systemic or relational. You need **500** clinical hours to finish the program, **200** of which must be systemic.
   - The protocol for counting systemic hours: a session with a single child or adolescent is to be listed as individual. If any additional family member (parent, sibling, grandparent, etc.) is included in a therapy session with the client, then that session counts as systemic. Following that family session, up to 3 sessions conducted with the client alone can be counted as systemic. Thus every month you need to conduct a family session or have a therapeutic phone call with the parent or guardian for the individual sessions to count as systemic. Please note that a therapeutic phone session is not about logistics or scheduling; it is focused on the clinical aspects of the case. The phone call should be at least 15 to 20 minutes in length.
   - 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.
   - **Up to 100 group hours may be counted toward the 500 needed, but only 50 group systemic hours can count toward the 200 needed.**

**INFLATION OF HOURS ON THE MONTHLY HOURS REPORT IS STRICKLY FORBIDDEN. IF A STUDENT IS CAUGHT INFLATING THEIR CLINICAL HOURS, THEY WILL BE DISMISSED FROM THE PROGRAM IMMEDIATELY.**

6. **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 BlackBoard Learn in a
writable PDF format. These ratings are used to ensure ongoing supervision quality. 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, he or she 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 he or she 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.

XIV. Community Partnership Initiative at Council for Relationships

A. Introduction

Couple and family therapists work in diverse settings where systemic approaches to therapy are valued for their focus on building family and community resilience. Whether tackling a health crisis, promoting educational achievement, addressing homelessness, or building emotional skills to reduce conflict and violence, the couple and family therapist brings expertise in engaging the system, evaluating strengths at multiple levels, and creating sustainable change in culturally diverse individuals, couples, families and communities. Through the Community Partnership Initiative (CPI), under the direction of Dr. Sara Corse, Shadieh Francis, MFT, and Tracey Tannenbaum, MFT, Jefferson Couple and Family Therapy students develop therapeutic skills in working with marginalized and underserved children, adolescents, adults and families and help make a difference in the lives of people in crisis.

B. Student Community Partnership 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 must commit at least 5 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 taken into account when making assignments. All placements are appropriate for students in both the Family Therapy and the Sex Therapy tracks.

C. Our School-Based Partners

The CPI partners with schools to provide therapeutic interventions on location, including individual and family counseling, classroom-based observations, teacher consultation, and psychosocial skills groups. Intervening with a student and their family in connection with the school setting can have far-reaching impact, whether working with children as young as 4, or as old as high school seniors. Not only is school-based family intervention associated with improved educational outcomes and increased family resilience for that one individual child, but for others in the classroom who benefit from the increased capacity of the teacher to address the educational needs of all, not just the behavioral struggles of a few.

The Freire Charter School (FCS) provides a college-preparatory learning experience for high school students in grades 5 - 12. It has a focus on individual freedom, critical thinking and problem solving in an environment that emphasizes the values of community, teamwork, and nonviolence, located in Center City Philadelphia. This unique placement offers an opportunity to be involved with the academic development of the students and the role the family plays in support of the process. There is an opportunity to work with the teachers and other support staff to provide a holistic approach to the therapeutic process. On-site supervision is provided by a CFR-affiliated staff member, Alphonse Pignataro, LMFT.

The Southwark School, a designated Community School, serves children in grades Pre-K to 8. It is focused on creating a safe and supportive environment and fostering a respect for diversity in the community it serves. Many of its students do not speak English as their first language, and the Southwark takes pride in using culture and diversity as a vehicle to promote creativity, problem solving skills and lifelong learning. The purpose of the school is to educate the whole child and to challenge students to reach their fullest potential in all academic areas in order to become productive members of society. Interns working at the Southwark School participate in classroom observations and provide individual and family therapy on-site.

Boy’s Latin of Philadelphia Charter is charter school for grades 6-12. The school describes itself as a collaborative community of motivated students, supportive families, and dedicated educators. It serves as a national college-preparatory model for educating boys by nurturing personal responsibility, emotional intelligence, and character development. Students are empowered to find their voice and increase their fortitude to shape scholars who are successful in college and beyond. Interns work with boys and their families on-site during school hours, and facilitate groups.
D. Our Community-Based Partners

CPI’s work in the community addresses needs in the lives of Philadelphia’s underserved families. Philadelphia currently has a poverty rate of 28% -- the highest among the nation’s 10 largest cities. Families living below the poverty line face significant challenges in their everyday lives, from providing adequate food and shelter for their children, to finding gainful employment in areas with limited job opportunities. Families experiencing severe financial difficulties often enter homeless shelters or transitional housing programs following a series of events associated with loss, trauma and social isolation: death of a family member, break-down of an intimate relationship, domestic violence, loss of employment, depression, addiction, or health issues in the family. Strengthening family relationships through therapeutic intervention can help provide support, resilience and hope to single parents, couples, family units, and emerging adults.

Project HOME (PH): The House of Hope and Peace (HHP) is a program lead by CPI Program Coordinator Shadene Francis, MFT at Rowan-Judson Homes, a PH facility near 19th and Judson St. in North Philadelphia. The core of the program is a therapeutic activity group for children aged 5-14, with a focus on grief and loss. This group has two branches: a children’s group for youth aged 5-10, and a pre-teen group for those aged 11-14. While the focus is on grief and loss, the intention of the therapeutic activity group is to engage the participants in healthy emotional expression and social interaction. Families of the children attend monthly activities and are also engaged in individual, couple and family therapy when appropriate.

Families Forward Philadelphia (FFP) focuses on the persistent problems of homelessness and poverty in Philadelphia, with an emergency shelter, a transitional housing program, intensive case management, employment support and intensive out-of-school services. They target services to “large” homeless families (families with three or more children). Shadene Francis facilitates programming and coordinates the partnership at FFP. Interns co-lead groups and provide individual, couple, and family therapy.

Help Philadelphia (HELP) is a transitional housing facility that provides services for homeless mothers with very young children. Their mission is to build self-sufficiency among homeless and low-income families by teaching key skills necessary for independent living, such as self-esteem, parenting, employment, education, and health care. CPI Clinical Specialist Tracey Tanenbaum, MFT facilitates programming and coordinates the partnership at HELP. Interns have the opportunity to work one-on-one with families, co-lead groups and run therapeutic play groups on site.

HomeFront’s mission is to end homelessness in Central New Jersey by harnessing the caring, resources and expertise of the community. We lessen the immediate pain of homelessness and help families become self-sufficient. The Family Preservation Center accommodates 38 families, giving them on-site access to childcare, job training and other services designed to break the cycle of homelessness. Interns provide individual, group and family therapy on-site. 101 Celia Way, Ewing, NJ.
Mother’s Home (MH) is a residential shelter that provides a safe haven for vulnerable, pregnant women who are in crisis. The women can stay at Mother’s Home until their infant reaches the age of 6 months. MH encourages residents to celebrate the joy of new life while preparing to become independent young women and caring mothers, promoting empowerment and self-sufficiency. Interns work with these principles in mind and co-facilitate groups and conduct individual therapy on-site.

Philadelphia Interfaith Hospitality Network (PIHN) provides assessment and referrals, emergency housing, supportive service and transitional housing to homeless families. Equipped with new skills and relationships, 92% of families do not return to shelter programs after their PIHN experience. PIHN offers a safe and child-friendly alternative to more chaotic public shelter settings, allowing families to remain intact. Interns provide therapeutic play groups, parenting support groups and family therapy to current and alumni families of PIHN.

Eliza Shirley provides emergency housing services for families in Philadelphia. It serves as an intake site to provide short-term housing and intermediate placement for families. The Eliza Shirley House has two missions: to provide short term lodging, meals and immediate needs to displaced families; and to provide longer term residential counseling, social work and referral services to homeless single and pregnant women 18 or older. Interns at Eliza Shirley work collaboratively with medical students from Jefferson University to provide brief on-site therapy and support groups for women and children.

Acts Christian Transitional Services (ACTS) is a non-profit agency providing shelter and services to homeless families in Philadelphia. Parents and children attend school or treatment during the day and are housed in shared dormitory-style rooms to encourage interaction and support. Interns at ACTS work collaboratively with medical students from Jefferson University, who provide free medical screenings and treatment through the JeffHope program. Interns provide individual, family, and group therapy for women and children. On-site supervision is provided by Omari Baye, LMFT, director of ACTS.

Red Cross House is a short-term recovery center for families displaced by disaster, such as fire or flood. Residents stay an average of 21 days. Families are often struggling with the loss of home, dislocation from their neighborhood and other support networks and may have lost loved ones in the disaster. CFT interns provide workshops on stress management, self-care, dealing with grief and loss, and recovery from trauma. Supervision is provided by CFR staff member Tracey Tanenbaum, MFT. The group occurs monthly.

Nationalities Services Center (NSC) is a ninety-five-year-old organization that provides comprehensive services to immigrants and refugees in the Philadelphia area. They provide language access and proficiency, legal, refugee resettlement, and health and wellness service. As part of their standard practice, NSC administers the “Refugee
Health Screener 15” to all of its participants, and through this measure identified that 65% of them are positive for emotional distress. Interns at this location work in the health and wellness program to provide, individual, couple, group and family therapy, primarily with refugees who have been in the US for two years or less. Interns work with the assistance of a translator. Training is provided regarding refugee issues, cultural competency, and therapy with a translator. This is a particularly good fit for interns who speak Spanish, Arabic, French and other languages. Program oversight is provided by Tracey Tanenbaum.

Structure of Supervision:
All clinical cases seen through your CPI practicum are supervised by your Jefferson/CFR supervisor. Make sure you discuss these cases with your supervisor weekly. In addition, an on-site supervisor at each location offers support for working with the specific population at that site, and may connect you with opportunities to run groups, see clients and collaborate with agency staff. They are also your point of contact for an emergency question or concern.

Documentation Requirements:
Documentation Requirements for CPI Cases:

All cases seen through your community partnership are considered clients of CFR and are therefore subject to the documentation requirements set forth in the handbook under “Council for Relationships Clinical Policies and Procedures” with the following clarifications:

1. **Client intakes** are managed through the on-site supervisor at your community placement, not through the CFR Client Care department.

2. **Documentation of Individual, Couple or Family Sessions:**

   **Intake:** Every individual, couple or family therapy case seen through CPI must complete the same intake forms as someone seen at a Council for Relationships office (demographic form, consent form, HIPAA form). Use your discretion when supporting the client to complete these forms, being sensitive to issues of literacy, not having a permanent address or an income, etc. It is acceptable that the demographic form indicates simply client name, age, date of birth, phone number and address, with the address being that of the agency if the client does not have a residential address. In the event that a client does not have a phone, please use the phone number of their case manager and indicate that on the form.
**Session Tracking:** At the end of each session, fill out a CPI fee slip. You only need one fee slip per session, but all persons present must be on the slip. Be sure to use the appropriate CPT code: 90791 for intake sessions, 90837 for individual sessions, or 90847 for couple and family sessions.

**Remember:** Submit the demographic form and the fee slip for the first session to CPI Coordinator Shadeen Francis (use an interoffice mailing envelope and place it in Shadeen’s mailbox at the CFR UC office) as soon as possible after seeing the client for the first time. This will initiate the assignment of a client ID for you to use in your PRN and for subsequent fee slips.

**Clinical Documentation:** All sessions must be documented in the PRN system (intake, progress notes, discharge summary). Your Jefferson/CFR supervisor must sign off on these records as with any other client you are seeing.

3. **Documentation of Therapeutic Groups:**

**Intake:** Group attendees do not need to complete the CFR intake forms. You may elect to use a support group consent form to reinforce group guidelines.

**Session Tracking:** Every person attending a group will need to be represented on a separate CPI fee slip. You will not have a client ID but will need a first and last name to put on each slip. Use the following procedure codes, as appropriate: Use the following procedure codes: 90849 for multiple-family group (systemic), 90853 for group therapy (unrelated individuals, non-systemic).

**Clinical Documentation for groups:** For each group session, complete a Group Attendance and Progress Note (form on Blackboard), listing group participants with their age, gender, a brief note about their participation and progress and the plan for supporting their progress. Complete one Group Attendance and Progress Note for each group session. If more than one intern is facilitating the group, take turns completing the form or have each intern report on a subset of the group participants. Please list the names of all facilitators on the form. The Group Attendance and Progress Note must be completed and submitted to Shadeen Francis within 72 hours. Remember, a fee slip must be created and submitted for every group attendee, as described above.

Submit the Group Attendance and Progress Note via email or hardcopy to Shadeen Francis’ CFR UC office mailbox, or via email to sfrancis@councilforrelationships.org. If emailing, please put the name of the placement and the date of the session in the subject line (e.g. “House of Hope and Peace March 5th Group Note), and cc your co-facilitators and your Jefferson/CFR supervisor on the email.

4. **Videotaping of sessions is desirable**, with client and on-site supervisor agreement.

5. **Remember to include your CPI clinical activities in your Monthly Supervision Report.**
6. Evaluation: Your development of clinical skill for CPI will be evaluated by your Jefferson/CFR supervisor along with your end of semester evaluation, and by your CPI on-site supervisor in May of each year. Meanwhile, please seek feedback at any time if you are concerned about your performance. Bring any major issues to the attention of the CPI Director (Sara Corse) and CPI Program Coordinator (Shadeen Francis).

What Counts as a Systemic Hour in CPI Work?

As with your work at any CFR office, your CPI cases will be with individuals, couples, families, groups of unrelated individuals and multifamily groups. A case is considered systemic if you include two or more family members, such as a couple, a parent and child, two or more siblings or adult family members. The case is to be listed as individual unless you include a family member in the therapy session. **Up to 3 sessions with the client alone after the family session can be counted as systemic.**

It is important to engage the family system in helping a child or adolescent. You can make sure you are working systemically by including a parent or other family caregiver in the child’s session on at least a monthly basis. If you cannot schedule face to face with the parent (which is sometimes the case in school settings), you can conduct regular therapeutic phone sessions. Therapeutic phone sessions are clinically substantial and do not include discussing logistics or setting up appointments. The phone call should be at least 15 to 20 minutes in length and explore the clinical aspects of the case.

A group session is considered systemic if there are any family relationships together in the group, as with siblings in a therapeutic activity group or partners in a parenting or adult support group.

100 (of the required 500 hours for completion of the program) can be group sessions. 50 of the 100 can be group-systemic and 50 can be group-individual.

**CPI Clinical Screening, Emergencies, Child Abuse Reporting, etc.:**

**Screening** of CPI clients for the appropriateness of treatment with an intern is different from the general CFR procedures. While the same guidelines exist (see section II. New Clients and Intake Procedures, D. Screening of clients, below), the decision to treat a client is made collaboratively with the CPI staff supervisor and must take into account the other supports available to the client (case manager, on-site programming, outpatient treatment, etc.). Consult with your CFR supervisor, the on-site CPI supervisor and the CPI Director or Program Coordinator if you are concerned that the client will not benefit from treatment with you because of the acuity of their clinical concerns (active psychosis, addiction, domestic violence, etc.).

**Emergencies:** Should a clinical emergency arise while on-site at CPI, contact your on-site supervisor immediately. If that person is not available, find another staff member to
help. Contact your CFR supervisor, the Director of CPI and the CPI Program Coordinator as soon as possible to report the incident and seek supervisory help.

**Child Abuse Reporting, etc.:** Should you suspect child abuse because of what you have observed, or what you have learned by talking with a child or an adult who interacts with the children, you are required by law to report this. Mandatory reporter training is part of your education at Jefferson, and the guidelines can be found in this Handbook. In addition to the procedures for reporting, for any CPI-related child abuse reporting situation, you must contact your CFR supervisor, your on-site supervisor at the CPI site and the CPI Director. It is important to include the CPI site supervisor (or executive director) right away, as they have on-going contact with and responsibility for families in their care. You are the mandated reporter, but your supervisors are there to support you through the process. Make sure to communicate with all of them as soon as possible.

While challenging, fulfilling your duties as a mandated reporter is important to ensure child safety and make sure families get the help they need. Discuss with your supervisors and the CPI on-site supervisor how to discuss the report with the family.

**CPI Staff Contact Information:**
Sara Corse, Ph.D.: Director of CPI, sara.corse@jefferson.edu
Shadeen Francis, MFT: CPI Program Coordinator, sfrancis@councilforrelationships.org
Tracey Tanenbaum, MFT: CPI Clinical Specialist, ttanenbaum@councilforrelationships.org

**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 all members of the CFR/Jefferson community 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. We recognize that there are frustrations and difficulties built into the work that we do, but they are not to be used as an excuse to take frustrations out on those around you. 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.

**XV. 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 School of Health Professions organize and support regular committees on a wide variety of topics relevant to students, for example the Grade Appeals Committee, and the Judicial Affairs Committee. Please refer to the JSHP Handbook for the description of the function of many of these committees. 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 Wednesday or Tuesday of 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 George James and send copies to Priscilla Singleton and Florda Priftanji at George.James@jefferson.edu, Priscilla.Singleton@jefferson.edu and Florda.Priftanji@jefferson.edu respectively.

Council for Relationships

Clinical Policies and Procedures

I. Organizational Chart

Director and Chief Executive Officer
Debra D’Arcangelo, MPP

Administration
Rebecca Wall, Director of Administration

Marketing
Tessa Peoples, Marketing Manager

Development
Valerie Johnson, Director of Development

Couple and Family Therapy Master’s Program: Council for Relationships/
Jefferson University

Kenneth W. Covelman, PhD, AAMFT Approved Supervisor,
Program Director, of the Couple and Family Therapy Program Council for Relationships/Jefferson University
George James, PsyD, LMFT  
Associate Program Director  
Kerstin Miller, MDiv, Director of Supervision  
Priscilla Singleton, LCSW, LMFT, Associate Program Director,  
Student Advisor  
Sara Corse, PhD, Associate Program Director  
Michelle Marsh, PhD, Director of Sex Therapy Track  
Florda Priftanji, MFT, Administrative Assistant  

MFT Training  
Michelle Southworth, JD, LMFT Director of Post Graduate  
Certificate Program in Marriage and Family Therapy,  
Director of Supervision and AAMFT Approved Supervision Training Program  
Wanda Sevey, M.Div, LMFT, Director of Training for Clergy  
Nancy Gambescia, PhD, Director of Sex Therapy Training Program  
Bea Hollander-Goldein, PhD, LMFT, Training Director Emeritus  

Clinical Services  
William Coffey, MSS, LCSW, Director of Clinical and Business Operations  
Emma Steiner, LCSW, Director of University City Office; Director of Community Partnership Initiatives  
Kerstin Miller, MDiv, Director of Paoli and Exton Offices  
Laurel Roe, MS CHR, MFT, Director of Bryn Mawr and Wynnewood Offices  
Priscilla Singleton, MSW, LMFT, Director of Clinical Standards,  
Director of Paoli and Exton Offices  
Gina Rothermel, LMFT, Director Center City Office  
Rita DeMaria, Ph.D., LMFT, CST, Director of Blue Bell Office  
Elyse Stein Batoff, MA, LMFT, Director of Oxford Valley Office  
Wanda Sevey, MDiv, Director of Voorhees Office and Lawrenceville Offices  
Emma Steiner, MSW, LCSW, Assistant Director of Clinical and Business Operations  

Research  
Bea Hollander-Goldein, PhD, LMFT, Director of Research  

SUPPORT STAFF  
Training Program  
Academic Administrator: Tiffani Smoot  

Intake Department  
Client Care Coordinator: Luisa Viglino; Marissa Williams  
Client Care Assistant Coordinator: Christine Oluoch  

Reception Desk  
Morning Receptionist: Elizabeth Harris
II. New Clients & Intake Procedures

A. Communicating Availability for New Cases

Intake appointments will be scheduled for interns by the Client Care Coordinators. In order to do this, the Client Care Coordinators must know intern availability. Intern availability is kept in a shared google document. This document communicates to the Client Care Coordinators what your availability is, so that they can schedule intakes for you. As your schedule for the coming weeks becomes clear to you, visit the below web address to list your availability. The Client Care Coordinators will print the google document daily and schedule your intakes based on what is listed there. When they schedule an intake for you they will remove that hour from the document for that week, but not for future weeks, so you will need to update your schedule accordingly. When you schedule a client in a timeslot that you previously listed as available you **MUST** update your availability to reflect that you are no longer available in order to prevent double-booking! The document has multiple future weeks in it, so you can list your availability up to 2-3 weeks ahead of time. This is very helpful for clients.

https://docs.google.com/spreadsheets/d/1UQJHxIRkoj3_5ku_LTQAQPKs4_tj_fDXKn78h5aFRL8/edit?usp=sharing

Updating the google document and visiting your Council email are things that you should do regularly throughout the day.

B. The Intake Scheduling Process

a. The Client Care Coordinators field calls from prospective clients, screen them for clinical appropriateness (criteria listed below), and then match them to students based on availability.

b. When the Client Care Coordinators schedule an appointment for you, they will email you at your **Council** email address with the date & time, assigned fee, demographic information about the client, and some clinical intake information. They will also give you the client ID in this email, and you will use that ID on fee slips and to communicate your schedule to reception.
c. Before the day of the appointment, contact the client to confirm the appointment. Be sure to note if the intake information indicates that your client’s partner is unaware of their appointment or if you are requested to use discretion, unless you know you are speaking directly to your client. Do not identify yourself as a therapist in any way unless you are sure that you are speaking directly to the person who placed the initial call or permission was given to leave a message with another person, as noted on the intake sheet.

d. The client has been given your extension in order to contact you directly for any scheduling changes or questions about the appointment.

e. The client has been told the fee that they will be charged, and that payment is due at the time of service.

f. The client has been told to arrive 10-15 minutes before their session time in order to complete intake paperwork.

g. You will never be scheduled more than two intakes in one day.

h. Intake Appointments are never scheduled for 8pm. However, you are allowed to schedule previous clients in an 8pm time slot.

i. If you receive a direct referral, please review with your supervisor the appropriateness of the referral. If you are going to take the case, please contact the Client Care Coordinators for help establishing the fee for the session, to inform them of the appointment date and time, and to provide them with the necessary information (name and gender of client(s), date and time of appointment), so that they can create the client in our practice management system and provide you with the client ID.

C. Client ID’s

A client ID is used to identify your clients and, therefore, accuracy is important. The ID is generated by the Client Care Coordinators at the time that they schedule the initial appointment. It will be emailed to you along with the intake appointment information. On a monthly basis you will be emailed a report listing all of your clients’ ID’s.

D. Screening of Cases

During the initial intake call the Client Care Coordinator asks specific questions to determine if the Council for Relationships’ services are
appropriate for the interested client. This determination is made in service of the client, our interns, and our staff. Clients who present the following will be referred to other service providers:

a. Severe, unmanageable chronic psychopathology.
b. Ongoing and severe alcohol or substance abuse.
c. Active physical violence/domestic abuse that does not meet the criteria for mild, situational couple violence.
d. Court-ordered cases, requiring the clinician to testify and/or make a formal report to the court.
e. Separation/divorce cases, requiring the clinician to make recommendations about child custody or judgments about the fitness of either parent.
f. Severely depressed clients who present with serious risk of suicide.

Due to the limitations of self-disclosure, it is not always possible to identify individuals, couples, and families who fit into these categories over the initial phone interview. Should you be assigned clients who exhibit any of the above, please notify your supervisor immediately. Should you accept a case and one of the above emerges during the course of treatment, you are required to notify your supervisor and the appropriate Office Director immediately, so that they can suggest an appropriate referral.

Certain situations may arise which will require immediate notification, in writing, to your supervisor and the Director of the office in which you see clients. An incident report should be sent immediately for the following situations: 1) a client who threatens suicide or homicide, 2) a client involved or potentially involved in litigation which might concern the Council, 3) a client threatening to sue his or her insurance carrier, and 4) a case involving physical violence. (See criteria set forth in Emergency/Unexpected Clinical Events Report Form)

E. The Intake Appointment
During the initial conversation with the Client Care Coordinator, clients are told to arrive 15 minutes prior to the start of the appointment to allow enough time to complete the required forms given to them by the receptionist (if you are in the University City office). If you are performing an intake at a satellite office, be sure to follow that office’s procedures regarding client intake. You will be handed the completed paperwork by the client or receptionist, and you should review it just prior to or at the start of the session. The Welcome to Council for Relationships form explains the nature of the various forms clients are asked to complete. The paperwork completed by the client includes the following:

a. The Adult (18+ yrs) or Child Client Registration Form. This form contains demographic and contact information about the client. It also
asks questions that provide you and the Council with information about who we serve.

b. The **Appointment Reminder Form**. Signing this form enables clients to receive automated email, phone and/or text message reminders about their upcoming appointments. If a client decides that they want reminders later, not in the initial appointment, you must provide them with this form to sign. You should submit it to the front desk, and once processed it will be returned to you to retain in your chart.

c. The **Get More Information from the Council Form**. This form is optional. The client may sign it if they wish to hear about tips and articles or training offerings from the Council.

d. The **Consent to Treatment** form. This form outlines the Council’s policies regarding treatment, confidentiality, payment, and cancellation of appointments. By signing this form the client accepts these terms of service. Verify that it is signed prior to beginning the first session.

e. The **Client Acknowledgement Form**. This form informs clients that we adhere to HIPAA regulations, and that our HIPAA policy is available for review in each office. By signing the form clients are indicating that they are aware of this policy.

f. The **OQ-45**. This symptom questionnaire using a likert-type scale asks clients to report the severity of a variety of troubling feelings and behaviors that they are currently experiencing. This survey will help the clinician evaluate the client’s level of distress.

At the end of the Intake Appointment, you will put the yellow copy of the Client Registration form, the white copy of the fee slip, the Appointment Reminder Form, the Get More Information from the Council form (if completed), and any payment you have received in the bin at the front desk (if University City) or in the designated spot for other offices. **You must complete the bottom portion of the Registration form prior to turning it in; this includes Office location, therapist name, fee, session type, intake date. Retain the white copy of the form for the client chart.**

There will be a folder at the front desk (University City) provided for you on the date and time of the scheduled intake. You will store all of the above and other relevant forms and clinical summaries and progress notes in this folder. The folder will contain:

a. The **Audio/Visual Consent** form. This form must be signed by clients in order for you to record your session with them. It should be retained in the chart.

b. The **WAI 12** form. This form is to be completed by your client every four sessions, and asks clients to answer questions related to how they feel about their therapist and their therapy.
c. The **Session Helpfulness Scale**. This form is to be completed by your client every four sessions. It asks the client to rate how helpful or hindering the session was.

Please return the folder to your personal accordion file when each session is completed. All of your client files will be located in your personal file for use while you are in the office. These files are kept in the drawer marked for use by the Master’s Students. **At no time are records to be removed from the premises except for transfer to a satellite office or for supervision at a different location.** If you remove records from the premises, they must be kept inside the secure lock bag which was distributed to you during orientation at all times. (At satellite offices, the Office Director will provide a location to store your active client files.)

### III. Policies and Procedures for Providing Ongoing Treatment

**A. Informing Reception of your Schedule**

Just as you must inform the Client Care Coordinator of your availability in order to receive intakes, you must notify the Front Desk staff of the clients with whom you have scheduled appointments so that you have a space to see them in. Fee slips will be your primary way of communicating your schedule to the receptionists. At the bottom of the fee slip there is a spot for the next appointment date and time. Please complete that portion of the slip. The receptionists will be using that information to schedule your appointments in our practice management system. We recognize that appointment times change, or sometimes clients do not schedule their next appointment at the end of the previous one. If an appointment changes from the day/time you put on your slip, please email the below address, and put this information in the subject line: the old appointment day/time, client ID, and the new corrected day/time. For example, Subject: BILBOB 5/30@5 to 5/31@1. If you need to inform the front desk of a new appointment, please email them the following information: Client ID, day & time of appointment. There is no need to email about your intake appointments (unless the day/time changes), as they will be added to the system by the Client Care Coordinators when they are scheduled.

frontdesk@councilforrelationships.org

This email address is to be used only to correct or add client appointments into the system. Please do not use this email for any other purpose.

Failure to communicate your schedule to the Front Desk Staff may lead to you not having an office to use because that space may have been given to another clinician. Communicate new or changed appointments via the above procedure as soon as you are able to. Repeated failure to communicate your
schedule in a timely fashion will result in a student being placed on clinical probation.

B. Fee Slips
Fee slips serve several purposes at the Council: they connect the fees collected to the services provided, they serve as a receipt to give to clients that acknowledges their payment, they inform the front desk staff of the next appointment for your clients, and they help to track the hours of service that you have provided. For all of these reasons it is important that you fill them out completely, legibly, and accurately, and turn them in after every session. The following information is required on the fee slip:

- a. The client ID for all clients who attended the appointment
- b. Your name
- c. Type of therapy (Individual, Couple, Family)
- d. Office location
- e. CPT code (90791—Intake, 90834 or 90837—Individual, 90847—Couple or Family)
- f. Date of session
- g. Length of session
- h. Charge for session
- i. Amount paid by client
- j. Form of payment (Check, Cash, or Credit Card—Only for RCU’s)
- k. Next appointment day, date and time

The white layer of the fee slip is to be turned in to the receptionist after every session with the fees collected paper clipped to it. The yellow layer is to be given to your client.

C. Continuing Cases
Students are expected to continue seeing cases for as long as clinically indicated. Typically, most cases should be seen for one hour each week. If you believe that you should see a client more or less frequently than this, discuss the situation with your supervisor. It is recommended that students schedule the next session with a client at the end of the previous session. Furthermore, students should endeavor to develop a regular timeslot for each client if possible. Occasionally situations may dictate scheduling for an atypical time, but this should be the exception rather than the norm.

D. Contact with Clients Between Sessions
Students must not give their home phone number, cell phone number, or e-mail address to a client. Clients should be given the student’s office voicemail as the primary method of contact. If you know that a client is in crisis, you can arrange to contact that client at a time that you are available to speak with them. If you know that you will be unavailable, provide your client with the telephone number to a local hospital or crisis center so they can obtain the proper care needed should an urgent situation arise. If your supervisor permits
it, you may provide your client with his or her name and office extension. If you use a non-work phone to contact clients be sure to use the caller-ID block feature (*67 before you dial the number) so that clients do not accidentally obtain your phone number.

### E. Changing Client Fees and Contact Information

At the time of the intake call, the Client Care Coordinator will set a fee for the client using a sliding scale. The fee is based on the clients’ household income, taking into consideration any additional financial strains (e.g. number of children). At times clients may ask to have their fees adjusted due to changed income or life circumstances. If you feel the need to change the fee that your client(s) is paying for the session, you must first discuss it with your supervisor. Furthermore, the **Intern Request for Fee Reduction** form must be filled out by the student, signed by the student, and countersigned by the supervisor. This form should be kept in the client’s record folder. Make sure to indicate the new fee on the Fee Slip.

If your client’s contact information needs to be updated, please complete the Intern Client Update Form, providing the new address and/or phone number(s), and submit it to the Client Care Department.

### F. Insurance Requests

You may be asked by clients if you or the Council for Relationships takes insurance. Some insurance plans will reimburse for “out-of-network” care while others will not. Due to the status of interns as trainees, we are unable to provide intern clients with insurance statements. The fees for intern clients are also generally set below a reimbursable rate, and often even below the copay that clients would pay in-network providers.

### G. Cancellations and No Shows

#### a. Intake Appointments

If a client is a no show for the intake appointment, call him/her within the hour of their scheduled appointment to check on the situation. If you do not reach the client, leave a message.

If a client cancels the intake appointment and wants to reschedule, you are responsible for doing so and informing the receptionist of the change. Do not reschedule in the event of a second missed intake appointment. Email Client Care with the client’s info and let them know about the situation.

If a client cancels his/her appointment or does not show up, s/he will not be billed. **Do not attempt to reschedule.**

#### b. Ongoing Clients

If an ongoing client wants to cancel a session s/he may do so without incurring a fee if s/he gives the therapist at least 24-hour notice. If s/he cancels the session with less than 24-hour notice or does not show up
without notice, you should charge the client for a missed appointment at
the normal fee. Indicate “missed appointment” on the fee slip as the
session type. If the client does not show up for the session without notice,
you should call the client within the normal session time to check in.
Depending on the circumstances, it is up to the student’s discretion to
waive the fee. Discuss the situation with your supervisor for guidance.

H. Emergency Coverage
All students are expected to deal with clinical emergencies that may develop
with their own clients with the help of their supervisor and/or the Office
Director. Psychiatric consultation by phone is available if needed, though
there may be some time delay. Students are expected to be available for
emergencies relating to their own clients during those days they are not at the
agency. Both the client and the staff must have a way of contacting the
clinical student if problems occur. All students will have voice mail, which
should be checked at least twice a day during the weekdays and once a day
on weekends. The receptionist will not take messages. If the student is
unable to see the client on an emergency basis and a telephone call is not
sufficient, the problem should be discussed immediately with the Office
Director. Return phone calls should be made within 24 hours.

Council for Relationships does not provide emergency coverage for clients
during hours that the office is closed. Clients calling in will hear a tape
recorded message referring callers to call 911 or to the nearest hospital
emergency room if needed. This message should also be repeated on each
student’s office voice mail greeting.

In addition, it is important that all clinicians consider other options for
support to clients when the office is closed. These options may include
checking in with them during periods of crisis. The therapeutic
appropriateness of either option should be discussed with your
supervisor. Some clients may require continuous psychiatric backup and/or
emergency coverage beyond the clinical scope of the Council. The clinician
should consider making a referral to a more appropriate agency or
psychiatrist in these instances. Referral information is available through your
supervisor or the Office Directors.

An emergency situation may involve potential or actual acute threat if
someone’s life or safety, including but not limited to suicidal thoughts or
actions, homicidal threats, threats of violence or actual violence, child abuse
and neglect, acute and evident intoxication, or acute psychosis. Psychiatric
or medical evaluation or hospitalization may be needed, or intervention by
police may be needed. If such a situation arises, follow the procedures listed
below and as detailed in the Appendix (Crisis Situation Flow Chart,
SADPERSONS Suicide Risk Assessment and utilizing area Crisis
Response Centers and Community Resources).
In addition, the Council’s **Emergency Report/Unexpected Clinical Events** form must be completed and reviewed and signed by your supervisor and a copy given to the Office Director within 24 hours. The original form will be retained in the client file.

If you think that your client needs to be evaluated psychiatrically in a non-emergent fashion, you must discuss this with your supervisor first before making a referral. Refer client to family physician or local catchment center.

**Please Note:** Students working out of the suburban offices should consult with the Office Director in regards to emergency procedures and psychiatric consultation for that office. In general, the policies outlined in the Appendix should be followed.

### I. Record Keeping Procedures at Council for Relationships

The most important statement with regard to record keeping is that if it isn't documented, it didn't happen. Both client and student are best served by objectively documenting everything in a professional, legible, crisply written style, which avoids speculation, pejorative statements, or allegations. Keep it factual, concise, and descriptive.

#### a. General Guidelines

Accurate record keeping is an important professional responsibility. Records of therapeutic services serve several important functions: a) reminding the student of the course of evaluation and treatment, b) providing information to colleagues who may subsequently be involved in the client's care, c) as legal documents in court hearings, and d) during insurance reimbursement reviews.

A legible record, maintained for each client must include:

- **i.** Basic identifying information such as client's name, address and phone number; if the client is a minor child, the names of parents or legal guardian and, if appropriate, information on custodial arrangements.

- **ii.** Dates and types of services provided.

- **iii.** Name and title of person who delivered each service session, and name of supervisor where appropriate.

- **iv.** Signed HIPAA forms.
v. Signed Consent to Treatment forms.

vi. An Intake Assessment, including a description of the presenting problem, diagnosis, relevant medical and family history, and provisional treatment plan with stated goals.

vii. Progress Notes for each session including a description of the process, content, assessment, and plan for each session.

viii. Reports of consultations with other professionals.

ix. Authorization by the clients for release of records or other information when indicated. (The student shall inform the client of the limits of confidentiality at the beginning of service, and shall disclose who will have access to the record.)

x. A Discharge Plan, including the issues covered in therapy, progress toward goals, current relationship style of couple/family, and termination/transfer plans.

b. The Contents of Records - (See Appendix for all forms)

1. Council Forms
   a) Client Registration Forms - Adult (age 18+) or Child
   b) Client Consent to Treatment
   c) HIPAA Form
   d) Appointment Reminder Form
   e) Audio/Visual Consent Form
   f) Authorization for Release of Information
   g) Released Records Report Form
   h) Emergency Report/Unexpected Clinical Events Form
   i) Client Complaint Report Form
   j) Intern Request for Fee Reduction Form
   k) Intern Client Transfer Form
   l) Intern Client Update Form

2. Master’s Program Forms
   a) OQ-45
   b) Dyadic Adjustment Scale (for couples)
   c) WAI-12
   d) PRN Intake Assessment
   e) PRN Progress Notes
   f) PRN Discharge Plan
g) Group progress note (for CPI Groups)

c. The PRN System

The PRN System is the Couple and Family Therapy Program’s online record keeping database. PRN is currently accessed at jucft.carepaths.com. The following procedures should be followed for all clients:

i. Add your client to the PRN system. It is recommended that this be done the day of the first session.

ii. Within two weeks fill out an Intake Assessment.

iii. After each session, within one week fill out an Individual Progress Note for that session.

iv. After terminating with a client, within two weeks fill out a Discharge Plan

All Intake Assessments, individual progress notes and discharge plan are virtual and kept in the PRN system. You should have your supervisor review and sign these documents on a weekly basis. The only forms to be kept in the physical chart are the Demographic form, the HIPAA and Consent to Treatment, Authorization to Release Information form plus any correspondence with outside agencies such as letters, etc.

Guidelines for PRNs

1. All PRN notes (Intake, Discharge and individual progress notes will now remain in electronic form in the Care Paths system.
   a. You will no longer need to print the notes after they are signed by you and your supervisor.

2. When you close a chart please notify the program administrator who will check your files for compliance.
   a. A chart is incomplete if all documentation is not signed by you or your supervisor and will be sent back to you for corrections.
   b. At the end of your clinical work (2nd year students), all files are subject to review; if there are incompletions this will delay you receiving your diploma.

3. The only forms that need to be kept in the paper chart are:
   • CFR demographic form; HIPPA form
   • Consent to Treatment form
   • Audio/Visual Consent form
   • Authorization to Release Information forms
• Letters or correspondences that were sent out on behalf of your client.

It is critically important that you keep up with PRN records, and failure to do so may impact your ability to receive practicum credit and, ultimately, to graduate from the program.

**PLEASE NOTE:** Each Intake Assessment, Progress Note and Discharge Plan must be signed by the student and countersigned by the supervisor. This documents legally that the notes have been read by someone other than the student, and enables the supervisor to keep up with the student’s work. These forms should not be countersigned unless the supervisor actually read the chart. Countersigning for the sake of the form is useless, and could be dangerous.

d. **Privacy of Records**
Records must be kept in your accordion file if you are located at the University City office. Currently active files kept at satellite offices will be designated a space by that Office Director. Please do not leave files in office desk drawers or in the room you are assigned while you are not there. No records should ever be removed from the premises except by an order of the Court or for transfer between offices as described previously, nor should records be copied without discussion with the Office Director. Council for Relationships maintains a strict code of confidentiality of client records in accordance with state and federal law.

e. **Evidence Based Practice and Routine Assessment**
Students are expected to use evidence based assessments as a part of their clinical practicum. These assessments should be conducted using paper copies of the relevant assessment tools and then entered into the PRN system under the same guidelines as progress notes as mentioned above. The following assessment tools are required:

**OQ-45** – Administer to adults during intake paperwork, at the end of session 8 and every 8 sessions thereafter.

**Dyadic Adjustment Scale Short Form** – Administer to adults during intake paperwork, at the end of session 8 and every 8 sessions thereafter.

**Session Helpfulness Scale** – Administer to all clients at the end of session 4 and every 4 sessions thereafter.

**Working Alliance Inventory (WAI-12)** – Administer to all clients at the end of session 4 and every 4 sessions thereafter.
At the end of the first session, explain to your client the importance of ongoing assessment and feedback on the therapeutic alliance and changes in mood, relationship, and functioning. Ask if the clients are willing to provide this feedback and then offer to answer any questions they have about the assessments. The first time you present any of these listed assessments to a client, restate this offer to answer questions. If clients refuse to fill out the assessments, do not force them but note this in your progress notes and bring this to the attention of your supervisor. When presenting cases in supervision, be sure to have assessment results available.

f. Supervision: Confidentiality of Recorded Raw Session Data and Files

Video- or audio-taping requires the written consent of the client(s). These tapes should be erased promptly after supervision.

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:

1). No identifying information of the clients should appear on raw data.

2) The data must be transported in a locked non-transparent security pouch provided to each student.

3) 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._

g. Record Storage and Destruction

All formal client records must be retained in their entirety for a period of five years after the termination of treatment (to coincide with the final appointment date) as required by law. Client records will be stored and maintained according to HIPAA requirements. The Council’s Client Care Coordinators will arrange for the destruction of client files and will maintain a record of when the file was destroyed. Children (under 18 years of age) identified as the clients, records will be maintained for 5 years beyond the age of majority (age 18).

h. Release of Client Information – General Issues to Consider
Students must inform their supervisors immediately upon receiving any requests for information on clients from courts, lawyers, schools, other professionals or family members of clients. Students must not release information without written permission from clients and approval of their supervisor. In couple/family cases clinical information regarding the therapy cannot be released without written permission from all consenting clients.

a. Telephone Reports:
Information about a client should not be given out over the telephone except in two instances:

i. In an emergency - for instance, when a client is actively suicidal or has a severe medication reaction, or
ii. When a client expresses a preference for a more informal, verbal communication between parties. In such cases, the client should be apprised of what will be said and sign appropriate releases.

When someone calls requesting information, even in a supposed emergency, take the name and phone number and call that person back before releasing any information. This particular step is very important in checking the authenticity of the call and the request.

b. Record Requests and Written Reports

i. Students should be made aware that information has been requested and is being sent out and should review the agency's response.

ii. Student must carefully review the release-of-information authorization with their supervisors to make sure it has been filled out properly and completely.

iii. All written reports by students must be reviewed and co-signed by their supervisors and reviewed by the appropriate Office Director.

c. Insurance Carriers

Even with the client's consent, the information released to insurance companies should be limited to client name(s), address, dates of service, type of therapy session (CPT code), charges, payments, and provider of services and accompanying licensure information. Further clinical information is to be released to insurance companies only with the client’s written consent.

d. Clients in Drug and Alcohol Programs
If there are clients who are also in drug or alcohol rehabilitation programs, do not release any information about them without consulting the Office Director. Release of client information must follow the more restrictive federal laws for such cases.

e. **Duty to Report (child abuse, duty to warn, etc.)**

There may occasionally be situations where students have questions about their duty to report, as in suspected child abuse, violation of probation, or when there are threats to physically harm someone. The student should contact the supervisor immediately to discuss such situations. The Office Director or Director of Clinical Services should also be informed of the situation and are available to consult with students on the matter. If the case is being seen through CPI, the CPI site supervisor should be informed immediately, along with the Director of CPI. In Pennsylvania, clinicians are to report immediately instances of suspected child abuse through **Childline: (800) 932-0313.** In New Jersey, clinicians should call: **1-877-652-2873.** Following the oral report to Childline, clinicians must send a written report (CY47) to the local **CountyChildren and Youth office** where the client lives within 48 hours. In PA, reporting can also be done online through **Child Welfare Information Solutions (CWIS; www.compass.state.pa.us/cwis),** beginning in January 2015. CWIS is the preferred manner of making a report of child abuse.

In such instances, the clinician must also fill out the **Emergency Report/Unexpected Clinical Events Form** and submit it to the appropriate Office Director within 24 hours.

f. **Subpoena**

In general, the Council, rather than the student, will receive the subpoena. However, if you receive a subpoena, always notify your supervisor immediately. There will be several steps to be followed:

i. The supervisor and Office Director will first review the subpoena. The subpoena must be checked for technical points. For instance, whether it is signed and dated appropriately or authorized properly, since it could be contested on a technical basis.

ii. The Student must first speak with his/her client(s) to see if they are aware of the issuance of the subpoena. When one partner of the couple has taken action to subpoena their records, the other partner should be notified, not only because he/she has a right to know, but also because his/her attorney may take the responsibility for contesting the subpoena. The attorney may also want to call the other side to find out exactly what is needed.
iii. Subpoenas without proper client releases will generally be contested, if not only by the other partner's attorney, then by the agency on grounds such as privileged communication. Records without proper client authorization will be released only under an actual and valid order of the court.

iv. Students are not permitted to testify in court without supervisory oversight and must not agree to do so without prior supervisory consultation.

K. Formal Council for Relationships Procedures for Handling the Release of Client Records

Requests to release client records come through Council frequently, and must be handled carefully to ensure the protection of confidential materials. They either come directly to therapists, or are routed through the Client Care Department. The procedure for releasing client records differs depending on whether the file is active or closed. Consultation with clinical supervisors and Office Directors is always required prior to releasing client information.

a. In the case of active charts:

i. When a therapist receives a request to release records, he/she should review the request with the client(s) to verify its validity and completeness to clarify the purpose of the request and how it will be handled.

ii. When the therapist receives the record request, he/she should review the request with both the supervisor and the Office Director to verify that all appropriate client authorizations are in order and to discuss the purpose of the request. The Office Director will review all written documents before they are released.

ii. The therapist will copy the chart and submit it to the requesting bodies.

iii. The therapist will file copies of all information sent out in the client file and will note the date that this information was mailed.

iv. The therapist will document what action was taken and notify the Client Care Coordinator through the Released Records Report Form (see Appendix).

b. In the case of closed charts:

i. Record requests for closed cases will typically be sent to either the therapist or Client Care Coordinator (often addressed to Records Department).
ii. Requests to release a closed chart should be sent to the Client Care Coordinator (unless the chart is stored in another office besides UCity).

iii. The Client Care Coordinator will retrieve the closed chart (unless the closed file is kept in another office besides UCity) and provide it to the therapist, who will contact the client(s) to verify the request (if possible), and review the chart and other written documents to be released with the supervisor and Office Director.

iv. The therapist, with assistance from the Client Care Coordinator, will send the client information to the requesting bodies.

v. The therapist will file copies of all information sent out in the client file and will note the date that this information was mailed.

vi. The therapist will return the chart to the Client Care Coordinator or to the appropriate Office Director for storage.

vii. The therapist will document what action was taken and notify the Client Care Coordinator through the **Released Records Report Form**.

viii. Record requests involving a therapist who has left Council will be handled by the appropriate Office Director with the assistance of the Client Care Coordinator.

b. **Additional considerations:**

i. **Release of client records involving couples or families always requires authorization by all consenting parties.** This includes the consent of the minor child in PA (age 14 to 17) if the minor child has given consent and has signed the Consent to Treatment form. In New Jersey, the age of consent is age 18.

ii. In some instances, it may be preferable to provide a summary of the treatment, rather than to send the entire client record (e.g., confidentiality concerns, when the issues to be addressed are better served by a summary), if the client(s) agrees to this arrangement. Written summaries from student interns should always be reviewed and countersigned by supervisors.

iii. For subpoenas and court orders, please review the procedures outlined in the above section.

iv. In certain situations, the records request will include an invoice for billing for the cost of reproduction of the record. If appropriate, please complete the invoice and fax or email to the Client Care Coordinator.

### IV. Ending Treatment

A. **Transferring a Client on Termination**

Students who believe that they are approaching an appropriate termination point with a client must discuss this with their supervisors before initiating **termination with a client**. Termination is an important part of the clinical process and should not be neglected. If clients cancel appointments repeatedly and you are unsure whether or not they have decided to stop therapy, discuss the situation with your supervisor to determine when it is appropriate to make a follow-up call or to write a letter.
After terminating with a client you should complete all necessary paperwork and mark the outside of that client’s case folder with the closing date of the case. At the end of each semester, each student should notify the Assistant to the Program Director of any closed case files so that those files may be checked for completeness and then sent to the Client Care Office for appropriate filing.

If during your final practicum in the program you are seeing a client who you decide in consultation with your supervisor needs continued therapy, then you may transfer that client to a new therapist. **However, a student must follow the procedures outlined below:**

a. First, the student must decide in consultation with the supervisor whether or not the client is an appropriate candidate for transfer. This process should focus **only** on whether the client is appropriate for transfer and **not on whom the client should be transferred to.**

b. When a case is designated for transfer, the student must fill out the Council’s **Intern Client Transfer** form (see Appendix) and then present it for review and signature by the supervisor. This form is then to be given to the Client Care Coordinator who will then, in consultation with the Director of Supervision, reassign the case accordingly.

c. If appropriate, termination should be considered for all cases. Only those cases clearly in crisis or those having serious clinical issues or those who only recently were seen and wish to continue therapy should be transferred. This is particularly true for cases which have had multiple student clinicians in the past. Supervisors must carefully review each case and decide on the appropriateness of a transfer or termination.

d. Student clinicians must begin the process of termination or transfer several weeks (or several months for more vulnerable clients) before they are planning to leave. They must allow enough time to discuss cases with their supervisors and to implement termination/transfer discussions with their clients following these supervisory reviews.

e. After terminating with a client and completing the Discharge Plan (which must be signed by the student and countersigned by the supervisor), submit the closed case folder to the Client Care office at University City for processing. Please remove all unused forms and extraneous notes from the folder before submitting it to the Client Care Department. Supervisors must ensure that all required documentation (everything but progress notes and therapist notes) is present in the folder before submitting it for processing. Students must enter and sign all of their intake notes, progress notes, and discharge plans electronically and supervisors must also sign and complete those notes electronically as part of the requirement for graduation.
g. Once a new therapist has been assigned to the transferred client by the Client Care Coordinator, the current therapist and the new therapist should consult each other with the support of all involved supervisors in order to coordinate the actual transfer of the client. It is recommended that the current therapist introduce the client to the new therapist at a minimum, and in many cases a brief period of co-therapy may be appropriate to maximize the chance of successful transfer.

B. Treatment Interruptions Requiring Consultation
When a problem arises in the therapy, it is mandatory to first discuss the situation with both your supervisor and the Office Director. If appropriate, the case may be transferred to another therapist within or outside the agency or to another therapist who may be better suited for their treatment. If the client wishes to change therapists (which happens occasionally), the procedure is to have the Office Director and/or supervisor confer with the student in order to assess the situation. Occasionally it may be appropriate to have the office director and/or supervisor to meet with the student and client to assist in resolving the problem between them.

C. Closing Cases

Any client who has not been seen for three months, with the exception of planned absences from treatment for that length of time or longer, must have their chart closed. After terminating with a client and completing the Discharge Plan (which must be signed by the student and countersigned by the supervisor), submit the closed case folder to the Client Care office at University City for processing. Please remove all unused forms and extraneous notes from the folder before submitting it to the Client Care Department. Supervisors must ensure that all required documentation (Intake Evaluation, Progress Notes, Discharge Plan) is present in the folder before submitting it for processing. Once you have submitted the closed folder to the Client Care Office at University City, if any key documents are missing or unsigned, the folder will be returned for revision.

In order to complete the program, all clinical files MUST be submitted and reviewed prior to receipt of diploma. For students wishing to graduate at the end of the Spring semester, ALL case folders must be submitted no later than May 1st. For students graduating at the end of the August semester, ALL case folders must be submitted no later than August 1st. The one exception to these dates are for cases that are currently active past the submission deadline. If a student is still actively working with a client after the May 1st or August 1st deadline, you must notify the Assistant to the Program Director with the client ID’s of the cases that are still active. Then, when those cases are terminated or transferred, the completed folders must be submitted within two weeks of the final session. Failure to follow these procedures will result in diplomas being withheld until the procedure is completed.
Extensions may be granted on a case by case basis. If you believe that you will be unable to submit your closed case files by the required date, please notify the Assistant to the Program Director BEFORE the deadline with an explanation of the situation.

V. Ethical Guidelines and Professionalism

A. Ethics

Students are responsible for knowing and following the Ethics Code of the American Association of Marriage and Family Therapy included in the Appendix.

Students must bring any accusations of misconduct or ethical breaches from clients to the immediate attention of their supervisor and the Office Director. This includes accusations from clients, as well as concerns on the part of the student that an ethical breach may have occurred. Students should never handle these situations without supervisory consultation, regardless of whether they believe the ethical issues have merit or not.

Client complaints should be documented in writing by the supervisor and Office Director and brought to the attention of the Clinical Director using the Council’s Monitoring Client Complaint Report Form (see appendix), documenting the nature of the complaint, steps taken to remedy the problem, and current status.

B. Dress Code

To maintain the overall professionalism of the office, we require our students to adhere to the following guidelines:

Men: Please present a professional appearance. It is recommended you wear a shirt and tie, open collar shirts are acceptable or sweater, with neat trousers. No t-shirts or jeans, shoes without socks, sandals or sneakers are permitted.

Women: Women, please present a professional appearance, whether wearing skirts, dresses or pants. Jeans, shorts, sandals, sneakers, short hemlines, and tops that are sheer, low-cut, or otherwise revealing are not permitted.

C. Vacation Policies

Students are required to continue seeing clients even when classes are not in session, but are entitled to vacation time as long as there is clinical coverage for their cases that adheres to the policies described below.*

Winter Holiday
Students are entitled to 10 days of vacation during the Winter Holiday break (including weekend days.) Students must ensure that their supervisors are
informed when they will be away and when they will return. Students must also
insure that they have provided coverage for their cases in case of a clinical
emergency. This requires that another student be available to provide coverage
and that clients are aware of how to contact that student. Contact information
must be left on the student’s voice-mail box, as well as given directly to clients
(see below). The student’s supervisor must be made aware of who is providing
coverage in the student’s absence.

Spring Recess
During Spring Recess students are entitled to take time off with approval of their
supervisor, provided they can provide emergency coverage for their as described
above. This time is not guaranteed without supervisor approval and backup
coverage.

Summer Session
During the summer students are entitled to two weeks of vacation time. The same
requirements for coverage and informing supervisors apply to this vacation break
as described in the above paragraph.

Days not in the Office and/or Office is Closed

On days you are not scheduled to be in the office, and during periods when the
office is closed (weekends and holidays), you are still responsible for your
clients. Remember to check your voicemail messages daily and attend to calls
that cannot await your return.

*The program reserves the right to prohibit a student from taking vacation time
should clinical situations require the student to be present, the student is
significantly behind in acquiring clinical hours or has failed to provide clinical
backup for his/her cases.

During periods when you will be on vacation or are unavailable during your
regular hours remember to:

a. Complete the Vacation Form and submit it to the receptionist, to your
supervisor and to the Office Director(s) where you see clients.

b. Prior to your departure, inform your clients of your absence and, if it
applies, provide them with the name and office telephone number of the
student or supervisor at the Council who will be covering for you in your
absence.

c. Record an away message on your University City extension informing
clients and Council staff of your absence and expected date of return and
the name and phone # of your clinical backup. (See section II, 2.
Telephones, for instructions). Personalize your voice message as
follows:

“This is the voicemail of __________. I will be out of the office until
__________. If this is a life-threatening emergency, please hang up and
dial 911 or go to your nearest emergency room or psychiatric crisis center. If your concern requires a response before my return, please contact _______________ (name of supervisor or other back-up and telephone #). To leave a routine message that I can respond to upon my return, please record your message after the beep. Thank you for your call”

D. Mandated Child Abuse Procedures

The Child Abuse Protective Services Law, recently amended through Act 31 of 2014, requires health care professionals to report when they “have reason to suspect that a child is a victim of child abuse.” Reasonable suspicion arises as a result of the totality of circumstances, direct observation, and background information that the health care worker has about a family. Students are required to complete the training provided by the University of Pittsburg. The training can be accessed through the following website. https://www.reportabusepa.pitt.edu/

Health care workers must report suspected child abuse when they:

a. come into contact with the child in the course of employment, occupation, and practice of a profession;
b. are directly responsible for the care of the child or are affiliated with an agency or organization that is directly responsible for the care, supervision, or guidance/training of the child;
c. come into contact with someone who makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse; or
d. come into contact with an individual 14 years of age or older who makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

Reports must be made through ChildLine through their state wide phone number, followed by a written report within 48 hours after the oral report. Reporting can also be made in PA through the Child Welfare Information Solutions website (CWIS; www.compass.state.pa.us/cwis). Written reports should include the following information, if available:

a. name and addresses of the child, child’s parents and any other person responsible for the child’s welfare;
b. where the suspected abuse occurred;
c. the age and sex of each subject of the report;
d. the nature and extent of the suspected abuse, including evidence of prior abuse;
e. the name and relationship of each individual responsible for causing the suspected abuse;
f. family composition;

g. source of the report;

h. name, telephone number, an email address of person making the report;

i. actions taken by the reporting source;

j. any other information required by Federal law or state public welfare program regulations.

VI. University City Office Policies and Procedures

A. Office Hours
The office is officially open 9AM – 9PM Monday through Thursday, 9AM – 7PM on Friday and 9AM-3PM on Saturday. Any session scheduled in the hour before the office closes must be completed on time (see below)—including collecting client payments, scheduling next appointments, escorting clients to the exit, handing in fee slips and gathering your possessions so you can exit by closing time.

Session Time Management
Student trainees are responsible for managing the time requirements of their therapy sessions. Good time management means being aware of the beginning and end of sessions and recognizing that time management is part of good clinical practice. Good time management sends a message to your clients about the importance of their time and yours. Starting and ending on time are important. It shows clients that you respect their time and that your time is not unlimited. It makes it clear that important information must not be held until the end with the expectation that more time will be available. Time is a boundary that when used properly will facilitate the process of therapy. In establishing good time management skills for your sessions here are some things that need to be part of your practice.

1. Plan sessions to be 50 minutes in length. Have a watch, clock or cellphone showing the time available and visible in order for you to be aware of how much time is remaining in a session.

2. Set a signal on your watch or cellphone to alert you and the client that 5 or 10 minutes are remaining in the session. That will allow you to begin moving the session toward a close.

3. When you have scheduled sessions in the last slot of the day keep in mind the closing procedures for the office, particularly University City office. This office closes its doors at 9:05 pm. Students must end their sessions by 8:50 pm and have clients out of the building by 9:00 pm.
UNIVERSITY CITY OFFICE CLOSING POLICY

<table>
<thead>
<tr>
<th></th>
<th>Monday-Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office buzz; session ends</td>
<td>8:50pm</td>
<td>6:50pm</td>
<td>2:50pm</td>
</tr>
<tr>
<td>Office knock</td>
<td>8:55pm</td>
<td>6:55pm</td>
<td>2:55pm</td>
</tr>
<tr>
<td>All clients gone from building</td>
<td>9:00pm</td>
<td>7:00pm</td>
<td>3:00pm</td>
</tr>
<tr>
<td>Interns/Students out</td>
<td>9:05pm</td>
<td>7:05pm</td>
<td>3:05pm</td>
</tr>
</tbody>
</table>

4. Students must complete their paperwork and administrative responsibilities, including completing and handing in fee slips, and leave the building by 9:05 pm.

5. Students must work cooperatively with the receptionists to carry out these procedures.

6. Good time management practices also means letting the receptionists at the front desk know about any changes in your schedule in advance. Please email any changes in your schedule to the receptionists. This will facilitate office use and assignments, their ability to answer phone calls from clients about appointment times and to provide the best service to our clients. frontdesk@councilforrelationships.org

7. Any problems with these procedures should be brought to the attention of the program director.

Saturday hours: 9:00 AM-3:00 PM

Council observes the following holidays (the office is closed, no appointments can be scheduled and there is no access into the building)

New Year’s Day
Martin Luther King Jr. Day
Good Friday
Memorial Day
July 4th (Independence Day)
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day
Jewish High Holiday- Yom Kippur (clinical office open, classes and supervision cancelled)
B. Parking
1. On-site parking is available under the building after 6:30 PM and on Saturday. Make sure to inform the security guard as to where you are parked, your license number, and where you can be reached. On-site parking is not available during the weekday and cars parked illegally will be towed.

2. On-street parking is available on and around Chestnut Street. This parking is metered so be mindful of the 2 hour time limit.

C. Public Transportation
The University City office is 1½ blocks from the 40th Street stop on the Market Frankford Elevated (known as the “El”). Nearby bus routes include the 21, 30, and 40 and LUCY. Schedules can be obtained from SEPTA stations or www.septa.org.

D. Security
The building which we occupy is a public building; it is difficult to monitor the many people who enter our doors. A security guard is provided in the lobby, both day and night, for your protection. Get to know our personnel and report any suspicious activity to security. Never leave money, purses, or valuable personal items in or on desks or other places which are not attended. Please report incidents of security violations that come to your attention to the Director of Administration. The back door (located by the Administrative offices) is locked at 6:15 PM on weeknights; therefore please use the door nearest reception in the evenings.
Safety Services are offered by the University City District. The local police office is across the street.

E. Inclement Weather Policy
On snowy days, please call our main number, 215-382-6680, after 7:00am. If the office is closed, the general outgoing message will be changed to so indicate.

If the office is closed, you are responsible for notifying and rescheduling your clients. Please remember to keep a record of your clients' telephone numbers with you.

Interns should check with their supervisors on a day when classes are cancelled in order to determine whether supervision will be held. If supervision is cancelled, it should be rescheduled.

F. Telephones
Telephones are available for Council for Relationships business matters. Please limit your cell phone usage to your office, and not in the hallway or front desk area.

1. Voicemail
When initially using your voicemail, your password is the same number as your extension number. You will be prompted to change your password the first time you check your voicemail.

a. To set up your voicemail:
   1. Dial 2500
   2. When greeting starts, press *
   3. Enter your mailbox number
   4. Enter your password, followed by #
   5. At the next series of options, select option 4 - “Personal Options”
   6. Select 1 for “Change Personal Greeting”
   7. Select 1 for “Primary Greeting”
   8. The old greeting will play. After it is finished playing, select option 3 for “Erase and Re-Record”
   9. Record your new greeting and then press #
   10. To accept your recording, press #
   11. To erase and re-record your greeting, select option 3 and follow prompts

b. To set up your name in the directory:
   1. Dial 2500
   2. When greeting starts, press *
   3. Enter your mailbox number
   4. Enter your password, followed by #
   5. At the next series of options, select option 4 - “Personal Options”
   6. Change name in directory by pressing option #2
   7. Listen to old recording and then select option #3 to erase and re-record
   8. Re-record your name and then press #
   9. If you are not satisfied, to erase and re-record, select option 3
   10. To accept your recording, press #

-When checking your voicemail internally- dial 2500, wait for recording, Press *, dial your extension, enter your password followed by the # key

-When checking your voicemail externally- dial (215)382-6680, wait for recording, press *, dial your extension, enter your password followed by the # key

c. Changing your greeting
If you are going to be out of the office for an extended amount of time, make sure to change your greeting so that it indicates your absence.

To set up an alternative greeting:
1. Dial 2500
2. When greeting starts, press *
3. Enter your mailbox number
4. Enter your password, followed by #
5. At the next series of options, select option 4 - “Personal Options”
6. Select 1 for “Change Personal Greeting”
7. Select option 2 (Choose your Alternate Greeting).
8. The old greeting will play. After it is finished playing, select option 3 for “Erase and Re-Record”
9. Record your new greeting and then press #
10. To accept your recording, press #
11. To erase and re-record your greeting, select option 3 and follow prompts

Upon your return you can change your greeting back to the original recorded message by:
1. Dial 2500
2. When greeting starts, press *
3. Enter your mailbox number
4. Enter your password, followed by #
5. At the next series of options, select option 4 - “Personal Options”
6. Select 1 for “Change Personal Greeting”
7. Select 1 for “Primary Greeting”

2. Sending Messages and Making Calls
   a. To send a message to another CFR Staff Person:
      If you wish to leave a message - Dial 2500, dial the extension number of the person you wish to call and leave a message at the tone. If you wish to speak with them – Pick up the phone and dial their extension.
   b. To make an outgoing call:
      Pick up the receiver and push the button for any open line, dial area code and number (dialing ‘1’ is not necessary)

G. Office Assignments
The Director of Administration assigns office space to interns based on input from the Training Directors regarding scheduling and room requirements. If
you are in need of a temporary space, check with the receptionist for open rooms.

All offices are shared spaces. Please refrain from bringing in personal items or pictures with which to decorate the office.
- Please be respectful of the people you are sharing rooms with.
- Leave the areas clean and neat.
- Return furniture to where it was.
- If you eat or drink in an office, please make sure to clean up afterwards.

You will be given a name plate to fit the office door. Please be sure that your name plate is on the door when you are using your office and seeing clients.

**H. Use of Computers**
1. Wireless Internet Access:
The University City office is outfitted with wireless internet access for those interns who wish to bring laptops to the office for their use. Instructions for connecting to the wireless network can be found in Appendix III.

2. Computer Availability: A public computer with internet access is available for the use of all interns. The computer is located in the reception area in the front office. Many of the offices at UC are also outfitted with computers. You should log in with your own user account whenever using these computers (see below under CFR Network).

The computer is equipped with Microsoft Office and is available to support you in your work relating to Council for Relationships. Such uses include printing letters to clients and other contacts and notes to be included in the client’s file. Documents will printed on the main printer/copier.

**I. E-mail**
1. Council for Relationships E-mail account
   All interns are provided with a CFR e-mail account which should be used for all CFR related business. Your e-mail address will be your first initial and last name@councilforrelationships.org. Your default password will be set as @password1. You may ask the Director of Administration to change your password. As an example:

   Username: bwall
   Password: @password1

2. Accessing Council for Relationships E-Mail:
   a. Open Internet Explorer
   b. https://cfr-mail.councilforrelationships.org
   c. Enter your username and password

**J. Photocopy Area**
1. Photocopier
Please use the copier for clinically-related items only. It is **not** to be used to print articles, chapters or other readings, papers, assignments, research articles, etc. for your Jefferson coursework.

2. Fax Machine
Fax capabilities are a function of the photocopier. Speed dial buttons are pre-programmed for each CFR satellite location. When manually typing in a fax number, you do need to press “1” before sending a fax to another area code.

**K. Kitchen Area**
For your convenience, a small kitchen is available which includes a refrigerator microwave oven, toaster and Keurig machine. Due to limited space, we ask that you bring in food for only one day at a time. On Thursdays, our refrigerator is emptied and all unlabeled contents are disposed of. Please be sure to remove any items you wish to keep. When possible, please refrain from cooking fish or other odorous foods, since our office is a public area. Wash all dishes, containers and utensils you use and **DO NOT LEAVE THEM TO SOAK IN THE SINK**. Please clean any spills or other messes as our cleaning service is not contracted for our kitchen area.

**L. Council for Relationships Marketing Materials**
Council for Relationships has many ways to keep our clients up to date with activities at CFR and other helpful information which supports their work in counseling. At the intake appointment, clients are offered the opportunity to sign the “Get More Information from the Council Form” if they are interested in hearing about training offerings, articles and tips.

If during the course of your counseling, your client wishes to receive more information, provide their contact information and area(s) of interest to the Marketing Department.

**Jefferson University Couple and Family Therapy Program Student Handbook Appendices**

**Peer to Peer File Sharing Using University Networks Policy**
Please refer to Jefferson.edu/handbook under University policies: http://www.jefferson.edu/university/academic-affairs/schools/student-affairs/student-handbooks/university-policies/peer-to-peer-sharing.html

**Crisis Situation Flowchart**
Assess: is the client a danger to self or others?
Yes, but not severe or immediate

Consider alternatives to emergency mental health facility: sign no-suicide contract, extra sessions

Yes, severe and/or immediate (breach of confidentiality is warranted)

Contact Office Director, supervisor, or senior staff to discuss need for hospitalization

Recommend emergency mental health facility and inform client of limits of confidentiality

Client agrees to go to facility

Call Philadelphia Office of Behavioral Health Emergency Line ((215) 685-6440) and ask for transportation

Client refuses to go to facility

Is the Office Director, your supervisor, or a senior staff member available (check in that order)?

YES – Enlist support in discussing the situation with client

Call Philadelphia Office of Behavioral Health Emergency Line ((215) 685-6440) and ask for transportation

Plan to provide appropriate clinical information for crisis intake (over the phone)

Tell your supervisor about the emergency ASAP (day or night). Record emergency situation in Progress Notes in the client’s file ASAP, including any supervisory consultations, attempts to reach a supervisor, rationale for breaching confidentiality, and follow-up call next working day to find out status
SADPERSONS Suicide Risk Assessment*

INSTRUCTIONS: If you suspect a client may be at risk for a suicide attempt, assess each question and mark “1” for a yes answer and “0” for a no answer in the space provided. Then add up all of the numbers and consult the included scoring rubric.

1. Is the client male? (Sex)
2. Is the client between the ages of 15 and 24, over the age of 65, or between the ages of 45 and 54 and female? (Age)
3. Is the client clinically depressed (meets current DSM criteria)? (Depression)
4. Has the client attempted suicide in the past? (Prior Attempts)
5. Does the client abuse alcohol or drugs? (Ethanol)
6. Is the client’s rational thinking impaired (psychotic symptoms)? (Rationality)
7. Has the client recently experienced a support system loss (eg: divorce of parents, death of close relative, breakup of romantic relationship, death of a friend or loss of a major friendship)? (Support System Loss)
8. Does the client have an organized plan to commit suicide? (Organized Plan)
9. Is the client single? (No Significant Other)
10. Does the client have a significant chronic or terminal illness? (Sickness)

TOTAL

RUBRIC:

<table>
<thead>
<tr>
<th>Score</th>
<th>Recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>Low risk. Keep watch and reassess as warranted.</td>
</tr>
<tr>
<td>3-4</td>
<td>Moderate risk. Send home as normal but consider self harm contract, reassess frequently.</td>
</tr>
<tr>
<td>5-6</td>
<td>Consider voluntary or involuntary hospitalization and obtain self harm contract. Need to hospitalize will depend on supervisor input and your confidence that the client will continue therapy.</td>
</tr>
<tr>
<td>7-10</td>
<td>Hospitalize voluntarily (preferably) or involuntarily (if necessary)</td>
</tr>
</tbody>
</table>

*Adapted from Patterson, W; Dohn, H; Bird, J; Patterson, G. Psychosomatics, 1983, 24, 343-349
EMERGENCY PREPAREDNESS

Jefferson University has taken steps to support our campus community during times of heightened concern. The Department of Emergency Management has established an emergency plan that includes emergency procedures for all university buildings and occupants, as well as information that would be helpful in the event of an emergency. Students are encouraged to visit the Emergency Preparedness site at www.jefferson.edu/security.

Community Resources

Crisis Intervention Resources

215-686-4420  Suicide/Crisis Intervention Service (Philadelphia Department of Health) *Available 24/7 to anyone
 *Can provide transportation to nearest crisis center (Philly residents)

1-800-784-2433  Toll Free Crisis line
 *For anyone in emotional distress

610-645-3610  Addiction Hotline

215-685-6440  Philadelphia Office of Behavioral Health Emergency Line

Other Resources for Referrals

215-955-6940  Jefferson University Hospital Emergency Dept.

215-662-3920  Hospital of the University of Pennsylvania Emergency Dept.

215-590-3488  Children’s Hospital of Philadelphia Emergency Dept.

215-662-8948  Presbyterian Hospital Emergency Dept.

215-829-3358  Pennsylvania Hospital Emergency Dept.

215-829-5249  Pennsylvania Hospital Psychiatric Emergency

215-762-7963  Hahnemann Hospital Emergency Dept.

1-800-533-3669  Jefferson University Hospital Inpatient Admissions

215-662-2121  Penn Health System Inpatient Admissions

866-301-4724  Penn Health System Psychiatric Evaluation

1-800-879-246  Children’s Hospital of Philadelphia Inpatient Admissions
215-590-7555  Children’s Hospital of Philadelphia Child Psychiatry
215-762-7422  Hahnemann Hospital Inpatient Admissions
215-707-2577  Temple Hospital Crisis Response Center for Adults
215-951-8300  Einstein Crisis Response Center for Children and Adults
215-707-3351  Temple Hospital Outpatient Psychiatry
215-823-5800  Veteran’s Affairs Hospital
215-748-9525  Misericordia Hospital
215-831-4616  Friends Hospital
610-667-6490  Agoraphobia and Anxiety Treatment Center
215-204-1575  Adult Anxiety Clinic of Temple University (AACT)
215-204-7165  Child and Adolescent Anxiety Disorders Clinic (CAADC)
1-800-382-2377  Jefferson FirstCall (for students)
215-386-7777  Women Against Abuse Emergency Shelter
215-686-7082  Women Against Abuse Legal Center
866-723-3014  Philadelphia Domestic Abuse Hotline
215-922-7400  Women In Transition
215-985-3333  Women Organized Against Rape (WOAR)
215-893-0600  J.J. Peters Institute (Victims and Perpetrators of Sex Crimes)
1-800-932-313  ChildLine
215-365-5100  Rehab After Work
215-834-3944  Narcotics Anonymous
215-574-6900  Alcoholics Anonymous
215-222-5244  Al-Anon
215-563-0652  Mazzoni Center (GLBT)
215-545-4331  The Attic Youth Center (GLBT)
215-546-7100  Gay Switchboard
215-222-5110 Lesbian Hotline
215-981-3700 Community Legal Services
215-981-0088 ActionAIDS

**Crisis Response Centers (PA)**

**Einstein CRC**
5501 Old York Road
Philadelphia, PA 19141
215-951-8300

Einstein Medical Center is the designated crisis response center for children, adolescents, and adults who have county or public funded insurance.

**Northeast Philadelphia**

Larkspur CRC
Friends Hospital
Roosevelt Blvd. & Adams Ave.
Philadelphia, PA
215-831-4616

**West Philadelphia**

Mercy Hospital CRC
501 South 54th Street
Philadelphia, PA 19143
215-748-9525

**Center City**

Pennsylvania Hospital CRC
Hall-Mercer CMH/MRC
8th & Locust Streets
Philadelphia, PA 19107
215-829-5249

**North Philadelphia**

Temple University Hospital CRC
3401 North Broad Street
Philadelphia, PA 19140
215-707-2577

http://www.cctckids.org/programs.htm
Children's Crisis Treatment Center
1823 Callowhill St.
Philadelphia, PA 19130-4197
215-496-0707

Children’s Crisis Treatment Center
417 N. Eighth Street - Suite 402
Philadelphia, PA 19123
215-496-0707
Contact Careline for Greater Philadelphia
(215) 877-9099
[Crisis Line] (215) 879-4402
P.O. Box 2516
BalaCynwyd, PA 19004-6516

Montgomery Co. Emer. Serv. Inc
(610)-279-6100
Caller Box 3005
Norristown, PA 19404-3005

Philadelphia Suicide & Crisis Cntr
(215) 685-6440
[Crisis Line] (215) 686-4420
1101 Market 7th Floor
Philadelphia, PA 19107

Contact Bucks County
(215) 355-6611
[Crisis Line] (215) 355-6000 Lower & Central Bucks
(215) 536-0911 Upper Bucks
(215) 340-1998 Central & Upper Bucks
(215) 547-1889 Lower Bucks
PO Box 167
Richboro, PA 18954-0167

Chester County Mental Health Crisis Intervention Service
(610) 918-2100
[Crisis Line] (877) 918-2100
(610) 918-2100
222 North Walnut St
West Chester, PA 19380
A List of Crisis Lines in Pennsylvania listed by city or county can be found at:

http://suicidehotlines.com/pennsylvania.html

**Crisis Response Centers (NJ)**

**Atlantic County**

**Primary Screening Center for Atlantic County**

Psychiatric Intervention Program (PIP)
@ Atlantic City Medical Center-City Division
1925 Pacific Avenue
Atlantic City, NJ 08401
**HOTLINE: 609-344-1118**

**Camden County**

**Primary Screening Center for Camden County**

Steininger Center @ Kennedy Memorial Hospital
Cooper Landing & 2201 West Chapel Ave
Cherry Hill NJ 08002
**HOTLINE: 856-428-4357**

Steininger Behavioral Care Services @ Our Lady of Lourdes Medical Center
1600 Haddon Avenue
Camden, NJ 08103
**HOTLINE 856-541-2222**

A List of Crisis Lines in New Jersey listed by city or county can be found at:

http://www.state.nj.us/humanservices/dmhs/MH-screeningcenters.html
## JCHP Academic Calendar 2018-2019

### Fall Semester

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 3, 2017, Monday</td>
<td>Labor Day Holiday</td>
</tr>
<tr>
<td>September 4, 2018, Tuesday</td>
<td>Welcome Date/Department Boot Camp/Orientation</td>
</tr>
<tr>
<td>September 5, 2017, Tuesday</td>
<td>Classes Begin</td>
</tr>
<tr>
<td>September 17, Monday</td>
<td>Last date to remove an “I” grade from previous term</td>
</tr>
<tr>
<td>September 19, Wednesday</td>
<td>Drop/Add Period ends</td>
</tr>
<tr>
<td>October 23, Tuesday</td>
<td>Last date to withdraw with a grade of “W”</td>
</tr>
<tr>
<td>November 5, Monday</td>
<td>On-line Registration for Spring Semester begins (anticipated)</td>
</tr>
<tr>
<td>November 21, Wednesday</td>
<td>Thanksgiving Holidays begin / No classes scheduled</td>
</tr>
<tr>
<td>November 24, Saturday</td>
<td>Thanksgiving Holidays end / Classes resume</td>
</tr>
<tr>
<td>December 14, Friday</td>
<td>Classes end</td>
</tr>
<tr>
<td>December 15, Saturday</td>
<td>Final Examinations Begin</td>
</tr>
<tr>
<td>December 21, Friday</td>
<td>Final Examinations End</td>
</tr>
<tr>
<td>December 26, Wednesday</td>
<td>Grades due in Registrar’s Office, 9:00 a.m.</td>
</tr>
<tr>
<td>December 31</td>
<td>Last date to file Application for Graduation</td>
</tr>
</tbody>
</table>

### Spring Semester

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 4, 2018, Friday</td>
<td>On-Line Registration for Spring Semester ends</td>
</tr>
<tr>
<td>January 7, Monday</td>
<td>Classes begin</td>
</tr>
<tr>
<td>January 14, Monday</td>
<td>Martin Luther King Holiday/No classes scheduled</td>
</tr>
<tr>
<td>January 21, Monday</td>
<td>Drop/Add Period ends</td>
</tr>
<tr>
<td>January 25, Friday</td>
<td>Last date to remove an “I” grade from previous term</td>
</tr>
<tr>
<td>February 23, Friday</td>
<td>Last date to withdraw with a grade of “W”</td>
</tr>
<tr>
<td>Date</td>
<td>Event</td>
</tr>
<tr>
<td>-----------------------</td>
<td>----------------------------------------------------------------------</td>
</tr>
<tr>
<td>February 25, Monday</td>
<td>Spring Recess begins / No classes scheduled</td>
</tr>
<tr>
<td>March 4, Monday</td>
<td>Spring Recess ends / Classes resume</td>
</tr>
<tr>
<td>April 8, Monday</td>
<td>On-line Registration for Summer/Fall Semester begins (anticipated)</td>
</tr>
<tr>
<td>April 26, Friday</td>
<td>Classes end</td>
</tr>
<tr>
<td>April 29, Monday</td>
<td>Final Examinations Begin</td>
</tr>
<tr>
<td>May 4, Saturday</td>
<td>Final Examinations End</td>
</tr>
<tr>
<td>May 6, Monday</td>
<td>Senior Grades due in Registrar’s Office, 9:00 a.m.</td>
</tr>
<tr>
<td>May 8, Wednesday</td>
<td>All other grades due in Registrar's Office, 9:00a.m.</td>
</tr>
<tr>
<td>May 10, Friday</td>
<td>On-line Registration for Summer semester ends</td>
</tr>
<tr>
<td>TBA</td>
<td>Commencement Exercises</td>
</tr>
<tr>
<td><strong>Summer Semester</strong></td>
<td></td>
</tr>
<tr>
<td>May 13, 2018 Monday</td>
<td>Classes begin</td>
</tr>
<tr>
<td>May 21, Tuesday</td>
<td>Drop/Add Period Ends</td>
</tr>
<tr>
<td>May 27, Monday</td>
<td>Memorial Day Holiday</td>
</tr>
<tr>
<td>May 28, Tuesday</td>
<td>Last date to withdraw with a grade of “W”</td>
</tr>
<tr>
<td>June 10, Monday</td>
<td>Last date to remove an “I” grade from previous term</td>
</tr>
<tr>
<td>August 20, Tuesday</td>
<td>Classes end</td>
</tr>
<tr>
<td>August 21, Wednesday</td>
<td>Final Examinations Begin</td>
</tr>
<tr>
<td>August 22, Thursday</td>
<td>Final Examinations End</td>
</tr>
<tr>
<td>August 23, Monday</td>
<td>Grades due in Registrar’s Office, 9:00 a.m.</td>
</tr>
<tr>
<td>August 26, Friday</td>
<td>On-line registration for Fall Semester ends</td>
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</table>
CONSENT TO TREATMENT**

Treatment offered by Council for Relationships (CFR) is of a voluntary nature, except when mandated by the court, and may be ended by you at any time. When treatment is mandated by the court, it is your responsibility to share the Court Order with your therapist at the outset of treatment, so that the purpose and terms of the therapy can be clarified, including how communications and information about the therapy are to be shared.

Confidentiality is extremely important to us. Information revealed to us during treatment will be kept strictly confidential. There are exceptions to this, however, that include the following:

- If you disclose your intention to inflict physical harm to yourself or another person;
- If you disclose that physical or sexual abuse or serious neglect of a minor child under the care of a CFR clinician has occurred;
- If we receive a signed, valid court order requesting records; and
- In addition, CFR clinicians (therapists, psychiatrists, counselors, or clinical supervisors) directly involved in your care may communicate with each other about your treatment. If you were seen previously in therapy at CFR, your new therapist may review your prior file in order to insure continuity of your treatment.

Psychotherapy is difficult to describe in general terms. Approaches and techniques vary depending on the problems you have identified, who you are as a person and what special qualities you bring to the therapy, and the training and professional experience of your therapist. In addition, there are different modalities of therapy (individual, couple, family, and group) that may be suitable for you. In some instances, an evaluation for medication may be recommended, and a referral to a psychiatrist or other medical professional with prescribing privileges may be made.

Therapy has both benefits and risks associated with it. On the beneficial side, therapy has been shown to produce lasting change and reduce overall feelings of distress. It can be helpful in resolving specific problems and can lead to improved relationships with significant others in your life. There are, however, no guarantees of success. Risks include intermittent feelings of discomfort (such as sadness, guilt, anxiety, or anger) during and after some sessions as problems are brought to the surface. You may be asked to recall difficult and unpleasant aspects of your personal and family history in order to loosen the grip of these past events on your life now. Occasionally, there is a poor fit between client and therapist.

The work begins with an initial evaluation period, lasting from one to five sessions, depending on the presenting issues and the complexity of your situation. Your collaboration in this process is important to its success, including your active participation in clarifying problems and setting treatment goals with your therapist. At the end of the evaluation, your therapist will share with you initial impressions and provide a preliminary treatment plan. In deciding whether you wish to continue in treatment, you should carefully consider this information and your comfort in working with your therapist. If you have any questions or concerns about your therapist’s approach or treatment plan, you should freely communicate them to your therapist.
Payment is due at the time of service, unless other arrangements have been made with your clinician. If your account is more than 90 days in arrears, and you have not agreed to a suitable payment plan, CFR may use a collection agency to recover payment.

Occasionally, circumstances arise that necessitates cancellation of an appointment. In this instance, notification must be given at least 24 hours in advance of the appointment time. CFR will charge the full fee for a missed appointment or one cancelled with less than 24 hours notice.

I understand that if my therapist is unlicensed and/or in training at CFR that they will be supervised regularly by a senior clinician.

In a clinical emergency, if you are unable to reach your therapist, please call 911 and/or present yourself to the nearest emergency room for evaluation.

In case of an emergency, you have my permission to contact the following person:

__________________________
Name                                                                           Relationship to client

__________________________
Contact number(s)

I have read and understand the information above:

__________________________
Name and Signature of client or parent/legal guardian (if under 14 years old) Date

**The consent agreement will remain in effect until therapy has been terminated or there is a lapse in treatment of longer than six months.**

Please allow Council for Relationships to send an appreciation letter to thank the professional who referred you to our services (no clinical information will be included):

Title:_________ First Name:______________ Last Name:___________________

Address:____________________________________________________________

Website:____________________________ Email:___________________________

Please provide your approving signature:___________________________________
CLIENT ACKNOWLEDGEMENT FORM

Pursuant to HIPAA, Council for Relationships is obligated to request that clients sign an acknowledgement that they have received and reviewed our Notice of Policies and Practices to Protect the Privacy of your Health Information. If you would like a copy of this Notice, please request this from our receptionist or your therapist.

NAME OF CLIENT(S)
____________________________________________________

NAME OF PARENT(S)/LEGAL GUARDIANS OF MINOR CHILDREN OR OTHER LEGAL REPRESENTATIVE

SIGNATURE OF CLIENT(S) ________________________________________________

SIGNATURE OF PARENT(S)/LEGAL GUARDIANS OF MINOR CHILDREN OR OTHER LEGAL REPRESENTATIVE
________________________________________________________

_____________________

DATE ________________
Council for Relationships can remind you of your next appointment with your clinician by texting, emailing, or calling you. The automated appointment reminder system is in accordance with all confidentiality laws, and in order to protect your privacy, the reminders will come from an email address or phone number that is not linked to the Council. If you would like to receive automated appointment reminders from the Council, please complete and sign this form.

☐ Yes, I want to receive appointment reminders from the Council.

*Please select one of the following contact methods and provide your corresponding phone number or email address.*

☐ Cell phone call: ___
☐ Cell phone text: ___
☐ Home phone call: ___
☐ Home phone text: ___
☐ Work phone call: ___
☐ Work phone text: ___
☐ Email notification: ___

__________________________________________________________________________  __________
Name and Signature           Date
AUDIO/VISUAL CONSENT

Please circle all that apply:

1. I (We) authorize Council for Relationships to use any audio/visual recordings made at said clinic of myself (us) and my (our) family, for the purposes of supervision.

2. Additional supervision involving tape review will be conducted at

__________________________________________ by __________________________

(Name of Institution) (Name of Supervisor)

In the context of

__________________________________________

(specific circumstance of tape review)

All audio/visual recordings will be erased immediately after review by therapist and/or Supervisor.

__________________________________________  __________________________

__________________________________________  __________________________

__________________________________________  __________________________

This release must be signed by all family members 18 years and older.
AUTHORIZATION TO RELEASE INFORMATION

I authorize the staff of Council for Relationships ________________________________ (Name of CFR Clinician)
to disclose/exchange specific information/medical records related to the evaluation/treatment of

____________________________________ (Name(s) of Client/Patient)

with the following organization: ___________________________________________

(Name of individual/organization)

Specific information will include (specify): ______________________________________

This information is required for (specify, e.g., treatment planning and follow-up):

____________________________________

I may revoke this authorization at any time except to the extent that action has been taken in reliance thereon. In any case, the authorization automatically expires one year from the date signed below.

Print Client/Patient Name(s):

____________________________________ DOB: ________

____

____________________________________ DOB: ________

____

Client/Patient or Parent/Legal Guardian Signature(s):

____________________________________ Date:

_________
Released Records Form

Therapist (Office Director if completing in lieu of therapist): ___

Date received: ___ Date action was taken: ___

Name Client: ______

Request is (circle): Court Order Subpoena Standard Record Request

Case is (circle): Individual Systemic

Case is (circle): Active Closed

Specific Action Taken (circle): Sent Records
   Sent Summary of Treatment
   Sent Letter to Lawyer
   Verbal Communication
   Other: ___

Status of Request (circle): Pending Complete

Invoice Created (circle): Yes No

Fee Received (circle): Yes No
**Emergency/Unexpected Clinical Event Report**

Name of Client________________________________________

Name of Clinician______________________________________

Name of Supervisor_____________________________________

Clinical details of emergency/unexpected clinical outcomes including dates of client contact(s) and discussion with supervisor(s), relevant clinical details (attach additional sheets if necessary):

Signature of Therapist_________________________________ Date______________

Signature of Supervisor________________________________ Date______________

****PLACE ORIGINAL SIGNED FORM IN CLIENT FILE AND SEND COPY OF THE FORM TO THE OFFICE DIRECTOR

To: All Clinical Staff, Interns, & Supervisors
From: April Westfall, PhD, Director of Clinical Services & Sarah DeMichele, MD, Medical Director
Re: Clinical procedures to be followed when a clinical emergency or some other unexpected clinical event occurs:

Occasionally in the course of our work, the clinician will need to handle certain difficult, unexpected events that call for careful deliberation and sound judgment, consultation with supervisors and other agency and nonagency personnel, and more detailed documentation of their handling of the situation in the client record. When the situation involves a client being treated by an intern, the supervisor should be the one consulting with other CFR personnel in order to lessen confusion and insure continuity of care.

1. Emergency Report/ Unexpected Clinical Events include, but are not limited to the following: serious, potentially life-threatening medication reactions, child sexual or physical abuse, assault towards another or the threat of serious physical violence towards another, suicide attempt and completed suicide, or unexpected death.
2. Such incidents should be reported immediately to the clinician’s supervisor and/or Office Director. Information regarding the clinical event should be documented by the clinician in the client record by completing the Emergency Report/Unexpected Clinical Events form and be carefully reviewed and signed by the clinical/administrative supervisor. A copy of the report should be sent to the Office Director as soon as possible.

3. In the event of sudden and unanticipated client death, the Medical Director and, in certain situations, the clinician’s malpractice carrier should be informed.

4. In the event of physical or sexual abuse of a minor child in our agency’s care, the relevant child abuse protective service agency should be contacted immediately by the clinician or supervisor, and all necessary written reports should be filed with the appropriate county children and youth agency. Reports of child abuse initiated by an intern should only be made after consultation with the intern’s clinical supervisor.

5. In the event of a threat of imminent physical violence, steps should be taken to warn the intended target, even without explicit consent from the client. Information shared should be limited to what is necessary to warn the intended target of the potential danger.

6. In the event of a threatened lawsuit or other legal action, and/or a complaint to a licensing board against a clinician or our agency, the supervisor and/or Office Director, the Director of Clinical Services, and CEO should all be notified immediately.

7. In the event of personal threats directed to the therapist or serious boundary violations that jeopardize the integrity of the therapeutic relationship, the supervisor and/or Office Director and the Director of Clinical Services should be notified immediately.
Council for Relationships Client Complaint Form

Date of report:

Prepared by:

Description of complaint (including who initiated the complaint and to whom, the therapist named in the complaint, and a brief description of what the complaint entails, including all relevant documentation)

Specific action taken (including professional consultations with CFR staff and others or reports made to our liability and malpractice insurance carrier)

Current status (resolved, under investigation by state licensing board, etc.):
Request for Fee Reduction

Client(s) Name _____  Client(s) Intake Number __

____________________________________________________

Annual household income __  Number of dependents __

Additional information or circumstances that would support a fee reduction (*If you are a full-time student, please use this section to describe your current financial arrangements.)

Signature of Client(s) __________________________________________ Date_________________

____________________________________________________________Date_________________

************************************************************************

Upon review of the above, therapist and supervisor agree to the amended fee of $_.

per session. This change is effective as of _20_. *

Therapist ____  Date __

Supervisor ____  Date __

* (if approved, the form should be retained in the client file)
Client Transfer Form

All case files pertaining to a transferred client must be closed upon transfer of that client. A signed copy of this form must be included in both the closed case file and the client’s new case file under their new therapist.

All transfers must be approved of in advance by the transferring therapist’s supervisor and signed off on below.

Client Name(s) and Contact Information:

________________________________________________________________________

________________________________________________________________________

Client’s Preferred Day/Time/Location: _______________________________________

Client’s preference for sex of the therapist (if any) ____________________________

Client’s fee___________________

Do you wish to have bridge sessions with the new therapist? Yes No

Note to the Supervisor: Only sign this form if you have authorized the referral of this case as appropriate for transfer using your clinical and supervisory judgment based on a thorough review of the case within the context of supervision.

Signature of Supervisor: _______________________________ Date: __________

Name of Transferring Therapist: _______________________________________

Signature of Transferring Therapist: _______________________________ Date: __________
<table>
<thead>
<tr>
<th>Name</th>
<th>of</th>
<th>New Therapist:</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Date of Transfer:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
Intern Client Update Form

Client ID: ___________________________ Clinician Name: ___________________________

Please update the following information:

New Address:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

New Phone
Number:________________________________________________________________________

The following client would like to receive statements for reimbursement from insurance:

Client ID: ___________________________ DSM V Diagnostic code: ______________________
Group Attendance and Progress Note

Date: ____________     Page: __


Clinician Names: _______________________________________________________

Session Goals and Activities:

Participants:

<table>
<thead>
<tr>
<th>Name</th>
<th>Age/DOB</th>
<th>Gender</th>
<th>Progress/Participation</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>7.</td>
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</tbody>
</table>
Debriefing notes; Include summary of group, plan for next session, any actions required before next session?
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.

http://www.aamft.org/iMIS15/AAMFT/Content/Legal_Ethics/Code_of_Ethics.aspx
## 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]

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<th>YEAR STUDENTS ENTERED PROGRAM**</th>
<th># OF STUDENTS IN PROGRAM (OPTIONAL)</th>
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(*) Information based only on the students who have reported to have taken the national exam.  
*Minimum length of time is the shortest time possible that a student could complete the program (i.e., a student doubled up on coursework one semester and was able to graduate early). Advertised length of time is how long the program is designed to complete as written. Maximum length of time is the maximum allowable time in which a student could finish the program (i.e., if a student needed to take time off due to illness, family responsibilities, etc.).  
**Programs are only required to provide data on the past 10 years/cohort or since the program was initial accredited, whichever is shorter.  
***This is defined as the percentage of graduates from the cohort year listed that are employed within 3 years of their graduation utilizing skills learned in the COAMFTE accredited program. Master's and Doctoral programs are required to provide this information. Post-Degree programs are encouraged to share this with the public.  
**** Master's programs are required to provide this information. Doctoral and Post-Degree programs are encouraged to share this with the public. For Master’s programs only, COAMFTE has established a benchmark of 70% pass rate for each cohort.
2018-2019 Supervisors

1st Year Students

Matthew Purintan, LCSW
Kerstin Miller, LMFT
George James, PsyD, LMFT
Veronica Haggerty, RN, MFT
Elise Batoff
Priscilla Singleton, LMFT
Wanda Sevey, LMFT
Susan Gordon, LSW
Michele Southworth,
Carol Blum, LPC
Ray-Ling Hou, LMFT

2nd Year Students

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<td>William Coffey, LCSW</td>
<td>Lucy Raizman, LMFT</td>
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<td>Carol Blum, LPC</td>
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<td>Diane Thompson, PhD</td>
<td>Priscilla Singleton, LMFT</td>
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### Enrollment Total

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### Enrollments by Source and State

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### Enrollments by State

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## Enrollments by Region

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### Bio/Demo Information

#### Gender (N, %)

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#### Age

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#### Race (N, %)

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<tr>
<td>Black or African American</td>
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<td>4, 18%</td>
<td>2, 10%</td>
<td>3, 14%</td>
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<td>Hispanic or Latino</td>
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<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
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## GPA & Test Scores

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*Insufficient data in Banner to report additional test scores.

## Previous Institution

### Bachelor's Degree Granting Institution

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